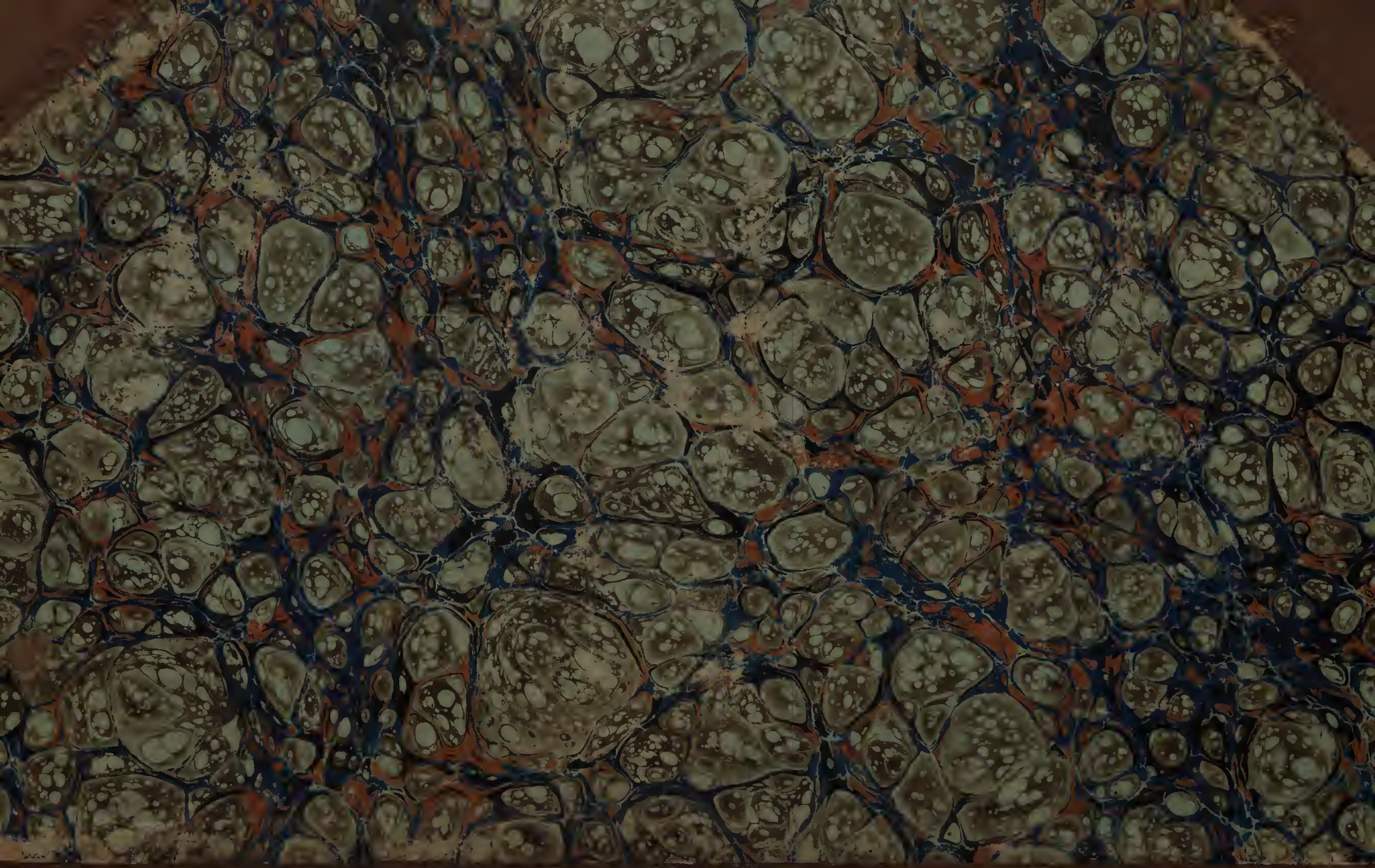

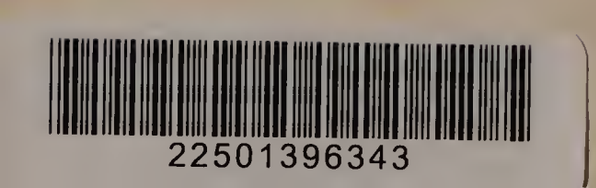
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ORIGINAL LECTURES.

CLINICAL LECTURES
ON
THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

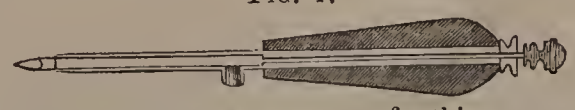
Lecture XXVII.
ON OVARIAN DROPSY.—ITS SURGICAL TREATMENT—*Continued.*

Gentlemen,—In my former lecture, when treating of Paracentesis as the means of Surgical Treatment most frequently adopted in practice in the management of ovarian dropsy, I described to you—1. The cases requiring the operation of tapping; 2. The place or places at which the operation should be performed; and, 3. The results of paracentesis as a curative or palliative measure. There are still one or two points in reference to this operation demanding our attention, as,

4. *The Position, etc., of the Patient during the Operation of Paracentesis.*—Formerly the operation of tapping an ovarian cyst used to be performed in a manner at once cumbrous, uncertain, and inconvenient. The patient was seated in a chair, or on the edge of the bed. A sheet or bandage, with an opening in front opposite the point where the puncture was to be made, was then applied and adapted accurately to the abdomen. The ends of the sheet, after having been crossed behind, or one of them passed through a slit in the other, were entrusted each to an assistant, whose duty it was gradually, as the cyst emptied, to pull and tighten the bandage so as to make it act as an abdominal compress, which should serve at once to aid and accelerate the evacuation of the dropsical fluid, and secure the patient against the chances of faintness and syncope—accidents to which she was supposed to be liable from the sudden withdrawal of a large quantity of fluid when seated in an upright position. In this tedious and troublesome fashion the operation was a few years ago almost universally conducted. It is still so carried out by some practitioners. But I am sure no one has performed this kind of operation frequently, or seen it performed by others, without observing to how many drawbacks and discomforts the proceedings were subject,—from the irregular adaptation and compression of the bandage; from its liability to change its own position, and to displace the canula; from its unequal tightening; and other similar mishaps. To get over these difficulties, I proposed and put in pactice, several years ago, a new method of operating, in which the compress is entirely dispensed with, and the operation is rendered far more simple and easy at once for the patient, the practitioner, and the assistants. According to this plan the patient is not made to sit up at all, but is allowed to remain in bed in the horizontal posture; for she is less liable to syncope in the latter than in the former position; besides that she is by this means saved from all the fears and anxieties of what must always appear to her to be very formidable preparations. She is made simply to lie forward to the very front of the bed, and the protuberant abdomen is made to project to some extent beyond the edge of the bed. At the same time this part of the bed is, of course, to be protected by means of some folds of a sheet or towels. The trocar having been introduced into the cyst at the selected point, and with the usual precautions, the expulsion of the fluid is left to be effected at first by the elasticity of the abdominal walls, and afterwards by the force of the atmospheric pressure on the abdominal surface. As the evacuation goes on slowly and steadily, you can usually perceive the outlines of the secondary cysts—if such are present—gradually becoming more and more prominent; and in most cases we can perceive an elevated line passing from the anterior superior spine of the ilium towards the linea alba a little below the umbilicus, while on either side of this ridge the depression is usually most distinct. As the discharge proceeds, the cysts and abdominal walls covering it, become steadily and uniformly compressed and flattened, far more steadily and uniformly under atmospheric pressure than under the pressure of any kind of mechanica binder. When the cyst is nearly emptied, the evacuation of the last remaining portion of the fluid may be favoured by having the patient turned somewhat more prone, and sometimes perhaps—but not often—gently pressing the sac with the hands. But let me advise you to be careful not to manipulate ovarian cysts too much during their evacuation, lest in incautiously raising the hand after exerting some degree of compression, you give an opportunity for the atmospheric air to be sucked up through the canula into the interior of the cyst; for inflammation of the lining membrane of the cyst is liable to be set up as a consequence of its entrance. After the cyst has been as entirely evacuated as possible, place your finger on the orifice of the canula and cautiously withdraw the tube; the abdominal parietes which it traverses being compressed by the fingers and thumb as the instrument is withdrawn through them. A pad of lint is adapted over the wound, and strapped down by strips of adhesive plaster. These strips should be about an inch in breadth; but two or two and a-half feet long; for when you use them of this length—placing them across the abdomen of the patient—they form at the same time the simplest and most efficient belt or bandage that you can apply, in order to effect some degree of compression, and thus prevent all possibility of the occurrence of syncope. I used at one time to place a binder around the patient after completing a tapping in this way; but the application of it causes her some degree of annoyance, and I am not aware that it fulfils any indication that may not be better and more simply answered by the long pieces of strapping of which I have spoken. They are in reality a series of small binders, more easy in their adaptation, and as efficacious in their action as the larger linen or flannel bandage.

5. *Instrument required for the Operation.*—I have just a sentence or two more to add in regard to the kind of instrument with which the operation of tapping is to be performed, before I pass to the consideration of the other Surgical means of treating cystic tumours of the ovary. Where the operation has already been repeatedly performed, and where you have reason to believe the surface of the cyst to have become adherent to the abdominal parietes a perforation may be made with a lancet or bistoury at once through the abdominal wall and the wall of the cyst; and through this opening the fluid may be allowed to drain away. But generally you will make use of the ordinary trocar and canula for the evacuation of ovarian cysts, and in regard to that instrument only two remarks occur to me as worthy of your special attention:—*First*, See that the trocar be sharp; for a blunt-pointed instrument causes the patient a degree of pain which may be almost entirely avoided by using an instrument in proper order, and which should be mitigated to a certain degree even in the use of a blunt one, by your making a preliminary incision through the skin with a lancet or bistoury. *Secondly*, Take care that the silver tube, or canula, be not too sharp at the point; for when this is the case, it may happen that the lining membrane of the cyst will be injured, and even a blood-vessel wounded; and hæmorrhage into the interior of a newly-evacuated ovarian sac is a most untoward complication, and destroys in no small measure the patient's chances of recovery. I told you a minute ago that the entrance of air into the interior of the sac during its evacuation, was an accident which we ought to do all in our power to avoid and avert. In tapping the cavity of the pleura in cases of empyema or pleuritic effusions of any kind, the danger of allowing air to regurgitate into the space from which the fluid is escaping, is even greater than in abdominal tappings; and a variety of contrivances have been adopted with a view to prevent it. Canulæ with valves, or with stopcocks, or with a piece of soft tubing, or a fold of softened bladder or leather, attached to the extremity which would allow the fluid to pass outwards, but which collapsed under atmospheric pressure when the fluid ceased to flow; and variously modified instruments have also been used with the view of preventing the ingress of air into the cavity which is being emptied. Perhaps the best

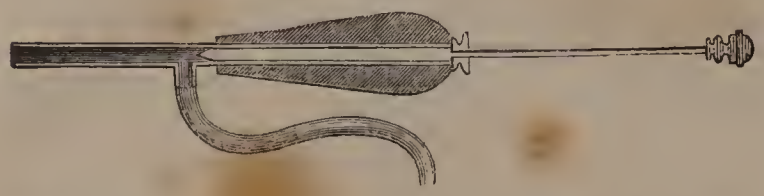
Fig. 1.



kind of instrument that you can use for this purpose is one first described by Mr. Charles Thompson in the *Medical Times*

and Gazette of March 27, 1858. It consists of a canula, to which the trocar fits tightly, like a piston, and which has a small projection at the outer or lower part (See Fig. 1). To this projection an elastic tube can be fastened with the view of carrying the fluid into a large tub or basin placed at the bedside; and if this tube be filled with water, and the end of it be immersed in that or any other liquid, it acts as a syphon after the trocar is drawn back, and promotes the more effectual evacuation of the cyst. See

Fig. 2.



Whatever be the kind of instrument you employ for emptying the cyst, you will, in many cases, find a difficulty in effecting its complete evacuation, which you cannot avert by any modification in the form of canula that you employ. This difficulty arises from the presence of small semi-solid masses which occur in greater or less abundance in many dropsical ovarian sacs, and which are apt to get into the tube, and plug it up, after the greater portion of the fluid has escaped, so that the removal of the latter portion of the fluid becomes obstructed. These occluding masses are sometimes formed of lymphy exudations or other products of an inflammatory process. But they are occasionally found where no inflammatory attack seemed ever to have occurred, and in such cases they consist of the *debris* of the broken-down septa that once divided a single large cyst into several small ones, or of albuminous matters in a state of partial consolidation, or of blood-clots. Whenever, therefore, you go to tap an ovarian cyst, you ought to have some instrument by you with which you can free the canula of such obstructing masses, either by pushing them back into the cavity of the cyst, or, better still, pulling them outwards, so as to allow of the free escape of the remaining fluid. There is no instrument that you can use better adapted for this purpose than the ordinary uterine sound, which I should, therefore, advise you to take with you to every case of ovarian tapping. Besides making use of it for clearing the occluded canula, you can explore with it the interior of the cyst by passing it through the tube; and by this means you may gain some information as to the extent of the cavity, the number and size of the secondary cysts, and the presence of calcareous and other matters in the interior. For many years I was in the habit of using the uterine sound in this manner; and I have sometimes passed it between the surface of the tumour and the abdominal parietes, with the view of discovering the presence and extent of any existing adhesions. But I have seen dangerous symptoms result from the probing of dropsical cysts of the ovary, and I would advise you, therefore, to abstain from having recourse to it, except in cases where it is a matter of primary importance to gain certain information as to the condition of the interior; and even then, before having recourse to it, it would be well for you to pause and consider whether the information you are likely to receive by the process be of such value as to warrant you in subjecting the patient to the risks of inflammation attendant on the exploration. There is sometimes a farther source of difficulty in the complete evacuation of ovarian cysts, when a number of secondary cysts of large size are present; and in such cases the primary sac can only be emptied by making a perforation in the walls of the minor sacs, so as to allow them to collapse, and to be emptied of their contents also. This perforation you will be best able to make by means of a long sharp-pointed probe, such as the strong stylet of a large elastic catheter sharpened at the point. Passing this through the canula, and pressing the point of it steadily against the septum at its most yielding point, the instrument may easily be made to perforate it; and, if the contents of the subsidiary cyst be not too viscid, they will escape through the punctured orifice into the large cavity, whence they will escape through the canula. There is one great danger attendant on this proceeding, and that is the risk of injuring one of the blood-vessels that may be ramifying in the septum; and you must therefore avoid it as much as possible.

III. Forming a Communication between the Interior of the Cyst and the Cavity of the Peritoneum.

In addition to the operation of simple tapping, it has been proposed to operate so as to leave a permanent aperture of communication between the interior of the evacuated cyst and the cavity of the peritoneum. The proposal originated in the observation of such cases as I have already described to you when speaking of the occasional spontaneous cure of the disease. I have put on record several cases in which ovarian sacs happened to be accidentally ruptured by falls, etc. where the dropsical ovarian fluid in consequence escaped into the cavity of the peritoneum, where active diuresis was immediately set up, and where the patient has required no subsequent tapping. In some cases, where probably the cyst walls are peculiarly thin, the distension and accumulation of fluid goes on for months and years till at last the sac gives way, the ovarian fluid escapes into the peritoneum, there is profuse diuresis for a few days with rapid subsidence of the abdominal swelling, and then the patient remains comparatively well for a time, till months or years afterwards there is a re-accumulation of fluid, either in the old or in another cyst belonging to the mass, and Nature again repeats her secret tapping. I saw, for example, a few weeks ago, with my friend Dr. Paterson, of Leith, a patient who has been for eighteen years the subject of ovarian dropsy. Six times during that period have the cyst or cysts burst, allowing the fluid to escape into the peritoneal cavity, and to be removed by spontaneous and profuse diuresis. After the last time that this occurred, four years ago, the patient declares she became as "swamp and genteel" as any young girl. How and why does the fluid become thus absorbed and prevented from accumulation after this accident? On the principle, that while the cyst has a great secreting, but no absorbing powers, the peritoneal membrane, on the contrary, is richly supplied with absorbents, and has consequently a correspondingly great power of removing any fluids which may be effused into its cavity; so that if a permanent aperture be established between the two cavities, the fluid that is poured out on the inner surface of the cyst escapes into the abdominal cavity, and is there absorbed from its peritoneal lining; so that in this way a balance, as it were, of secretion and absorption comes to be established between the two membranes, which prevents the re-accumulation of the fluid; and the establishment of this compensating balance in so far may be regarded as a form of cure. Dr. Blundell was the first, I believe, to suggest this mode of treatment, and Guérin, Bainbridge, and others have tried to imitate it. The operation has usually been done by making an incision through the abdominal parietes, and cutting out a portion of the exposed cystic wall. Guérin attempted to fulfil the intended indication by making a subcutaneous incision in the wall of the sac by means of a small tenotomy-knife. But to this mode of operating there is first this great drawback, that once or twice large vessels ramifying on the surface of the tumour have been cut across, and proved the source of a fatal hæmorrhage I went on one occasion to England to see a patient operated on after the manner proposed by Mr. Bainbridge, viz., by cutting down on the tumour, and removing a piece of the cyst-wall. In that case, however, the fluid which escaped proved to be of a deleterious character, and when it came in contact with the peritoneum it gave rise to a degree of inflammation in that membrane which proved fatal to the patient. The risk of wounding the large superficial vessels of the tumour is certainly in some degree avoided when that plan of performing the operation is adopted; but, secondly, there is another strong, insuperable objection, common to it and to the method of Guérin, that it places the patient in the most imminent peril by throwing into the peritoneal cavity a quantity of fluid which is as likely as not to be of an inflammatory and highly irritating nature. I do not think, however, that because the operation as thus performed is a very unsafe one, the principle of the operation ought on that account to be entirely condemned and rejected from practice. On the contrary, I believe that by simply modifying it in some degree, it may yet prove to be one of the best and safest methods of treating some cases of the disease. One great source of danger in the performance of the operation, as I have just stated, is the admission into the peritoneum of a deleterious and dangerous fluid. But this may be avoided, and the operation so far modified and improved by making

a preliminary tapping of a portion of the fluid, with the view of ascertaining how far it is bland and benign in its character, or, on the contrary, morbid and dangerous; for then if the dropsical fluid is bland, we may allow it to escape into the peritoneal cavity; while, on the contrary, if it be acrid, discoloured, or commixed with blood or pus, or even doubtful in its character, it can be wholly withdrawn through the canula as in the common operation of tapping. I have tapped several patients in this way first; and, having made sure from the appearance of the fluid that escaped, that it was healthy in character and unmixed with inflammatory or other deleterious matters, I have had no hesitation in stopping, as it were, the tapping during the course of it, shutting up the cutaneous orifice, and allowing the last part of the fluid to run into the cavity of the abdomen. By this simple means, I have, in more than one instance, succeeded in effecting a complete cure. The first principal point in the operation is to ascertain and duly appreciate the character of the cystic contents, before venturing to permit of their escape into the peritoneal cavity. But after having made this tentative tapping of the greater portion of the fluid contained in an ovarian cyst, you first meet with the most difficult step in connexion with the operation. Of course, the remaining fluid can, for the most part, be pressed out easily enough into the abdominal cavity; but when the cyst has been thus emptied and collapsed, the punctured wound heals up readily and rapidly. If it is thus allowed to close, the communication between the interior of the cyst and the cavity of the abdomen is thus shut off, and the fluid merely collects again in the sac; and the condition of the patient is but little changed. The second and most important point is to keep the lips of the puncture in the ovaaian cyst from closing by the first intention. The great obstacle to the success of the operation, therefore, lies in the difficulty of keeping open for a few days, or till all tendency to the adhesion and closure of its edges is past, the aperture of communication between the two cavities. To gain this object, and to prevent the too rapid healing-up of the punctured orifice, I have sometimes made use of a large quadrangular instrument, (See Figs. 3 and 4,) instead of the ordinary-sized trocar, for puncturing the cyst, as the wound made by an instrument of that size and shape does not heal up so rapidly as the small triangular wound left by an ordinary trocar. One of the best instances of a cure of ovarian dropsy that I have seen effected by this means occurred in the case of a patient who came to me, six or eight years ago, from Ireland. I made a small incision through the integuments of the abdomen, and having perforated the remainder of the parietes and the wall of the cyst by means of such an instrument as I have referred to, I drew off about four-fifths of the fluid through the wide canula,

Fig. 3.

Fig. 4.

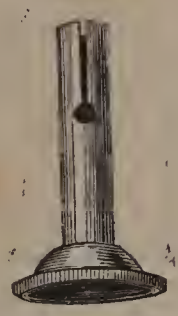


Fig. 4.—The corresponding canula.

Fig. 3.—The trocar with quadrangular point for making large openings into ovarian cysts.

and then shut up the orifice in the abdominal parietes. On the following day I found the ovarian sac round and still of considerable size, and pressed with considerable force upon the tumour and flattened it out, by bursting open the wound in the cyst-wall, and breaking up, as I believe, the adhesions that had already begun to form between the edges. This slight operation was repeated for four or five days in succession. Each day when I put my hand on the tumour I felt that it had become to some extent rounded and filled,—fresh fluid always having been secreted, and dammed in by the repeated attempts at union between the raw lips of the wound made by the puncturing instrument. Each day I compressed the tumour till the newly-secreted fluid made a way for itself into the peritoneal cavity by bursting through the loosely-healed aperture, until at last the tumour remained finally flattened, and a fistulous channel of communication was permanently established between the interior of the cyst and the cavity of the abdomen. In this way the patient was cured of her disease, and she is still, I believe, in the enjoyment of perfect health. This is certainly as simple and safe a method of curing the disease as could well be devised for those cases where the cysts are few and their contents non-inflammatory, and it approaches as closely as possible in its results to those rather rare, but most desirable, instances of cure which we sometimes see ensuing on a simple tapping. Indeed, I feel well assured that when these cases have been more carefully studied, and the manner in which the cure is brought about has been finally made out, it will be found that the lips of the internal wound do not cohere after the perforation of the sac, but from some fortunate accident or other, are kept separate till all chance of their union is destroyed, and a permanent aperture remains, through which the fluid secreted in the cyst may escape into the abdominal cavity, to be absorbed by its peritoneal lining. I have tried once or twice to make such an opening in the cyst-wall as was likely to remain permanently open, by cutting out a rounded portion of it with an instrument such as was proposed some years ago for punching out a round aperture in the trachea, but I have never been able to succeed in making such an aperture. The best means that I as yet know of for attaining the object in view is to operate in the manner I have already indicated—viz., after cutting through the skin of the abdominal parietes with a lancet or scalpel to complete their perforation, and to penetrate into the sac with a large trocar, so made as to leave a four-cornered wound, like a Maltese cross—thus + ; and then, when the fluid has in part escaped, to close up the wound in the abdominal parietes, and keep that in the cyst-wall open by pressing out once a-day, or oftener, a small quantity of the fluid that remains or is secreted afresh in the interior of the sac. In every case of tapping, and particularly of first tapping, where the fluid is found clear and bland-looking,—where there are no adhesions,—and where there exists no tendency to local irritation and inflammation, I think it would be advisable to attempt to make the aperture in the cyst permanent in this way by allowing a quantity of fluid to remain in it, and pressing out some into the abdominal cavity for several successive days, so as to prevent union of the edges of the trocar wound in the cyst by the first intention, and thus establish a permanent opening or fistula in the site of the wound. But various other surgical measures have been tried in the treatment of ovarian dropsy, as

IV. Establishing a Fistulous Communication between the Interior of the Cyst and a Mucous or Cutaneous Surface.

When speaking of the different modes in which Nature sometimes terminates a case of ovarian dropsy, I took occasion to tell you that she occasionally effected her object by producing a fistulous opening in the cyst at some point where it had become adherent to a mucous canal, and where there was thus afforded to her a channel for the constant escape of the freshly-secreted fluid. A similar orifice for the escape of the fluid has in other cases been successfully established on a cutaneous surface. Art has tried to imitate this curative plan of Nature, too; but as yet with doubtful success. Thus, it has sometimes happened that an operation for the extirpation of an ovarian tumour has been left unfinished because of the great extent of adhesions that were found to exist between the walls of the abdomen and the surface of the cyst; and instead of having all the wound closed up again, it has only been closed in part,

and the wall of the cyst has been stitched to the skin of the abdomen with a view of leaving a permanent aperture. Such cases have usually, I believe, proved fatal. But the desired object may sometimes be attained by performing the operation in a less dangerous manner, which you will be best able to understand and appreciate from the history of a case which some of you have seen, where the patient is in process of being cured—or, it may be said, is cured—by an operation of this kind. Allow me to read you the notes which I have of her case, taken in the beginning of July:—

"Mrs. M——, aged 39, has had four children, the last fourteen months ago. After the birth of her second child, which took place five years ago, she was surprised to find that no appreciable diminution in the size of her abdomen had taken place, and that she continued to be as large as when she was arrived at the full term of pregnancy. When she came to me, about six weeks after that confinement, I found her labouring under an ovarian dropsy, which was tapped a fortnight afterwards in the country, and a large quantity of clear fluid was drawn off. About thirteen months afterwards she gave birth to her third child, and then it was found that the fluid had been again accumulating. Nothing was then done, however, although the swelling went on increasing, till the patient again became pregnant, and gave birth to her fourth child on the 12th of May, 1858. She had not at that date completed the full term of utero-gestation by about a month; but she was of such enormous size, and had such difficulty of respiration, that I was sent for to bring on premature labour. The child was born alive, and the mother was doing well, when in about a fortnight her medical attendant tapped the cyst, and drew off an enormous quantity of fluid, which was again found to be perfectly clear. He then injected some port wine into the cyst, the consequence of which was, that a very high degree of inflammation was lighted up in it, and rendered it necessary, in fourteen days more, again to have recourse to tapping. This time the fluid that was drawn off was purulent, and had a very bad odour. The wound was allowed to close up, and in about three weeks a considerable quantity of fluid had again accumulated. At this time I again saw the patient, who seemed almost moribund. I recommended that the fluid should be drawn off once more, and a piece of lint introduced into the wound to allow it to drain away as it was secreted. The operation was performed, and the patient did well. The tent of lint was withdrawn every night, and the fluid that had collected during the preceding twenty-four hours allowed to escape. About a month from the time that this treatment began to be adopted the patient was so far recovered as to be able to be out of bed. Since then she has continued to use the tent made of lint steeped in olive-oil; and now the ovarian tumour is reduced to about the size of an adult head, but continues still to furnish a purulent discharge."

At the time when this report of the case was drawn up, I introduced four long loops of iron wire into the interior of the suppurating sac, with a view of exciting such an amount of adhesive inflammatory action as might lead to its complete occlusion. The desired object has been in some measure attained—for the cavity is now much more contracted than it was a month or two ago, and the whole mass has undergone a diminution in size. This patient may now indeed be regarded as being so far cured of her disease, that she is in the enjoyment of excellent general health, and is equal to the performance of all her avocations; and although the continual slight discharge is still a source of some local discomfort, yet I have little doubt that that also will betimes cease to annoy her.

In the preceding, as in some other instances, the formation of an artificial fistulous opening between an ovarian sac and the external surface of the abdomen has so far proved quite successful. Under what circumstances should this practice be adopted? or why had I recourse to it in the case which I have related to you? I had recourse to it in that case—*First*, because the patient was evidently about to sink under the repeated accumulations and tappings; *Secondly*, because the lining membrane of the cyst was the seat of extensive suppurative inflammation, and any mishap in the next tapping which allowed the pus to escape into the cavity of the peritoneum would certainly have proved fatal to the woman; and, *Thirdly*, because the symptoms of the case led me to believe that the anterior surface of the sac, at one part at least, was firmly adherent to the abdominal wall in front, and I believed that I could tap the ovary through this part with safety, and make a large enough opening in this situation to allow of the free escape of the contents of the cyst, keep this aperture from closing, and change it, as I did, into a fistula. The insertion of a tent was used for this purpose. But other, and probably safer, measures have been proposed to effect the same ends; and fistulous openings have, as I shall state to you at our next meeting, been made into ovarian cysts under different conditions than those that I have described.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Academy of Sciences.

LECTURE I.

Introductory.—Relations of the Medical Art and the Medical Sciences.—Stages in the Development of a Science.—Objects of the Course of Experimental Pathology.—Practical Use of Physiology to the Physician.

GENTLEMEN,—It is a habit, which time has consecrated, that the Professor, in commencing a Course of Lectures, should give a definition of the science which he proposes to expound. But this manner of entering on the subject is not altogether free from inconvenience. To comprehend thoroughly the definition of a science, is it not necessary to have already studied it? It seems, consequently, that a general definition would be more natural at the end of the last lecture than at the beginning of the first.

In a philosophic point of view this objection is not without weight; but, practically speaking, it is better at the commencement of a course to give a definition, even though it be an incomplete one, of the nature and object of the lectures which are to follow. Such is, in fact, the only means of imparting a correct and distinct view of the object sought to be attained.

What is Medicine? This is, doubtless, no new question; it is one which has been asked for centuries past, but it has not yet received a satisfactory answer. Is Medicine an art or a science? Does it form a part of natural history? or does it enjoy an independent existence of its own? Each of these different points of view has had its partisan, as is abundantly proved by the various definitions handed down to us by classical authors. According to Hippocrates, Medicine consists in the taking away all that which is in excess, and in supplying of all that is defective in the economy: in a word, it is the art of restoring equilibrium to the human body. According to Herophilus, Medicine is the science of health, and the knowledge of all the agents that can either injure or improve it. According to Hoffmann, it is the means by which the sciences of Physics and Chemistry are rendered subservient to the preservation of health. Pitcairn, regarding the question in an exclusively practical point of view, has given it a totally different definition. The science of Medicine, in his estimation, has no other end than the solution of the following problem:—"*For a given disease find its remedy.*" Viewing it from a diametrically opposite point, Pinel completely changed the conditions of the problem—the question with him is, "*For a given disease find its place in a nosological classification*" ("*une maladie etant donnée, trouver sa place dans un cadre nosologique.*")

Not one of these definitions completely satisfies the tendencies of the present age; in fact, Medicine consists in the application of a great number of sciences—Anatomy, Physiology, Therapeutics; even Physics and Chemistry, each in its turn, pays its tribute to the healing art.

Considered in this point of view, Medicine no longer exists as an isolated science; properly speaking, there exist only Medical sciences (*sciences médicales*). Such is, at the

present day, the view most generally adopted. Whether Medicine be a science or an art is a question of but minor importance, seeing that in every branch of human knowledge art and science are found closely interwoven. The doctrinal and purely theoretical part of all human knowledge is altogether an abstraction (*absolument impersonnelle*); it is truth viewed under a particular aspect; but in its practical application we find the personal qualities of the individual necessarily blended with it. "Art is action," said Aristotle.

Let us, therefore, content ourselves by directing our attention to the only point which really merits our consideration; let us consider art and science in their mutual relations, and as exercising an influence one on the other. It seems at first sight impossible to call in question the impulse which theory has given to practice: in the physical sciences a discovery cannot be made without its furnishing to industry generally a multitude of useful applications; but in Medicine such is not as yet the case; thus the progress or the modification of theories exerts but a very limited influence on the practice of the healing art, and we see a goodly number of practitioners isolating themselves entirely from science, as if it were of no importance to follow it in its various fluctuations, and content themselves with endeavouring to cure their patients on purely empirical principles.

Professor Rivière, of Montpellier, went the length of maintaining that the discovery of the circulation of the blood had not advanced Medicine a single step,—in so far, at least as regards the knowledge of disease and the therapeutical agents to be employed in its treatment. Whence arises this peculiar difference which we remark as existing between Medicine and the other sciences? Does the study of living beings present peculiar conditions which prevent theory and practice from mutually aiding each other? To solve this difficulty it is necessary to ascend higher, and to examine the natural progress of the human mind in its search after scientific truth. Looking at it from the highest point, it appears that in all sciences the general doctrine must have been the starting-point of all practical applications; the logical bearing of things goes to prove this. It would, however, be erroneous and illusory to accept this as a truth; history has shown that the human mind follows an inverse course, and that practice has always taken precedence of theory.

Chemical manipulations had been practised for ages when, for the first time, accurate notions of the fundamental laws of Chemistry became known; and magnifying-glasses had been long in use when the scientific theory of light was first propounded. There is, therefore, a period to be met with in the history of all sciences in which empiricism preceded reasoning. Man did his best to utilise the powers of Nature long before he had philosophically studied her laws; and the preservation of health being assuredly the most precious of all blessings, practical medicine must have sprung into existence at the very dawn of civilisation. How then are we to explain its present imperfect state in presence of the important progress which physics and chemistry have made? It is because the phenomena of living beings are much more complex than are those of inorganic nature, uniting as they do the properties of the latter to other properties which are special or peculiar to themselves. We need not, therefore, be astonished at this progressive march of science. We commence with the simplest facts, in order later to arrive at the most complex ones. In Physics and Chemistry science is, in certain respects, established; in Medicine we have not yet attained this point; we are still in the empirical period; but little by little light is dawning on us; partial theories are uniting to give birth to more general views, and although the philosophy of Medicine (*la doctrine Médicale*) be not as yet established, it nevertheless makes daily progress. Reflecting on this state of science, I conceived that nothing would tend more readily to facilitate its progress, than a systematic study of Experimental Pathology. It is my intention to explain to you by-and-by what I mean by this.

Ampère has divided the history of a science arrived at its fullest degree of development into four periods. To each of those periods or states he has given a particular name. Science is in the first period *Autoptic*, or purely descriptive: when, without penetrating beyond the mere surface of things, we confine ourselves to a description of what we observe in the external world. Later we inquire into the hidden springs which give rise to these phenomena; we desire to penetrate beneath the surface of things; this is the *Cryptoristic* period. But we must also become acquainted with the changes which take place in beings,—the modifications, so to speak, which they present; this is the *Troponomic* period. At last we arrive at the highest degree of knowledge to which it is possible to attain; this is called the *Cryptologic* period. It consists in a knowledge of the laws of succession which regulate all natural phenomena in a given order of things. It is then that knowing the general law, the starting-point as it were, we are enabled to predict the phenomena which are to take place, and even to indicate the disturbances which may modify their development. Such is the highest point, such the extreme limit to which the human mind can attain —we can go no further.

Now in biological sciences, animals and natural objects were first described; later they were classified; then diseases were described, and efforts were even made to cure them without any exact notion existing as to Anatomy or Physiology. Later we reach the second period of science, which in Zoology is represented by Anatomy, and in Medicine by Pathological Anatomy. But in Biology, the anatomy of the dead body, pure and simple, is equally insufficient as it is in Medicine. It is the anatomy of the *living* body which we require: recourse has consequently been had to vivisections; but it is evident that, taken by themselves, vivisections do not constitute an experimental method; it is necessary that the physiologist should possess a knowledge of the sciences requisite to enable him not only to observe, but also to explain the phenomena which he has induced. It is here that Medicine ceases to satisfy the parallel which we establish with regard to physiology; Medicine remains in the second period; it has not yet reached the third.

It becomes necessary, therefore, to have recourse to pathological experiments on the living subject (*vivisections pathologiques*), in order to arrive at a knowledge of what takes place in the diseased body in which the tropological conditions of physiology are manifested. But as in the study of physiology healthy subjects are required, so in the study of pathology subjects in a state of disease are necessary,—we must even render them diseased by artificial means; we must, in short, introduce into experimental pathology a knowledge of exterior agents, together with their effects on the constitution. This is assuredly rendering an immense service to therapeutics.

So far as Experimental Pathology is concerned, the object of this course will be to compare the morbid state with the healthy one; instead of taking healthy subjects, we shall direct our attention to those in a state of disease. It is easy to foresee all the objections which this mode of procedure may give rise to; what become of idiosyncracies? What becomes of the essence of disease itself? We reply, that it is a step in advance in every science to simplify questions by introducing into the study of the most complicated facts the knowledge derived from an order of facts simpler in their character, and better understood; it is thus that mathematics have rendered the greatest possible service to physics, physics to chemistry, and these two sciences to physiology. You now see our reason for desiring to introduce Physiology into the study of Medicine. Let us now return to the definition which I promised, and from which I have digressed a little. Some are disposed to think at the present day, that Medicine as a single science does not exist independently, but that it is rather a *réunion* of various Medical sciences; for myself I frankly admit that there is but one science in Medicine, and that is Physiology as applied to the healthy and to the morbid condition. Every science may, in fact, be expressed by a problem the solution of which is demanded; in Physiology this problem is that of *Life*. The practical object of this science is evidently the cure of disease; but I do not see how it can be introduced into the definition; for sciences cannot be defined by the practical end which they may have in view.

We shall devote one of our two weekly lectures to Experimental Pathology, the other to Operative Physiology (*physiologie operatoire*): this second part of the course will be devoted to the study of practical experiments. It is my purpose to bring before you simultaneously these two subjects, in order to show you the course to be followed in the examination of scientific questions. The natural philosopher must be equally capable of searching for facts, and of bringing them together after he has discovered them.

In the course of Experimental Pathology we shall

endeavour to produce in animals certain morbid conditions, and we shall consider the laws of these conditions; for we must always satisfy the double tendency of the human mind, which, while it thirsts after general laws and scientific theories, mercilessly rejects them whenever they do not perfectly accord with facts. We shall have, at the same time, the satisfaction of showing you that theoretical ideas must never be separated from clinical observation; it is, in fact, to the fruitful alliance of physiology with clinical study, that we are to look for the realisation of that progress so eagerly desired by all the friends of positive Medicine.

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

Part I.—THE HANWELL ASYLUM.

No. I.

By JOHN CONOLLY, M.D.

The life of any Physician who has devoted himself to the study and treatment of disordered conditions of the mind cannot fail to have afforded him various and curious experience relative to the causes which act either favourably or unfavourably on the feelings, affections, and intellect of men, and of women, and of children, in families, and in differently-constituted societies; and on the means of relieving, and, perhaps, of averting, some of the griefs and troubles which disturb these faculties of human beings in the diversified scenes of existence. The progress, course, and termination, the antecedent circumstances, and transmitted consequences of mental maladies, must have become well known to him, and suggestive of truths of which the knowledge may be beneficial to others. Much of this knowledge, the fruit of long experience, generally dies with those who have acquired it. The notes and records made in a long life of exertion and meditation prove of little service except to those by whom they are made, and, generally, some of the most valuable materials lying in the train of their habitual reflections, with their various approaches to conclusions, remain unregarded, and perish. The successive duties of every-day occurrence leave, in the active years of a Practitioner's life, little time for reviewing and arranging the events even of the day just passed; and the various interruptions of the world render the kind of reflection difficult which would give such details available form and weight. Thus the task of doing so is put off from time to time, in the vain hope that some period of leisure will come when a treatise may be written or a complete system built up; and the depths wherein truths lie, and the shortness of man's life, being forgotten, many materials are lost which might be useful as foundations for other inquirers, anxious to aid in the improvement of Medical Science.

My design, in the following papers, is to convey some of the results of many years of observation; and even for offering these in such a shape, my chief excuse is, that opportunities have been afforded to me of observing the various forms of mental disorder in circumstances which may almost be said to have changed their character; to have cleared them from the disfigurements of old neglect, and the exasperations resulting from long-established severities. The first pages of my "Recollections" will necessarily consist of those connected with the large Asylum at Hanwell; not with any intention on my part of repeating a history already recorded in the Reports of that Institution and in my separate published works, but to give more permanency and perhaps more usefulness to observations arising out of daily records kept during my residence there as Physician and Superintendent, which may thus become available to others, now or hereafter similarly situated, for encouragement at least, if not for direction.

Some of those who honour my remarks with their attention may still be of opinion that the time for especial reference to daily events in the wards of the Asylum, which occurred twenty years since, is passed; that the question of restraint or non-restraint in the treatment of the insane has long been decided, and may be dismissed from the mind; that the evils of restraint may be looked upon as belonging to a state of things no longer existing, and which may now be forgotten. But many existing circumstances forbid such a satisfactory conclusion. It is quite true that during the time spoken of the frightful instruments of mechanical restraint have disappeared from sight in all the public Asylums of England and Scotland, or in all with perhaps one or two singular exceptions. But the full meaning of the system of non-restraint comprehends not merely the abolition of all instruments for the mechanical coercion of the body and limbs, but all severity, all restrictions dictated by avarice, or policy, or ostentatious economy of parochial funds, including all unnecessary privations, all unfavourable domestic arrangements, and all forms of neglect. There is, without donbt, a steady progress making in the best direction in all the Asylums of this country, public and private; and yet the principles which appear to be most carefully attended to in our newly-erected public institutions seem likely to be forgotten in some of the older, especially in those for pauper lunatics, in which the pressure for the admission of an increased number of patients is leading to an inconsiderate addition to the size of buildings already too large. This error, chiefly at present illustrated in the County Asylums of Middlesex, will gradually be imitated elsewhere. Such extensions of the original plan of an Asylum become really subversive of its original intention, and arrangements become necessarily adopted of a nature that must almost as inevitably prove fatal to the preservation of principles approved by science and humanity, and not intentionally sacrificed by governing bodies themselves. In such circumstances, a retrograde action is far from being an imaginary object of apprehension. It is equally observable that in many public institutions for the insane continual efforts are made to diminish the influence and authority of the Medical officers, and to assimilate Asylums, as regards their government and discipline, to mere workhouses, or to prisons. Committees, consisting of gentlemen who, however respectable and benevolent, are not physiologists, and have not a due estimation of the range of moral, as well as Medical treatment in disorders of the mind, are too ready to conclude that the importance of Medical aid in an Asylum is merely in proportion to the number of cases admitting of perfect cure. They forget that the mitigation of the disorder in those who are not curable, the details of their daily management, their preservation from various accidents, and their general order, security, and comfort, can only really be effected by the application of principles learned by the Physician during a long course of professional and liberal study, and as long a course of general observation. If the incurable are deprived of the shelter of these principles, their condition soon reflects evil and mischief on the curable; whilst the incurables, or those pronounced so, considered hopeless, and often wrongfully so considered, become abandoned to every form of neglect.

It is to this disregard for Medical opinion that we must ascribe the glaring faults committed in the additions made to almost all Asylums, and to the original construction of many. Every sanitary principle is apparently considered visionary, and the indirect effects even of the building in which the insane are received, of its cheerful character, and of the objects visible from the galleries in which several of the patients are to pass the remainder of their lives, are scarcely thought worthy of attention. In a recent Report of the Commissioners in Lunacy, it is observed of the Asylum at Colney Hatch, that although the internal arrangements of the new wards are generally good, the additions have a more detrimental effect upon the older portions of the building than even the plans had led them to anticipate. A lofty new wing overshadows and renders gloomy the grounds or airing-courts on either side of it, and, by some oversight, a roof of one block of new building has been so constructed as entirely to obstruct all view of the country in that direction; while other portions of the recent additions now enclose airing-courts which were before open and cheerful. Such evils as these, once incurred, are permanent. Neither air nor sunshine can penetrate the masses of building which looked so attractive and so convenient in the architect's plan and elevation. More patients can be received,

but the comfort and health of all must be diminished. Accompanying this paper is a sketch showing the simple plan of Hanwell twenty years since, when it contained about 800 patients. The situation was well chosen; the building was placed on elevated ground, open to the air on every side, commanding views of all the surrounding country, and placed on a deep soil of gravel. At first the plan was a simple line; to this wings were soon necessarily added, and then additional wings. The quantity of land was still in the proportion of ten acres to every hundred patients; and much of it cultivated by the inmates, much left for airing-courts, and pleasant grounds for exercise and recreation, to which access was easy. The Asylum was, and continues to be, supplied with an abundance of good water by an artesian well. Before the latest alterations the galleries were unobstructed on every side; and there was, especially, a long range of galleries with cheerful windows to the south. The value of this cheerful aspect has been more recently quite overlooked, and shade and gloom have been created there as at Colney Hatch. Moreover, additional stories have been raised, from which access to the grounds is far from easy to the patients; and, whatever may be said about enlarged means of ventilation, the sanitary condition of the Asylum must be incontestably deteriorated. Nothing is more evident than that a building having three stories above ground, and in some portions a basement story also, all filled with insane patients, few of whom are in perfect bodily health, cannot be so well supplied with fresh air as a building of two stories. Of these architectural arrangements the effect on the health and probable recovery of the patients will not be the less real for being not immediately perceptible. The committees and the architects of our Asylums, as well as of our Hospitals, might peruse with much instruction Miss Nightingale's admirable "Notes on Hospitals." They will there find that among the causes of increased mortality, or of protracted recovery, in our civil and military institutions, as shown by experience, "the agglomeration of a large number of sick under the same roof" is the chief.

It need scarcely be said that the alterations now commented upon have not had the approval or sanction of Medical men. But even their direct results are less to be apprehended, or will be less evident, than the unavoidable and gradual effects on the discipline of Asylums, and on that system of treatment which the Hanwell Committee has so steadily supported. Extended buildings, even with such an increase of the Medical staff as committees have never yet contemplated, cannot be properly superintended. No resident officer can be responsible for the constant attention required in such buildings, and accidents will become more frequent, and approaches to the old system of preventing them by severe restrictions, or even by a return to the use of mechanical restraints, too probable. The new buildings doubtless furnish more convenient offices, of a size suitable to an enlarged number of patients; but an Asylum altered again and again to receive patients increased from time to time from 600 to 800, from 800 to 1000, and from 1000 to 1600 or 2000, is opposed to the whole system of modern treatment, and likely to be fatal to it. The pauper lunatic must submit to be treated in these enormous Asylums; but they are an injury inflicted upon him, and will, I believe, be found even as respects the popular excuse of being economical, little better than a delusion.

It is, however, gratifying to reflect that as regards the diet, the clothing, the employments, and the recreations of the patients, nothing is wanting in these Institutions; and whatever mistakes may be committed as to buildings, the advantages afforded to the pauper lunatic, contrasted with his condition in the workhouses, even of England, at the present time, are unspeakable. In too many of the latter places, the Commissioners have animadverted, within the last year, on the scantiness of food and all the wretched arrangements still existing; including seclusion in damp out-houses, and the use of the strait waistcoat and of chains. There has lately been a growing disposition to place patients of a higher class in detached cottages, in which many parts of the old system are systematically practised. In private residences, when a case of acute mania occurs, the Physician has often to remonstrate in vain against the determination of relatives to overcome force by force, and to reject all the advantages which the best Asylums can offer; and the consequences are in many cases most deplorable.

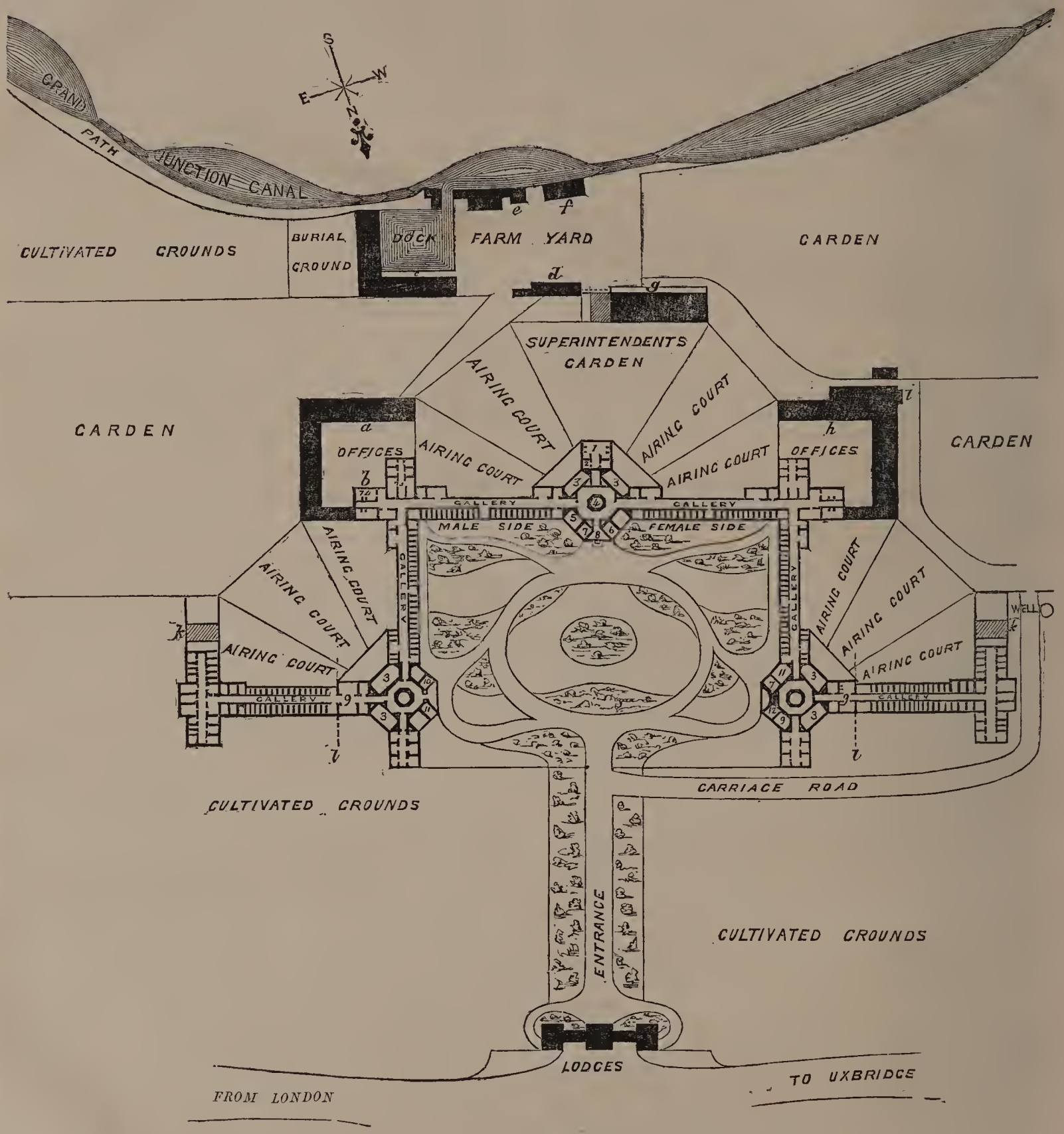
If we look to other countries in Europe, even to the most enlightened of them, we find the abolition of mechanical restraint regarded as an attractive subject, to be treated theoretically, but scarcely more; and the efforts of Physicians who would prove its practicability and value are counteracted by officers or assistants who ought to be guided by, or subordinate, to them. There is scarcely any one country on the Continent where mechanical restraints are not still used and abused. Not even in the Asylums of France do the principles of the non-restraint system appear to be yet fully assented to, although the first great movement was made in that country. In the German Asylums the most severe and galling restraints are yet employed; and still nearer to us, we find that in respect to the treatment of the insane, and the regulation of Asylums, even Ireland is not free from reproach. In Belgium and in Holland, better principles and practice seem to prevail; but physicians of rank from all the Northern countries of Europe still express an almost incredulous surprise when they visit our Asylums, and find that the total abolition of restraints is not a fiction

If we regard the great and enlightened world of the West, we are pained to see nearly all the physicians of America still cherishing, as respects this part of the management of mental disorders, the prejudices which have disappeared from our own island. In a still newer world—that of Australia—so many intelligent young medical men from England are now finding a home, that it is probable the improvement will take place there before it is cordially adopted by the accomplished Physicians of the United States. At present the greatest and most important points of treatment appear scarcely to have obtained due consideration, except in England and in Scotland; and we have still to regret that ameliorations commenced seventy years since, by the humanity and courage of Pinel, have made such slow advances in an age so eminently progressive.

All these circumstances will, I think, be considered sufficient to show that to revert to one of the early attempts to introduce the non-restraint system is not altogether superfluous; and it is possible that among the pupils of Hanwell, of St. Luke's, and of Bethlem, who are now becoming dispersed over the globe, some references to the difficulty of the attempt may be instructive, and may strengthen their hope and animate their exertions, wherever made. If I add a few words in relation to myself, I should wish them to be considered as only further apologetic for presuming to offer to them, without much attempt of form or system, the recollections of my own experience, either in an Asylum, or in years devoted exclusively to practice in mental disorders.

My interest in the insane, and my observation of the phenomena of mental disturbance, began early, and became increased as years advanced; not only because my opportunities of seeing the insane became greater, but because the most active years of my life happened to be passed in a period signalised by an almost total change in the character of Lunatic Asylums. In the first year of my medical studies, my thoughts, which had previously and often been directed to metaphysical reading, were more consistently directed to mental phenomena, and especially to those of minds in a disordered state, by an accidental visit to the old Lunatic Asylum of Glasgow—from which visit it has happened that all my subsequent life has taken its colour. The excellent state of that Asylum, under the kind management of Mr. Drury, and the general direction of Dr. Cleghorn, many years before the total disuse of mechanical restraints had attracted consideration there or elsewhere, is still remembered by me with admiration. The impression made in that and several other visits by the conversation of the patients, and by the several forms and degrees of eccentricity and unreason there witnessed, has never been effaced. At that time neither Edinburgh nor any other School of Medicine offered opportunities of any kind to a student for making himself practically or clinically acquainted with insanity: it was even difficult to obtain permission to see the interior of such institutions, the general state of which was hidden in a jealous privacy. Ten years after that time, and when I had become Professor of Medicine in what was then called the London University (now University College), I attempted to effect arrangements for gaining access on the part of medical students to the wards of the London Asylums; hoping to obtain permission through the Council to make periodical visits to the wards with the Medical pupils; but in that busy period of agitation and movement more important

GROUND PLAN OF THE MIDDLESEX LUNATIC ASYLUM IN 1839.



REFERENCES TO THE PLAN.

a Bake-house, Brew-house, Gas-house, Steam Boilers, etc.
b Kitchen and Scullery.
c Coal-sheds.
d Cart house, Stable, etc.
e Stable.
f Gardener's House.
g Cow Houses.
h Washhouses, Drying-rooms, Laundries.
i Engine-house, etc.
k Other Washhouses.
1 Drawing-room.
2 Study.
3 Day-rooms.
4 Staircase.
5 Committee-room.
6 Matron's Parlour.
7 Waiting-rooms.
8 Hall.
9, 10, 11, 12 Officers' Apartments, etc.

matters occupied the attention of the distinguished founders of the University, and I could not obtain attention to this suggestion. And even now, when thirty years more have passed away, and every department of Medical study has received new and great impulses, the only branch of pathological instruction which it is not thought necessary to illustrate by examples seen in Hospital practice is still the department of Mental pathology, including all the varied symptoms produced by the mutual influences of the body on the mind, and of the mind on the body, and the means of their alleviation or cure.

I had previously, on taking the degree of Doctor of Medicine in Edinburgh (in 1821), chosen the subjects of mania and melancholia for my inaugural thesis, which was of course merely an academical exercise. Two years after that time, being appointed Medical visitor to the licensed houses for lunatics in a division of Warwickshire, I had the long-desired advantage of becoming more familiar with Asylums and with those detained in them. The inmates of such places could not, indeed, at that time, be very satisfactorily studied in such residences; where there was neither classification nor order, and where the general treatment was antiquated and often severe. Their life was monotonous, their apartments were gloomy, and their general state uncomfortable in all cases, and in some miserable. When official visits were made, all presented their best appearance; but the general spectacle was distressing. The patients who could be exhibited at large were usually turned into two or three airing-courts or yards of small dimensions, where no grass grew, no flower relieved the eye, and no tree afforded shade. Noise and confusion combined to disturb and affright the visitors, who were glad to retreat from a scene they deplored and considered unavoidable. Patients too mischievous or too furious to be congregated with others were cautiously locked up in their rooms, into which few visitors ventured even to look. In those days the superintendents affected an imposing manner, even an imposing dress, and they were believed to govern their patients by their looks. It was concluded that they knew everything, and did everything that could be done; and they maintained their authority by despising or resenting any suggestions. And thus, year after year, were Asylums conducted. The observations made with these disadvantages, and such as I was enabled to make in private practice, chiefly furnished the materials for a treatise published in 1830, on the "Indications of Insanity." At length, but not until many years afterward, the long-desired opportunity came of applying myself wholly to the study and treatment of mental disorders; that privilege, ever valued, being accorded to me by my being appointed Resident Physician and Superintendent of the Asylum at Hanwell.

Twenty years have passed away since, on one of the loveliest evenings in June (1839), I entered the Asylum gates to commence my duties in that institution. It then contained between eight and nine hundred patients, and its extent seemed appalling as a place of professional residence. My first interview with some of my patients and their attendants took place that evening, in the chapel; where I could not but feel, very deeply, a sense of the important task I had undertaken, or forget to ask for that aid and direction without which all human efforts are imperfect. Very early the next morning, looking out from a bedroom window in the south part of the western tower, the surrounding scenery was so peaceful, and the sun was shining so brightly, that, but for the appearance of the large and then unplanted airing-courts beneath, and but for some large iron rings fixed in the walls above the seats and wooden benches, and but for one loud shriek from one of the wards on the female side of the building, there was nothing to be seen or heard which spoke at all painfully of the new and peculiar life to which I had that morning awakened. For a few moments, however, a sort of misgiving certainly arose in my mind, and an uneasy feeling as to having severed myself from the ordinary ways and customs of men, and from the cheering influences of society, and the quiet of domestic life. But the day advanced, and active duties soon banished these idle meditations. Although the day was Sunday, it brought scenes of surpassing interest before me; and from that hour no misgiving ever returned, and no feeling ever long prevailed in my mind but that of gratification arising from my new practical engagements.

ANOTHER CASE OF MOVEABLE KIDNEY.

By GEORGE JOHNSON, M.D., F.R.C.P.
Physician to King's College Hospital, Professor of Materia Medica and Therapeutics in King's College, London.

Since the publication of the case of Moveable Kidney which occurred in my private practice (a), I have met with an example of this moveable condition of kidney in an Hospital patient. The following is an outline of the case:—

J. M., aged 32, came under my care in King's College Hospital on November 3. She has been ten years married, but has borne no children. During the last seven years she has suffered from winter-cough. At the time of her admission she was labouring under an attack of bronchitis, and she presented in a marked degree the physical signs of emphysema of the lungs. She states that for a period of about seven years she has been aware of the existence of a tumour in the right side of the abdomen; she feels the tumour move about in the belly, and says that it is attended with a sense of weight and dragging. She is of spare habit, and the walls of the abdomen are flaccid, so that the tumour can be readily felt. It has the form, size, and consistence of the kidney. Its usual position is midway between the umbilicus and the anterior superior spine of the ilium, but it can easily be pushed beneath the ribs on the right side. When the fingers of one hand are placed in the right flank and those of the other hand in front near the umbilicus, the tumour may readily be pushed to and fro between them. When the tumour is firmly compressed between the two hands the patient complains of some degree of tenderness. The left kidney cannot be felt below the ribs. The liver extends somewhat below the margin of the ribs, in consequence, probably, of that organ being depressed by the enlarged emphysematous lungs; but there is a considerable interval between the under surface of the liver and the moveable right kidney when the latter is in its lowest position. She complains of a burning pain in passing water, the urine being alkaline, and depositing a copious sediment of phosphates. The surface of the patient's abdomen presents numerous large scars produced by tartar-emetic ointment, which, by the advice of a London Surgeon, had been rubbed in as a remedy for the tumour. The fact of a mode of treatment so torturing and so useless having been resorted to in such a case, affords a striking illustration of the practical importance of a correct diagnosis.

She remained in the Hospital until December 3, when she was discharged, the bronchitis being relieved, and the pain in micturition diminished, but the urine still deposited a sediment of the earthy phosphates.

11, Savile-row, W.

ON LACHRYMAL OBSTRUCTIONS TREATED ON MR. BOWMAN'S PLAN.

By T. PRIDGIN TEALE, Jun., M.A. Oxon., F.R.C.S.

Having adopted for more than two years the mode of treatment proposed by Mr. Bowman for the relief of obstructions of the tear-passages, and published by him in the first number of the Ophthalmic Hospital Reports, I think it right to contribute such evidence as I possess towards the formation of a just estimate of its value. With this view I will take a survey of all such cases as have come under my care.

Before considering the cases themselves, I will describe in detail the mode in which I have usually performed the operation. In so doing I shall unavoidably have to reproduce much that is laid down in Mr. Bowman's valuable paper.

Mode of Operating.—Critchett's grooved probe is introduced vertically into the lower punctum, and then passed in a horizontal direction along the canaliculus, and, if possible, into the lachrymal sac, so that its point may rest firmly against the nasal wall of the sac. Should the punctum be too small to admit the probe, it may be enlarged with the point of a cataract-knife, or an attempt may be made to pass the probe through the upper punctum and canal. The entrance of the probe into a distended sac may, in most cases, be easily known; since pressure of the probe outside the sac renders it

(a) *Medical Times and Gazette*, October 29, 1859, vol. xl., p. 426.

more tense, whereas little or no increase of tension takes place on pressing the probe if it has fairly entered the sac. In cases in which the sac is not distended, the arrest of the probe in the canaliculus external to the sac may be inferred, if pressure with the probe causes a dimpling of the skin over the tendo occuli. For slitting up the canal a common Beer's knife answers well; the point of which may be carried along the groove in the probe until it is arrested by the termination of the groove; at this stage, in order to free the knife from the groove, the probe may be rotated on its axis, without changing the direction of the knife, which may be then thrust onwards until it is arrested by the nasal wall of the sac. A sufficient opening may thus be secured into the sac.

This mode of dividing the canaliculus differs somewhat from that of Mr. Bowman, in which the canal is not slit up beyond the caruncle. He is able thereby to introduce into the sac his largest probe (No. 6) through the unwounded part of the canal. Mr. Bowman's mode, which I have occasionally adopted, has the advantage over the other of inflicting a smaller surgical wound. My reasons for generally adopting the complete division of the canaliculus are,

1st. That it is more easy to introduce the probe into the sac, both at the time of the operation, and, subsequently, should the probing is performed at long intervals.

2nd. That the patient suffers less from the introduction of the larger probes into the sac.

3rd. That a probe two or three sizes larger than Mr. Bowman's No. 6 can be used without difficulty from the commencement.

4th. That I have not hitherto observed any evil resulting from it.

After slitting up the canaliculus I have seldom found any difficulty in keeping it open, as in most instances the lachrymal passages were in a state of chronic inflammation consequent upon obstruction of the nasal duct, a condition unfavourable to immediate union. In the only case in which I met with much difficulty the punctum was strictured, but there was no attendant irritation of the mucous lining of the canal. In such a case it might be well to excite a temporary irritation of the newly-cut edges by the application of sulphate of copper.

N.B.—No. 8 = wire-gauge 16; No. 6 = wire-gauge 17; No. 3 = Bowman's probe, No. 3.—These measurements apply to the bulb.

I have seen Mr. Bowman use a convenient substitute for the grooved probe and cataract knife, namely, a narrow-bladed knife with a blunt point, which he introduces at the punctum and carries along the lachrymal canal to the extent required.

Entrance into the sac having been secured, one of the larger probes is passed down to the strictured part. If the obstruction yields easily, the probe is pressed on till it reaches the floor of the nostril. If, however, it does not yield to moderate force, it is better to delay further efforts for a few days. This allows time for the parts to become less swollen and irritable from the relief afforded by the free division of the canaliculus; and, at a second attempt the probe may be pressed more boldly against the strictured part.

The probes which I have used are of two kinds: first, the series 1 to 6 described by Mr. Bowman (a), which are uniform in calibre and are curved in two planes to correspond with the nearly spiral shape of the nasal duct; secondly, bulbed probes, the size of the bulb in two of them being equivalent to Bowman's No. 3 and 6 respectively; and a third probe, having a bulb two sizes larger than No. 6, which I have called No. 8. The bulb of No. 8 is of the size of the ordinary wire gauge No. 16.

These bulbed probes are curved in one plane only, the narrow part above the bulb allowing them to lie in, and in some degree to adapt themselves to, the irregular course of the duct. The bulbed probes I find, perhaps from habit, more easy of introduction than Bowman's, and I think they give less pain to the patient. I prefer Bowman's larger probe when any considerable pressure is required to overcome an obstruction, as the direction of the pressure can be made thereby more vertically, and more in the axis of the nasal duct, than by the bulbed probes which are curved only in one plane. After the probe has been once passed through the nasal duct, the treatment is usually very simple. The probe may be passed a second time, if necessary, at the end of a week, and may be repeated weekly, or at progressively increasing intervals, as long as the epiphora continues to relapse. On first adopting this treatment I used the probe every second or third day; but, finding the frequent repetition unnecessary, and perhaps injurious, I have been gradually led to allow longer intervals to elapse between each operation.

In my earlier cases I used the styles with the ends tapered, bent, and at a right angle, formerly suggested, but generally laid aside, by Mr. Bowman. These were introduced through the divided canaliculus into the sac and nasal duct, and allowed to remain for periods of four, eight, or twelve hours. They appeared, however, to retard progress by the irritation which they caused. Since the publication of Mr. Bowman's paper in November, 1857, in which he advised the "intermittent use of probes," I have never had recourse to these bent ones, though exceptional cases may occur in which they may prove of service.

When a patient has been free from epiphora for a month, he may be released from further treatment, unless there should be any relapse.

(To be continued.)

(a) Ophthalmic Hospital Reports, No. 1, for October, 1857.

Effects produced on the Infants of Parents who have undergone Mercurial Treatment for Syphilis.—Dr. Faye, First Physician to the King of Norway, has issued a circular addressed to Practitioners in all countries, seeking for information on the following points:—1. What is the proportion of children born of syphilitic parents treated by mercury, who are born and remain healthy, and what is the proportion of those who have succumbed to the dyscrasis, or have been successfully treated for it? 2. To what extent is the statement correct which has been so long received, as to the favourable effect of a mercurial treatment undergone by a mother during pregnancy upon her offspring, although she may have before given birth to syphilitic children? The important fact should be borne in mind that women may undergo purification by repeated deliveries, giving birth at last to healthy children, although they may have had several diseased ones. In order that the end in view should be accomplished as completely as possible, it is very desirable that information should be afforded whether the father or mother, or both have been effected. The correctness of the opinion generally admitted, that fathers who have been treated, give rise oftener to healthy children than mothers, even when these are cured to all appearance, would then admit of more ample verification.

New Esculent.—The French Academy of Sciences has just received information of a new esculent of the tubercular kind, called shicama, which grows in the neighbourhood of Cuenza, near Granada. The plant is a shrub which grows to the height of about three feet; its roots engender two different sorts of tubercles—those nearest the surface of the soil are yellowish and bitter, and are only used for the propagation of the plant; the second sort, situated much deeper, are white, juicy, and so sweet that they can be eaten raw. The shicama will bear cold weather extremely well, and might, therefore, be easily introduced into Europe, where it would be a formidable rival to beet-root, since it is an annual and richer in sugar.

Death of Dr. Bernard.—The Chinese journals received this week announce the death of Dr. Bernard, a celebrated English Physician, at Hong Kong. Deceased, who was in his sixtieth year at the time of his decease, was a pupil of the celebrated Abernethy; and on the last alteration of the charter of the English College of Surgeons he was one of the members who were advanced to the honour of the Fellowship of that College. He had been resident in China for upwards of fourteen years.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

GYNECOMAZIA IN A YOUNG BOY.

The other day a little boy, aged 13, of rather delicate aspect, presented himself at the admission room of the London Hospital, having been sent up from the country to obtain Mr. Lukc's opinion as to a tumour in his right breast. The tumour in question was stated to have been growing painlessly for six months, and proved, on inspection, to be hypertrophy of the mammary gland itself. The gland was distinctly lobulated, quite loose, and movcable on the muscles, though attached at the nipple. It was the size of a child's fist, but much more spread out. It was not in the least inflamed. The opposite gland was not of perceptible size. The boy's father stated that he was not aware that any similar affection had ever occurred in the family before. The boy showed no signs whatever of puberty being imminent; on the contrary, he looked younger than his years. Most of the examples of enlargement of the mammary gland in males which have previously come under our notice have been in much older subjects, and the hypertrophy has generally been stated to have begun subsequent to the period of puberty. Do these enlargements ever subside? Our own experience has been adverse to such an opinion. We have seen more than one instance in which elderly men had large breasts (in each instance only a single one), and stated that they had remained in *statu quo* for many years.

SPONTANEOUS SLOUGHING OF A SCIRRHUS MASS IN THE BREAST.

A woman who, some years ago, had been a nurse in the Hospital, was admitted the other day, under Mr. Gowlland's eare, presenting the interesting phenomenon of a cancer of the breast in course of spontaneous enucleation. The tumour was in the left breast, as large as an adult fist, and almost as hard as stone. The skin over its surface had ulcerated, and an oval sore, nearly three inches long, had formed, beneath which a large sloughing mass was presented. The borders of the sore were not in the least indurated, but extensively undermined, as a detachment of the tumour from its superimposed skin was evidently in progress. The woman was carefully questioned as to whether any caustic treatment had been adopted, but said that nothing whatever had as yet been done. The tumour itself had existed for more than a year, and the abscess which had commenced the enucleative process, had formed about a month ago. It is intended, should it appear needful when the slough separates, to employ caustics, so as to ensure the removal of the base of the tumour. The woman is in fair health.

MEDIAN LITHOTOMY.

Mr. Critchett operated by median lithotomy last Thursday week in a case of some peculiarity. The patient was a little boy in good health, but of rather delicate aspect, aged 3, who had suffered remarkably little from his disease. Small fragments of calculous matter, like mortar, continued from time to time to come away, and a stone was always easily detected on sounding. The sound did not strike the calculus with so sharp a chink as is usually heard, but the impression given to the finger was rather that of a heavy body with a softish exterior. The urine was alkaline. The propriety of operating by means of the lithotrite was discussed, seeing that the stone was plainly friable. It was decided in the negative, however, by the consideration of the boy's early age, and of the probability that although the outer part of the stone was soft, it might have a dense nucleus. Mr. Critchett performed the median operation in the manner recommended by Mr. Allarton, using, however, a knife with a shouldered back, in order better to protect the rectum from injury. The external wound was not more than three-quarters of an inch long. We watched closely, and did not observe the slightest arterial bleeding. What bleeding there was was wholly venous, and was due, probably, to the fact that the boy's penis, as is not usual during lithotomy, was in a state of rigid erection. The stones, for there were two, were so soft externally that the forceps would hardly grasp them. Each consisted of a nucleus of about the size of a hazel-nut, around which a thick coating of soft phosphates had formed.

The median operation is now always preferred at this Hospital when the patient is a child. In the case of an elderly man, on whom Mr. Adams operated the week before, the lateral method was preferred, as the perineum was deep, and the prostate might not improbably have been found enlarged. Mr. Adams in this case removed three calculi. The man is nearly convalescent.

METROPOLITAN FREE HOSPITAL.

HYDATID TUMOUR IN THE ABDOMEN.—SLOW DIMINUTION IN SIZE DURING THREE YEARS.

(Under the care of Dr. RICHARDSON.)

We recorded, several years ago, a series of cases in which large hydatid cysts in the abdomen had been treated in various methods. In several, a cure had been brought about by evacuation of the cyst contents by means of the trocar, and we urged this as a most necessary measure in all cases in which the symptoms were such as to threaten life. Our conclusions were, however, not favourable to premature interference, or indeed to the use of instruments, unless required. It is well known that such tumours not infrequently shrink spontaneously (owing to the death of the hydatids) and cease to cause inconvenience. The case we have this week to adduce is an illustration of the safety, under certain circumstances, of waiting. The patient, in whom three years ago it was proposed to resort to the evacuation, under conditions, at the time which most fully warranted it, is still alive and in greatly improved health, his tumour having quite ceased to cause him inconvenience. The following are the notes of his case :—

J. McQ., aged 24, a bricklayer, tall, of dark complexion. This patient has been under our observation for three years. He was originally admitted under the care of Dr. Richardson at the Metropolitan Free Hospital, in August, 1856, when the following statements were obtained :—Until the present illness he had enjoyed good health, excepting an occasional pain in the right loin. The first thing he noticed was the swelling, and after that the pain. He has now given up work for twelve weeks past, during ten of which he has been an out-patient of Dr. Richardson's. His appetite is good, and he sleeps fairly. He is often short of breath, and some time ago used to have dragging pains in the right side. He is quite certain that the tumour has not increased in size for the last three weeks, as he has not been obliged to alter the string by which he increases the width of his trousers. He has no difficulty in passing urine or in defecation. The following are the measurements of the abdomen made at this period, when in the erect position: Round the body, at a level with the umbilicus, 2 feet 11½ inches; three inches higher, 3 feet 1¾ inches; at a hand's breadth below the nipple, 3 feet 0¼ inch; from the right nipple to the umbilicus, 1 foot 0⅓ inch; left, ditto, 1 foot 0⅓ inch; from the upper edge of the sternum to the umbilicus, 1 foot 5½ inches; ditto to crest of pubes, 2 feet 2 inches.

In the recumbent position the upper half of the abdomen is visibly distended, the greatest prominence being about midway between the right nipple and the umbilicus, where it rises to a level fully an inch and a-half higher than those points. On applying the hand to the distended part, a very firm, unyielding hardness is felt, by which the ribs on the right side are lifted up. The boundaries of the swelling are *above* about two inches below the right nipple, the lower edge of the ensiform cartilage, and passing to the left side, the free margin of the ribs. Its lower boundary is easily defined to the finger, and in the recumbent position at its lowest part, which is a little to the right of the umbilicus, its edge is about an inch lower than that part. In the median line of the body its margin is irregular, and a hollow may be felt rising about an inch above the umbilicus. To the left of the umbilicus its margin is about on a level with it. The left lateral boundary of the tumour is about four inches from the median line. In all parts the lower edge of the tumour is bossy, and not smoothly rounded ("not cyst-like"), and feels

like the margin of an indurated liver. Higher up over the middle of the tumour, however, there is unmistakeable fluctuation.

Percussion gives a decided fremitus, and a lateral fremitus may also be detected. Passing backward on the right side, it is not easy to define the limits of the tumour, but there is no clear percussion. The percussion note in the other parts of the abdomen is clear, with the exception of the left lateral region, where only deep percussion can elicit any resonance. The right chest has a healthy, clear, percussion note, to the level of an inch and a-half below the nipple. On the left side of the chest the percussion note is clear to three inches below the nipple, and there is a stomach resonance an inch and a-half below that level.

At this time the man was quite disabled from his employment by the bulk of the tumour, and the distension and pain which it occasioned. Several times he suffered attacks of unusually severe pain, when the use of opium to obtain ease was necessary. After careful examination all agreed in the opinion that the tumour was of hydatid nature; and it was determined, should the pain increase and be of such a character as to lead to anxiety lest the cyst should give way, that it should be punctured. On one occasion the day had been fixed for the performance of this operation; but as the man's sufferings were a little abated when the time came, it was deferred. From that time his liability to pain in the tumour gradually decreased, and the latter began steadily to diminish in size. In the course of about a month he was able to resume his employment.

On November 23 of the same year (1856), the following note was made: "He is now regularly at work, and has had no attacks of pain since the one above mentioned. Girth about three inches above the navel, 38½ inches. From the nipple to the navel, 16¼ inches. Large veins come over its surface."

At the present time the man is in excellent health, and regularly engaged in a very laborious occupation. His tumour is still present, but not nearly so large as it formerly was. Thus its girth, about a hand's breadth above the navel, which, in November 1856, was 38½ inches, is now (three years later) only 33 inches. The tumour appears to have diffused itself, and extends lower down, having a much less abrupt margin that it had formerly. It is quite in a quiescent state, and never causes pain.

Since the puncture of large hydated cysts connected with the liver is a measure always attended with much danger, it is perhaps a fair rule of practice to defer it until necessitated by circumstances: at any rate, this was the principle acted upon in the above case, and with a result which cannot be considered as unsatisfactory. We have above adverted to the fact that hydatid cysts sometimes undergo spontaneous changes, leading to their shrinking up and becoming quite innocuous, both to the part and to the patient. We shall give in a future number the particulars of a case in the Samaritan Hospital, some months ago, where Mr. Spencer Wells removed eighty pounds of fluid, loaded with hydatids, from the abdomen of a woman who has since remained in good health.

REPORT ON THE TREATMENT OF EXTERNAL ANEURISM.

In our Hospital Reports for November 22 and 29, 1856, we gave a tabular statement, with comments, of seventy-six Cases of Surgical Aneurism. The report had, of course, more especial reference to the modern plan of treatment by compression, though it included many cases not of a nature admitting of that method of cure. Three years have passed since the report in question, and we now propose to resume our task, and to pass in review the cases which have since occurred. In so doing, we shall include all accessible cases, whether treated in British Hospitals, or in those of the Colonies, or of the Army on Foreign stations. On the present occasion, we cannot consider our collection as statistical; that is, we have no guarantee that some few cases, favourable and otherwise, may not have escaped our notice.

Instead of adopting the tabular form, we propose to give the cases in brief abstract, and to arrange them in classified groups. The First Group will comprise cases in which compression succeeded; the Second, cases in which compression was tried and abandoned; the Third, cases in which primary ligature was adopted; and the Fourth and last, will contain those which have not obtained places in any of the preceding.

First Group.

CASES OF ANEURISM IN WHICH COMPRESSION TREATMENT WAS SUCCESSFUL.

Case 1.—*Popliteal Aneurism — Compression Treatment — Manipulation of the Sac—Arrest of Pulsation almost immediately after the Handling—Cure.*—J. M. aged 48, a labourer, discharged from the army five years ago, was admitted into the Leeds Infirmary, under the care of Mr. Teale, on October 16, 1858. He had first felt pain in swelling around the knee and along the calf three months before, and shortly after noticed a lump the size of a marble in his ham, which continued to increase, and, on admission, was the size of an orange. October 26.—Digital compression over the pubes was commenced and continued during twelve hours of the day, until October 30, when pressure by ring-torniquets at the upper and middle parts of the thigh was substituted. The patient was directed to vary the seat of pressure, and to give it up during the night. November 2.—Pulsation less, the walls thicker, but still of about the same size. On the 12th, and on the 14th, Mr. Teale made an attempt to disturb the fibrine by manipulation. This was done last at 1 p.m. and an hour and a half afterwards the tumour had ceased to pulsate, and had become a solid mass. The patient left the Hospital, cured, on the 26th, having been able to walk about in the ward several days before.

Case 2.—*Popliteal Aneurism—Cure by Compression in Six Months.*—The patient, aged 30, a post-boy, was admitted into the Norfolk Hospital, under the care of Mr. Frith, with a right popliteal aneurism of about two months' duration. It was somewhat larger than a hen's egg. Continued compression treatment, by means of Carte's apparatus, effected a cure in about six months.

Case 3.—*Popliteal Aneurism—Compression Treatment for a short time—Gangrene of Limb — Amputation — Recovery.*—J. W., aged 36, a joiner, was admitted into the Workhouse Hospital, Liverpool, under the care of Mr. Leather, for popliteal aneurism. He was delicate and predisposed to phthisis. His right leg had been more actively engaged than the left and always kept in a semiflexed position. Eleven months before he had suddenly felt pain in the calf of the right leg, and discovered a swelling there. It gradually increased to the size of an egg, and then became stationary for five weeks, after which the pain became excruciating and the swelling increased rapidly. On admission the tumour was found to be of the size of a goose's egg, and tolerably circumscribed. Compression was tried but could not be borne. The pain became greater and the swelling more diffused, and now ligature was proposed, but the patient obstinately refused to submit to it. The pain increased, the leg became œdematous and symptoms of a tendency to mortification showing themselves, Mr. Leather decided to amputate, as the time for applying the ligature was now passed. The stump healed well and the man recovered. On examining the removed limb an immense quantity of clotted blood was discovered in the popliteal space only covered by the skin and fascia. The concentric layers of coagulated blood in the aneurism were pierced here and there by openings, allowing the escape of blood which forced its way into the tissues about the knee-joint. The quantity of blood infiltrated was about two pints. The outer tuberosity of the tibia and the head of the fibula had undergone some absorption. There was also serous effusion into the knee-joint, with slight ulceration of the cartilages.

Case 4.—*Popliteal Aneurism—Compression by the Clamp for Five Weeks without success—Manual Compression—Cure in Two Days.*—A woman, aged 37, in good health, was admitted into Guy's Hospital, under the care of Mr. Hilton, on June 29, with an aneurism of the left popliteal artery, which had existed five weeks. It was the size of half an orange, and of an elongated oval form. Compression treatment by means of the clamp was kept up for five weeks without benefit, the tumour increasing rather than otherwise. The question of applying a ligature was now raised, but it was determined before doing so to try the effect of continuous pressure. Relays of dressers were appointed to sit up with the patient, in order to ensure the constant adaptation of the instrument.

Under this plan the pulsation ceased after two days and nights, and shortly afterwards the woman was discharged well.

Case 5.— Popliteal Aneurism—Compression Treatment for Seventy-six Hours without much effect—Pressure abandoned—Spontaneous Cure a few Days afterwards.—A robust young man, aged 27, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lawrence, for popliteal aneurism. It was the size of an orange. Compression was commenced by a common Signorini's tourniquet, and was cautiously pursued, the stream of blood through the tumour being merely retarded and not arrested. It was thus applied for seventy-six hours, and the man having suffered no inconvenience, the tourniquet was screwed tighter. On Mr. Lawrence's visit the following day, the man complained of pain in the tumour. Mr. Lawrence, fearing inflammation of the sac, ordered all pressure to be removed. The pulsation, although not so powerful as at first, was still very distinct. Within a few days after giving up compression, however, all pulsation ceased. The tumour afterwards rapidly absorbed, and a perfect cure resulted. It was supposed that the impaction of a plug of fibrin in the distal trunk had been the cause of pain in the tumour, and that, though not sufficient at first to occlude the artery, it had subsequently become coated with lymph, and quite filled the aneurismal orifice.

Case 6.—Popliteal Aneurism—Cure by the Flexion Method in Twelve Days.—J. S., aged, 41, consulted Mr. Ernest Hart in September, 1858, for popliteal aneurism of the right side. It was globular, of the size of a small apple, and situated at the lower and outer part of the popliteal space. Mr. Hart observing that the circulation in the lower limb was controlled by complete flexion, determined to attempt to cure the aneurism by this method. After a week's preliminary rest, he caused the limb to be bandaged to the knee, the leg to be thoroughly flexed on the thigh and retained in that position by a stout roller. After twelve days' flexion (more or less complete) the patient was allowed to walk about; after three months the tumour was barely perceptible, and there was pulsation in that part of the artery.

Case 7.—Popliteal Aneurism—Cure by the Flexion Method on the Thirty-eighth Day.—A man, aged 30, was admitted into the Middlesex Hospital, under the care of Mr. Shaw. The aneurism was of the size of a lemon, occupied the centre of the popliteal space, and pulsated strongly. It was easily compressed. On December 1 the knee was secured in the best position by a band brought round the foot and thigh and fixed near the hip. The immediate effect was, that the patient ceased to feel the beating of the tumour, and that on inserting the oiled finger into the flexure of the knee no pulsation could be detected. On the fourth day the limb was unbound. The tumour was now one-third less, its walls thicker and denser, and the force of the pulsation considerably diminished. The sac had receded more deeply into the popliteal space. On the thirty-eighth day pulsation had altogether ceased, and the sac was the size of a walnut. The bandage had been occasionally removed for short intervals, but not long enough to allow the leg to straighten; but after their entire disuse he gradually recovered natural motion. On the fiftieth day he could walk well, with a slight halt; and on the fifty-sixth he was discharged. For the first ten days there had been uneasiness, but never after.

Case 8.—False Aneurism of Palmar Arch—Compression—Cure in a Month.—A girl, aged 19, was admitted into Queen's Hospital, Birmingham, under the care of Mr. Parker, with a false aneurism in the palm, the result of a wound by glass in the palmar arch. Compression of the brachial artery was commenced, and kept up almost continually for a month. The aneurism solidified, and subsequently absorbed. The cure was complete in every respect, excepting that the fingers remained a little flexed.

Case 9.—Popliteal Aneurism — Compression Treatment — Cure in Five Months.—A man, aged 40, in good health, was admitted into the Sheffield Hospital, under the care of Mr. Jackson, with an aneurism of moderate size in the popliteal space. He had first noticed it about a month before. Compression treatment was commenced on July 26, 1856. It was kept up during the day, and omitted during the night. The pulsation finally ceased during the night of January 2, 1857, after five months' treatment. The tumour had diminished, and at the time of report the patient could walk about, and was on the point of leaving the Hospital. When admitted there was a soft bruit heard over the aortic valves, and prolonged into the subclavians and carotids, but while under care this entirely ceased.

Case 10.—Popliteal Aneurism—Cure by Compression on the Sixteenth Day.—Sergeant Robert Legg, aged 28, was admitted into the Hospital of the Fusilier Guards, under the care of Dr. Richardson, on September 10, 1856, for an aneurism of three months' duration, filling the left popliteal space. The tumour was very elastic, the size of a very large orange. Pulsation was felt in the arteries of the leg, and the veins of the leg were distended. Three arterial compressors were applied, of different forms, but all calculated to compress the main vessel without otherwise impeding the circulation of the limb. One was placed over the arch of the pubes, the second just below the origin of the profunda, and the third at the lower part of Hunter's canal. His diet was moderately nutritious. The instrument at first occasioned pain, but on the pressure being frequently changed from one point to another, he soon bore it well. In a few days the pulsation had almost ceased. The pressure was still continued, and the tumour began to solidify. On the 26th of September the pulsation had entirely ceased, while the pressure of the pads had in the interim been diminished. On the 3rd of October he stated that during the past night he had felt severe pain, followed, he thought in the morning, by a more marked diminution of the tumour. It continued to decrease gradually, and to solidify until the 19th, when the apparatus (in consequence of the entire cessation of pulsation) was taken off. The measurement of the limb, which at first was 15½ inches round the apex of the tumour, at the last date was 14¼ inches. He was then allowed to get up and use moderate exercise. No constitutional disturbance ensued during the treatment except an attack of diarrhœa, which continued rather severe for about a week. For a fortnight he took the following pill twice a-day—℞ Plumbi acetatis, gr. ij. Pulveris opii, gr, ¼. In January, 1857, the man could walk about with very little inconvenience.

Case 11.—Popliteal Aneurism — Compression Treatment—Cure in Three Days and a-half—G. W., aged 33, was admitted into University College, Hospital, under the care of Mr. Erichsen, on July 14. He had, previous to his present illness, enjoyed good health. During the six months previous to his admission he had a dull aching pain in the right knee-joint, but had not noticed any swelling in the popliteal space until the last fortnight. On admission Mr. Erichsen found a tumour the size of a goose's egg in the popliteal space, somewhat more prominent on the outer than on the inner side. There was a distinct bruit, and the pulsation was arrested by compression of the femoral. Pressure by two tourniquets was commenced at three p.m., the limb having been bandaged from the toes to about two inches above the knee. The thigh was shaved, and dusted with flour. One of the tourniquets was applied to the groin, and the other about six inches below Poupart's ligament. Pressure was kept up by these instruments alternately until the 21st, when at one a.m., on removing the instruments, all pulsation was found to have ceased in the tumour, and it was quite solid. The instruments were reapplied for a short time as a matter of precaution. The patient continued to do well, and was discharged cured on July 28.

Case 12.—Aneurism of the Popliteal Artery successfully treated by Flexion and Compression.—J. H., aged 21, a native of Bombay, was admitted under the care of Mr. Oliver Pemberton, into the Birmingham General Hospital, May 10, 1859, for a left popliteal aneurism. It was five inches in diameter, and presented all the characters common to an aneurism in this position. Pressure on the femoral at the pubic arch commanded the flow of blood into the tumour, which at once collapsed and disappeared, and then rapidly refilled on the removal of the compression. He stated that he had only noticed the swelling four months before his admission. Compression was attempted on May 13, but he became so irritable and restless that it could not then be persevered with. On the 16th compression was again tried by Weiss's compressor placed over the middle third of the artery. The leg was also bent as far as it would admit without causing pain, and was firmly fixed in that position by a bandage carried round the pelvis. The effect of this combination of compression or flexion was that the pulsation in the aneurism was reduced to a mere wave. Compression was continued until the 18th, when it was removed. There was now not the least pulsation in the aneurism. Flexion was

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relaxed on the 8th, and on June 8 was entirely given up. He gradually improved, and was discharged quite well on August 15.

Case 13.—*Popliteal Aneurism—Cure by Compression, Pulsation ceasing in Forty-two Hours.*—W. W., aged 39, a muscular, well built man, of healthy aspect, a bailiff, was admitted into Guy's Hospital, July 22, 1858. His habits had been temperate, and with the exception of syphilis he had never suffered from ill-health. On admission a pulsating tumour was found in the popliteal space, about the size of a large hen's egg. He first noticed it two months ago; he had no pain in the tumour, but in the knee. Pressure was commenced at half-past four on July 23, by means of a clamp, and a weight of about twenty pounds, applied alternately, the former being placed at the apex of Scarpa's triangle and the latter a little above, so as to compress the artery just after its passage over the os pubis, some person being continually at the bedside to see that they were constantly attended to. 24th.—The pressure of the clamp applied yesterday could not be borne for more than ten or fifteen minutes at a time, but a second was placed about midway between the clamp and the weight, being about the centre of Scarpa's triangle. This was kept applied for two hours, and by thus multiplying the points of pressure no further inconvenience was experienced from this cause. 25th.—He slept comfortably for some hours last night. At eleven a.m. (forty-two hours after pressure was applied), the pulsation was found, on discontinuing the pressure, to have entirely ceased. 26th.—Mr. Hilton advised the pressure to be continued for a short time, although no pulsation could be detected on its removal. The tumour was found to be perfectly solid, and considerably reduced in size. He continued to do well, and was discharged cured on August 6.

Case 14.—*Popliteal Aneurism—Cure by Compression on the Eleventh Day—Subsequent Death from Aortic Aneurism—Dissection of the Limb.*—The following case is related by Dr. Monro, of the Coldstream Guards:—The patient was admitted into Hospital on April 19, 1852, for popliteal aneurism of the left leg, about the size of a small orange. Compression was commenced on the 22nd. In two hours, so much pain was complained of, that the instrument was removed. It being suspected that the pain complained of was more from alarm than anything else, manual pressure, about an inch and a-half below the origin of the profunda, was kept up by the assistance of the convalescents in the Hospital for three days, for about eight hours each day. A clamp tourniquet was afterwards placed on the thigh (on the 26th), and moderate pressure only made on the artery, the sac being allowed to pulsate freely. On the eighth day the pulsation in the sac had entirely ceased, although no greater pressure had been made. It had also become harder and smaller. The tourniquet was now removed, and nothing further was done beyond keeping him in bed. He was dismissed to his duty on July 2, the functions of his limb having been restored. On November 19 of the same year, he returned to Hospital with aneurism of the abdominal aorta, and died suddenly on December 10. Dr. Monro made an injection from the common iliac of the arterial system of the affected limb. It was found that the femoral artery and vein, from the brim of the pelvis to near the centre of the popliteal space, were unobliterated.

Case 15.—*Popliteal Aneurism—Cure by* 24 *days' Compression—Suppuration of the Sac—Recovery.*—At the Army Medical and Surgical Society, in December, 1857, Mr. Blenkins, Surgeon to the Grenadier Guards, read a case of popliteal aneurism which had occurred to a soldier in his regiment, and had been cured in twenty-four days by compression. The mode of applying it was by a seven-pound weight in the groin, which was found to be the most efficient and least irksome. The contents of the sac were not absorbed, suppuration took place, and the whole fibroid mass forming the interior of the tumour eventually escaped through the opening which had been made for the discharge of the matter. The mass on admeasurement was found to be four inches in diameter, having a circular form. The sac subsequently contracted and closed, and the man recovered the use of his limb.

Case 16.—*Popliteal Aneurism—Cure by Compression on the Fifth Day.*—At the meeting at which the above was mentioned, Mr. Pelham related a case of popliteal aneurism of the left leg, which had occurred at Chatham under the care of Mr. Dartnell. Two tourniquets, or wooden clamps, had been applied over the femoral artery, one at about a hand's breadth above the knee, and the other below the groin; the clamps being relaxed or tightened alternately, as the pressure of either became irksome. On the fourth day pulsation had entirely ceased in the tumour. On the sixth the pressure was relaxed, and on the seventh it was removed altogether. At the end of somewhat less than three months he was discharged for duty in the garrison, where he remained under observation for two months longer, and then rejoined his regiment in perfect health.

Case 17.—*Popliteal Aneurism—Compression Treatment—Cure in a Month.*—A collier, aged 32, was admitted into the Derby Infirmary, under the care of Mr. Gisborne, on account of a large aneurism in the right popliteal space, of two months' duration. The circumference of the knee, on the diseased side, measured eighteen inches; that on the other side being only fourteen. He could assign no cause for it. Compression treatment was commenced and was kept up for five weeks. Morphia was given pretty freely, on account of attacks of pain. Cold was applied to the tumour, and subsequently it was supported by strapping and bandaging. At the end of the fourth week, pulsation had almost ceased, and the cure was complete at the end of the fifth. He left the Hospital at the end of the eighth week quite well, but the circumference of the knee was still half-an-inch greater than its fellow.

Case 18.—*Popliteal Aneurism—Compression Treatment—Cure in Three Months.*—G. O., a healthy-looking soldier, was admitted into the Regimental Hospital at Malta, under the care of Mr. Alfred Crocker, on the night of April 10, 1857, for popliteal aneurism. It measured about four inches in length, and pulsated strongly. On the 11th, a Carte's compressor was applied about four inches below Poupart's ligament, and another over the pubes, and pressure used alternately. He soon became used to the instrument, though it occasioned a little distress at first. A large slough, however, formed on the anterior part of the thigh on the 25th, and pressure by a four-pound weight was therefore substituted. The tumour had now decreased a good deal, and was much harder. Pressure, with the occasional use of ice locally, was kept up until May 4, when it was suspended on account of fresh sloughs. The tumour was now half its original size, and was quite hard, but still attended with a little pulsation. Compression was enabled to be resumed on May 11, and was frequently changed to varying parts of the course of the vessel. On July 16 pressure had ceased, and the cure was complete at the end of the month. He rejoined his regiment in August.

Case 19.—*Popliteal Aneurism—Compression Treatment—Cure in Sixty-Two Days.*—E. D., aged 29, an intemperate, and unhealthy-looking soldier, was admitted for dyspepsia on July 16, under the care of Mr. Alfred Crocker. While under treatment an aneurism, the size of an egg, was discoved in the popliteal space. Compression was applied at two points by Carte's compressor, and by a pad and weight. On August 13 the tumour was much harder and smaller, but slight bruit was still audible. The pressure was now intermitted for a few days, and then reapplied. In all it was used for a period of sixty-two days. The patient was discharged cured.

Case 20.—*Popliteal Aneurism Cured by Compression in Twenty-six Hours and a-half.*—A patient, aged 38, was admitted into Steeven's Hospital, Dublin, for popliteal aneurism of about nine weeks' duration. It was the size of an orange. On October 30, at eight p.m., a leaden weight of a conical shape, and weighing five pounds and a-half, was placed over the femoral artery in the groin, and fixed there by a wire passing through it, and attached to a cradle at the sides. Morphia was administered, but it failed to procure sleep. The pressure was kept steadily applied, except for about two hours, until half-past seven the next morning, when it was removed to allow the man to sleep. At half-past nine a.m. the weight was reapplied until nine p.m., making in all twenty-one hours' pressure out of the twenty-five. The tumour had by this time become more solid, and the anastomosing vessels on its surface remarkably distinct. On November 1, at half-past ten, a.m. the pressure (increased to eight pounds) was applied. At four p.m., on removing the weight, it was again found that the bruit and pulsation did not return. Pressure was, however, kept up for six hours longer to make the cure certain. All went on well, and on the 15th the tumour had so far subsided, that the patient could not be persuaded to remain in the Hospital any longer.

(To be continued.)

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Medical Times and Gazette.

SATURDAY, JANUARY 7.

OUR MEDICAL CHARITIES--
HOW ARE THEY ADMINISTERED?

The Medical Charitable Institutions of this country, it is superfluous to say, do exceeding useful service in the great cause of suffering humanity. They are, nevertheless, penetrated with abuses, and the abuses are accumulating and gathering in strength, so as to pervert the direction of charity from its true and legitimate purposes. We have already touched this subject, and we are not disposed to let it slumber, for who is better fitted than the Medical man to write the story of these charities? who can know better than he their strength and their weaknesses, their uses and their abuses?

The thesis which we would maintain is this: That our public Medical Charities do not rightly subserve their right purposes; that their ill-administration, or rather that the faulty principles on which their administration is founded, injuriously affect all parties connected with them—injuring at once their supporters, the recipients of their benefits, and the Medical men who perform their most important functions.

On the present occasion we will consider in what way our present system injures those who are the *lawful* recipients of the benefits of our Medical Charities. And the first injury which we will point out results from this,—that the funds of these Institutions are largely misappropriated by the admission to them of a number of persons who are confessedly not fit and proper objects of charity.

It is a fact well known to every Hospital Physician and Surgeon in London, that there are at all times, and in every Hospital in London, a certain per-centage of patients whose presence there is simply a robbery of the Governors' donations and of the Medical man's services; and that the larger the Hospital, the greater is the extent of the robbery. Still more unlimited is this abuse of the Charities in their Out-door Department; and for the reason of the number of the out-patients being so much greater than that of the in-patients; and since the rise and increasing budding forth of new special Hospitals has become an established part of our charitable Medical system, the reception of gratuitous Medical advice and relief by unworthy recipients has reached a height which is incredible. It is plain as the day to anyone who knows even a little of this matter, that the practice of giving Medical relief to every applicant, without any letter of recommendation, is carried on in the most wholesale manner, and especially by the more recently-established Institutions. These Institutions, indeed, come before the public with the boast—as the best plea they can adduce for public support—that their doors are always open to the sick, and no questions asked. Need we stop to show how, from this one item alone, most extended abuses must ensue? Here, then, stands the fact—that a large per-centage of those who are at this moment receiving Medical relief at our London Hospitals, both as in and out-door patients, are actually perverting the funds to a most improper purpose—are robbing the subscribers, robbing the true objects of charity, and robbing the Medical Profession. The system of our Medical Charities is so lax, and so ill-administered, that individuals are permitted—nay, actually invited—to come and misappropriate their funds. Why the Medical officers of these Institutions,—who, above all others, are cognisant of the fact, and of the grievous injury done by such misappropriations to the Profession, as well as to the charitable public,—tacitly consent to such a position of things, is a question which we shall hereafter touch upon. Let us keep, then, this first undeniable fact, which we will again repeat, steadily in view: There is in every Hospital in London at this moment a number of patients who are as well able to pay for Medical advice as the Medical man or the charitable Governor of the Hospital is to pay his baker or his butcher. Not a Medical man in London will be found to deny the fact; and, therefore, here is, to start with, one shameful abuse to be rectified.

But we shall be told that if, as in all things human, abuses have crept in here, still these Institutions do an immense service in distributing gratuitous Medical relief to the artisan and the labourer and servant class of society. Admitting the services rendered, let us now consider whether they are rendered in the manner most conducive to the welfare of the classes here spoken of. We maintain that they are not; and we maintain, moreover, that a great injury is actually done to what are *called* the poorer classes, by our present system. Exclusive of the admittedly irregular occupants of Hospitals already referred to, we find that the patients are made up of two classes—the artisan class and the pauper class—and that in the out-door department at least, a very great per-centage consists of the pauper class. Paupers, who in nine cases out of ten, require nourishment rather than physic, apply to our Hospitals, driven there by the notorious ill-usage which they suffer at the hands of the Poor-Law Officials, and by the difficulties thrown in their way when they seek parish relief. The Poor-Law authorities know well enough the facilities offered at our Hospitals and Dispensaries, and well do they know also how to drive the pauper to take advantage of them. See, then, what an immense injury is done to this class of unfortunates. They ask for bread, and they are driven to a Hospital where, as out-patients, they get a bottle of physic—usually a bottle of food in the shape of cod-liver oil—and where as in-patients they become the recipients of a charity which was never meant for them. Is it not time that the subscribers and governors of our Hospitals and Dispensaries looked into these things? How, if it turn out that our Hospitals are actually doing, amidst much good, an exceeding amount of evil? We find, at all events, crowds of paupers—out-door hangers-on of Hospitals and Dispensaries,—who are there receiving a mere pretence of relief. We find our Hospitals and Dispensaries used as a mere excuse for plastering over the shortcomings and defects of the parish authorities. Let it then be plainly stated, if there were none of these institutions, the Poor-Law Guardian would be forced to do his duty,—he would have no pretended palliation of his shortcomings, and the *pauper would be better cared for*.

Then, as regards that class for which our Institutions are supposed to be especially founded,—the sick labourer, artisan, and servant,—let us inquire whether their best interests are cared for in this present system. We maintain that they are not; but that, on the contrary, the system in force tends, and every day by its still wider extension, increasingly tends, to pauperise the labouring classes, to teach them improvidence, and to eradicate from their minds that spirit of independence which is the boast of our free country. When we see, as we daily do see, the individuals who unblushingly avail themselves of this kind of alms, we cannot but feel that a grievous amount of

blame is due to those who by an unstinted freedom in the granting of Medical relief have so stunned the sentiment of honest independence.

Let us argue this question. It matters little now for us to inquire into the origin of Medical Charities, or what was the then condition of those for whose benefit they were originally founded. Let us look at facts as we find them; and if the times have altered and man's conditions have been altered too, let us boldly ask whether it is not right that the Institutions should be remodelled to meet the changed condition of their objects? We all know that during past years the elevation of the moral and social condition of the working classes of this country has been the prime theme of the legislator and the philanthropist—the objects of their most strenuous and enlightened efforts; and we know, also, that these efforts have raised the physical condition, at all events, of the classes referred to, to a previously unheard-of condition of prosperity. Some idea of their prosperous state may be gathered from the asserted fact, that the working classes of this country spend in beer, spirits, and tobacco upwards of £42,000,000 per annum, and of the superfluity of their means we have had a striking proof in the late Builders' Strike. But no one who knows the condition of the artisan at this day will venture to deny that he is perfectly able to make provision for his hours of sickness in his days of prosperity. If such a vast sum as that above stated can be spent by them in superfluous indulgences, is it not demonstrated that *something* might be spent by them in providing for the necessary requirements of sickness? But our Hospital Governors, instead of leading those who can do so to provide for themselves, actually encourage them in wasting their extra money in drunkenness and debauchery, holding out to them the prospects of a comfortable home for their sick hours, and too often ruined constitutions. What are the large number of kidney, of liver, and cerebral diseases which fill our Hospitals but the products of unmeasured drinking?

But there requires no argument here to show that these men will and can help themselves if taught and made to do so. Of the actual fact, there are proofs enough before us.

There are large public and private companies, which compel their workmen to subscribe weekly to a Benefit Society. Such men, when ill, become neither parish paupers, nor Hospital charity-receivers; they are still independent men, provided for by their own exertions. Look, again, at the Servant-class. Is it not outrageous to see in and about our Hospitals butlers, footmen, etc., who earn wages as large as many a country curate's stipend, who live and fatten on the best of the land, and whose complaints are usually those which arise from over-eating and drinking—is it not outrageous to see these men recipients of charity? Are we acting rightly towards them in not teaching them to make provision for their sick hours in the midst of their great prosperity? Oh! their master subscribes to a Hospital.

Let us see what answer the supporters of our present Hospital system can give to a fact like the following. A few years ago there was established a free Dispensary in a county town, where previously the Workhouse Doctor, and the Hospital had done all the work of the sick poor. At this moment the said Dispensary pays—that is its patients pay—to its Medical men between £700 and £1000 per annum. Charity steps in, and does something, it is true; but the sum named is paid by the patients.

We maintain, then, that our Medical Charities are pauperising the minds of the people, and injuring the pauper's interests; that they indiscriminately admit to their benefits those who have no kind of title to them; and, above all, we assert as undeniable, that if the working-classes were taught as they ought, to be provident, that the present existing Charities of London might be, *in great part*, maintained by those who receive their benefits; and that (what would also be a necessary part of such reform) the Medical man would be paid for his services.

We shall continue this subject; and most earnestly entreat our Medical brethren to co-operate with us in working out the immense reformation which is so urgently demanded; and to abate this cruel system of Gratuitous Medical Services, which is daily gaining in strength and extension.

THE COLLEGE OF SURGEONS.

We are under strict obligation to discharge certain duties to the Profession. But those duties have their limits, and at many points touch upon other classes of duties which the Profession owes to itself. In reference to matters of Professional polity, it is our place to state facts, to discuss principles, to disclose errors, to denounce wrongs and to suggest remedies. But our columns cannot be filled with the voluminous correspondence which the natural indignation, roused by any act of injustice, pours in upon us; nor is it befitting the position which the Profession accords to us, to be throwing floods of virulent abuse upon institutions which we ought to venerate and cherish; to be indiscriminately ridiculing and finding fault with the proceedings of the official boards; or to be maliciously vilifying the individuals who have found their way to posts of honour. When we discover any infringement on our common privileges, any tendency to lower the tone of Professional morality, any acts likely to tarnish or affect the value of our qualifications or honorary diplomas, we speak plainly, we expose fearlessly, and we do what we can in the work of correction and rectification, by warning and advice. Executive redress must be the task of other hands. If the Profession be aggrieved, the Profession itself must remedy the grievance. And, it should always be borne in mind, that collective operation requires individual exertion.

We have brought out into as full relief as possible what has recently been done by the College of Surgeons,—we have expressed, in language as strong as need be, the general sense of the injustice perpetrated, and we have urged the Members to remonstrate with the Council, and to hold any misguided neighbours in check. Why is not this done? Every town, every Association, or at least every county, should send up a protest against what has happened, and demand the cessation of the wrong. It will not do to let the matter be passed over lightly as a temporary whim, or a piece of personal favoritism. It is the Council that is moving falsely, and we do not see where a stop is to be made, or what will be the ultimate depreciation of the College diplomas. Every week brings up to us reports of fresh cases of applications made for examination, with an insolent assumption of right which can only be the result of fostering indulgence. That this is so, let the following instance be proof, and let it also be a new stimulus to the Profession to be up and stirring. Remember all the fable of the lark and the husbandman; and the comment of old Ennius,—

> "Hoc erit tibi argumentum semper in promptu situm;
> Ne quid expectes amicos, quod tute agere posses."

We print at length an advertisement from a local paper:—

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"*** References: John Ridgway, Esq., J.P., ex-Mayor of Hanley, and Deputy-Lieutenant of Staffordshire; Wm. Gyde, Esq., J.P., Sherborne-villa, Cheltenham; and Chas. Norman, Esq., Charlton, near Cheltenham. Testimonials and further particulars may be had by applying to the proprietor, Sherborne House."

We are assured by a correspondent at Cheltenham that this self-styled Dr. Turnbull was a railway-clerk; that he has never had any Medical education; and that he has never even been employed as an Assistant. We cannot, of course, say from our own knowledge how far this may or may not be correct. Our correspondent adds, that some time back, Dr. Turnbull opened a Hydropathic Establishment at Cheltenham, and has obtained a certain amount of general practice. He has now memorialized, or is about to memorialize, the College of Surgeons for an act of grace, in a petition which sets forth that he has studied Pharmacy and Physiology, and is willing to submit to six or twelve months' hospital practice, if the Board will consent to admit him to their modified examination. This document is said to be industriously presented for recommendatory signatures among his acquaintances, and it would seem that the names of the Incumbent of Cheltenham, and of five or six other clergymen, of six or seven magistrates, and of three Medical men, two of them being Members of the College, have already been secured.

With this plain statement, we leave the matter for the present. It can scarcely be necessary for us to multiply such facts, nor to reiterate censures nor exhortations. We hope next to have to record a general movement of remonstrance on the part of the Profession.

THE WEEK.

It appears not unlikely that we may be soon favoured with another visit of the Cancer-cure Mania. This visitation has become a thing of annual growth. Last year the great Black Doctor, of Indian caste, was the hero of the cure. The year before the purveyor of the healing ware was a clever Yankee. The wonderful discovery now launched for the consideration of a discerning public, issues under the auspices of a learned Rev. gentleman, and its qualities are endorsed by one Dr. Cronin. The great *Times* advertises the operators and their powers; and, as well becomes a political journal, inquires of its readers: Is Cancer Curable? The Rev. Hugh Reed, Curate of St. Saviour's, finding, as so many of his brethren find, that the special performance of his own proper functions—the cure of souls—does not afford scope ample enough for his talents and ambition, launches out extensively into experimental efforts on the bodies of his parishioners and other unfortunates; and in his earnest endeavours in their behalf has happily discovered, by practice, a cure for cancer. We need not say that, like Holloway and the rest of them, he has plenty of proofs of his power to cure it ready for inspection. Dr. George Ross, of Farringdon-street, seems to know this gentleman and his doings tolerably well; and if we may judge from his account of the Rev. gentleman's Medical dabblings, we should fancy that the patients usually come off only second-best in their tussle between disease, the Reverend, and his remedies. A very interesting letter from Dr. Charles Whitby, in another column, shows that the remedies employed are chlorine-gas locally, and mercury internally. The case, unquestionably benefited for a time, is just one of those which tend to exalt the Cancer-Curer for a time; but it is not difficult to foresee the ultimate result, supposing the diagnosis of malignant ulceration at the base of the tongue to be accurate. We shall have to recur to this important subject.

That a public body—a Board of Directors, a Committee of Governors, a Council, for instance—is a thing without a soul, is an old proverb, always undergoing exemplification. The last remarkable illustration of the fact which has fallen into our hands is the conduct of the Council of King's College Hospital to their Assistant-Physicians and Assistant-Surgeons, Drs. Murchison and Conway Evans, and Messrs. Wood and Hulke. These gentlemen were elected to their offices in June, 1856, and the following document was then placed in their hands:

"These appointments (the Assistant-Physicianships and Assistant-Surgeoncies) will be made for three years, from May 1, 1857; and will be renewable at the pleasure of the Council for a further period of three years from May 1, 1860."

In accordance with these terms, on the 24th December, 1859, these gentlemen were informed that they had been re-elected; but that, at the expiration of the next three and four years, their services would cease, and that the "arrangements which the Council have made with respect to the appointment of Assistant-Physician will not admit of your offering yourself for re-election."

This proceeding has naturally taken these gentlemen completely by surprise. That they have been deceived by the Council, and treated most improperly, is certain. Happily their case is not hopeless. If they accept the offices as under the terms now tendered to them, there will be some years before them, in which the grossness of the injustice cannot fail to become apparent, and, maybe, to produce its effects, in causing an alteration of the decision. The case which the Assistant Medical Officers make out for themselves is complete, and stamps the decision of the Council as one most unjust.

They say: No condition of this kind, asserting our ineligibility for re-election, was ever tendered for our acceptance when elected; but the practice at many of our great London Hospitals, where the Medical Staff is annually, or biennially, or septennially elected, confirmed the view that, in their case also, re-election would, as a matter of course, take place, provided duties were properly performed. Again, when they were elected, they were required to show proofs of their capacity for teaching—a fact clearly showing that, at a future day, promotion to higher places was to be open to them. The advantages to be derived from such appointments lie all in the future. The interest is *reversionary*. They invest their time and talents, and undergo much laborious work, for the purpose of attaining benefit at a future day. Moreover, the Council, by such proceedings, have blighted the prospects of the gentlemen. At their election they were compelled to give up all connexion with any other School or Hospital—

"This prohibition has debarred us from taking steps towards obtaining permanent appointments at other Hospitals

at that period of life at which they are open to us; implicitly relying in the Council that, while it demanded our exclusive services, we, in common with our colleagues, Dr. Todd and Mr. Bowman, should be periodically re-elected, so long as we remained faithful and efficient officers.

"In the belief that when we were honoured with the confidence of the Council it was incumbent upon us to maintain that position in the estimation of the public and the Profession which is expected of the Physicians and Surgeons of London Hospitals, we have all of us taken such steps towards establishing ourselves in the Metropolis as have necessarily involved what has been to us no inconsiderable outlay of capital; and, indeed, in accepting office at King's College Hospital, it was with the cognisance of the Council that one of us was compelled to resign his connexion with another Hospital (St. Mary's), in which he at that time held a *permanent* appointment, with every prospect of speedy promotion. Should the resolve of the Council—a measure unprecedented in the management of Metropolitan Hospitals—be carried into effect, it can scarcely fail in for ever affixing to us in the eyes of the public a stigma of incompetency, which in any future competition for appointments at other Hospitals would, doubtless, be used successfully against us."

No complaint whatever is made against the Assistant Medical Officers; but, on the contrary, they receive the thanks of the Council for the performance of their duties.

Hence, then, the whole proceeding can only be stigmatised as one of the most iniquitous and dishonourable character—dishonourable, in that it is a clear and manifest breach of a compact, made solemn by implication, between the Council and their Officers; and iniquitous, in that it injures most cruelly the future prospects of gentlemen who have too confidingly placed themselves in the hands of those whom they believed to be honourable men. We here, for the moment, leave this subject, but we shall not allow such a proceeding to pass without further challenging.

By the arrival of the Royal Mail Steam Company's ship *La Plata*, on the 1st instant, we regret to hear of the death of another of the most esteemed and universally respected members of our Profession, who held an appointment in the above service, namely, Mr. Morris, who was the Surgeon of the ship. The deceased gentleman was seized with the usual symptoms of yellow fever on the 18th of December last, and died, after the fatal black vomit, on the 25th of the same month. After the many perilous warnings which the Surgeons of this Company have experienced, and the humble estimation in which these gentlemen are held, the miserable pay they receive for their arduous services, and the ignominious treatment which some have experienced, we are totally at a loss to conceive how gentlemen can be found to engage in such a Service. We had, some time ago, occasion to refer to this subject, and we shall feel it our duty, at no distant period, to bring the matter under the consideration of our readers.

ANOTHER innocent and *harmless* Lunatic last week very nearly destroyed the life of a man with whom he lived. Let the admirers of free lunatics think on the fact and reflect.

THE chief places whence the flowers whose perfumes form our delicious scents come, are Montpellier, Grasse, Nimes, Cannes, and Nice; these two last, especially, are the Paradise of Violets, and furnish a yearly produce of about 13,000 lbs. of violet blossoms. Nice produces a harvest of 100,000 lbs. of orange blossoms, and Cannes as much again. 500 lbs. of orange blossoms yield about 2 lbs. of pure Neroly oil. At Cannes the acacia thrives, and produces yearly about 9000 lbs. of acacia blossoms. One great perfumery distillery at Cannes uses yearly about 140,000 lbs of orange blossoms, 20,000 lbs. of acacia blossoms, 140,000 lbs. of rose leaves, 32,000 lbs. of jessamine blossoms, 20,000 lbs. of violets, and 8000 lbs. of tuberoses. 600 lbs. of rose leaves are required to win one ounce of otto of roses.

REVIEWS.

Lectures on the Development of the Gravid Uterus. By WILLIAM O. PRIESTLEY, M.D. London: 1860. 8vo. Pp. 110.

THESE lectures contain a summary of the more important researches which have been made on the development of the gravid uterus since the publication of William Hunter's celebrated work on that subject. The chief additions to our knowledge concerning it have been made with the assistance of the microscope; and Dr. Priestley has enriched the pages of his work by the records of his own personal observations and experience. The lectures were originally prepared and delivered in 1858 to the pupils attending the class at the Grosvenor-place School of Medicine, which Dr. Priestley teaches; and they were subsequently published in the pages of this journal. It is, perhaps, therefore, not our province to criticise; but the subject-matter of the volume is altogether so interesting, so well given, and so much wanted in the English literature of Medical science, that we must express our great pleasure at seeing these lectures published in such a convenient form: and, when we consider the number of woodcuts with which the pages of the work are adorned, its price appears to be much less than usual with Medical publications—so small, even, that it comes at once within the reach of every student. Many of these drawings are taken from nature; and in other respects the work carries with it ample internal evidence of original thought and observation. The author has evidently laboured with persevering industry at a favourite subject for a long series of years; and although he has thought it necessary to apologise for entering at length into minute details, we are confident that every one who reads the book, and knows the importance of the study to the advance of uterine pathology, must agree with us that no apology was required. It must be acknowledged that we are yet very imperfectly acquainted with the morbid changes which occur in the reproductive organs in connexion with pregnancy—that in truth we are particularly ignorant of those morbid states of the ovum, and of its connexions, which lead to the early death of the embryo; and, therefore, every investigation which results in giving us an intimate acquaintance with the nature and appearances of these structures in their normal or healthy state, must eventually extend our knowledge of Uterine and Developmental Pathology. It is well known that we cannot successfully investigate diseased states till we are acquainted with the structures which are the seat of morbid changes, in their normal condition.

The contents of the volume are embodied in eight lectures, commencing with the formation and structure of the decidua, and the nature of dysmenorrhœal membranes. Dr. Priestley proceeds to describe the changes in the deciduæ during advancing pregnancy, and the pathology of the deciduæ. A very clear histological account of this structure is given at page 14. The inner surface is described as consisting of "flattened epithelial cells of somewhat irregular shape, in super-imposed layers, and imbedded in an amorphous material; the cylindrical and ciliated kind which lines the interior of the uterus being apparently shed off as soon as impregnation has been effected, and the succession of cells immediately beneath assuming a rounded or pavement form, probably for the purpose of constituting a membrane firmer in texture. Directly beneath this superficial layer are found caudate cells, with molecules and fat granules, and cell fibres undergoing all the transformations from dormant cell-forms into genuine fibres, such as are observed in the organisation of plastic lymph." Here we have, in fact, described to us an element of tissue which plays a most important part in all such new formations; namely, the binding-tissue-cell of Virchow. A series of these cells Dr. Priestley has figured most accurately; but he does not seem to acknowledge them as such. He remarks that, "generally, the further pregnancy is advanced, and the nearer we approach the muscular coat of the uterus, the more are these fibres developed, and of greater size, until they mix at certain points by insensible gradations with the muscular fibres, and cannot readily be distinguished from them. In the third and fourth months of pregnancy, fibres of various sizes, with an elongated nucleus, and often arranged in a linear series, may be found mixed up everywhere with the cellular and molecular element." Here

Dr. Priestley clearly describes an element of tissue, not exactly like the muscle tissue-cell, yet not readily distinguishable from these cells. It is clearly, however, associated with the development of the new growth, and has evidently to do with the connexion, or fixing of the decidua to the muscular coat of the uterus. Although confessedly difficult to distinguish from the smooth muscle tissue-cell, the two when compared in their fully developed state are very different; the nucleus or inner cell, in its relation to the individual parent-cell, being the characteristic of the greatest value. The nucleus or inner cell of the binding tissue cell element, is almost a repetition of the general form of the parent-cell; whereas the nucleus of the smooth muscle-cell is almost globular, and generally attached to one side of the parent-cell, or approaches that position. The former is also a cell which tends to terminate in long, wavy filaments at either end, often connected with others by these ends; whereas the smooth muscle-cell occurs in clusters. Again, there is also the fact to be considered, that the one cell must be regarded as the equivalent of the other; for a connective tissue-cell may be continuous with a muscle-cell, or may even become the receptacle for the deposit of contractile tissue. Here, however, in the deciduæ, they undoubtedly play the part of connective tissue-cells.

In his remarks on the pathology of the decidua, Dr. Priestley shows how the structure is so particularly liable during the early part of pregnancy to effusions of blood into its parenchymatous substance. He shows how the union between the pregnant uterus and its lining membrane is so unstable in some women that a fall, or a leap, or a stumble may be quite sufficient to detach a portion of the latter, and give rise to sanguineous extravasation. "Small and circumscribed clots produced in this way are sometimes found between the uterus and decidua. These if limited may not interrupt the continuance of pregnancy, but if the effusion be more extensive, and separates a larger portion of the decidua, it necessarily interferes with the nutrition of the ovum, produces death of the fœtus, and precipitates abortion." This department of Pathology, as Dr. Priestley justly remarks, offers a field as yet little explored, and which would well repay a careful investigation.

The Development, Structure, and Morbid Anatomy of the Chorion and Amnion are next considered; but the peculiar mucous-like tissue, with its reticulated anastomosing cells, described by Kölliker, between the chorion and amnion, is not noticed by Dr. Priestley. Regarding the Structure of the Placenta, we quote the following interesting observations:—

"The branches of the umbilical arteries at their peripheral distribution," are described "as being continuous with the umbilical vein by means of an intermediate system of looped capillaries;" and "besides these looped capillaries, Schroeder Van der Kolk states that he has succeeded in injecting a much more minute set of vessels than has been effected in this country." Dr. Priestley considers it not improbable, that these latter "may be lymphatic or lacteal vessels engaged in the absorption of nutrient materials to be poured into the umbilical vein, as lymphatic vessels pour their contents into veins generally; the larger contorted loops with which we are most familiar being principally concerned in carrying on the respiratory process."

In the description of the Anatomy and Physiology of the Placenta, Dr. Priestley narrates that "in repeated sections through the circumference of the placental portion of an ovum in the second month of gestation, he found the tufts of the chorion deeply rooted in the decidua, and around each separate villus was thrown a maternal vascular loop, formed of a capacious capillary, distended with fluid blood. Loop was connected with loop in such a way that a plexus was formed; the vessels thus enclosing spaces which were occupied each by a separate villus. I could trace the smaller branches back to larger trunks, and remarked that sometimes the twigs given off on each side at once assumed the arched form, and could occasionally be detached from the villi, which they encircled, and were shown as distinct tubes. Other branches crossed at right angles to the villous trunks, and passed onwards to enclose the extremities of a more distant tuft. The villi had, as usual, a cellular external structure, and a clear space always intervened between the darker outline of the villus and the maternal vessel, which was occupied by a layer of transparent cells. Fœtal capillaries were already present in the interior of the villi themselves, and could be seen here and there containing red blood; they appeared at this time, however, as single loops formed of a straight tube bent upon itself, and possessed none of the convolutions visible at a later period. Although the celebrated Virchow has shown that the maternal vessels undergo a rapid increase in size, I am not aware that any one has previously described this particular vascular arrangement in the young placenta. It is especially interesting, as it apparently forms a connecting-link between the small vessels ramifying in the early decidua, and the large maternal sinuses which are present in the placenta at a later period. It suggests, also, an explanation of the way in which the sinuses are formed, and may account for their relation to the villi in a full-grown after-birth."

The observations on the Development of the Walls, Vessels, and Nerves of the Gravid Uterus are particularly interesting. The organisation and growth of the muscular cells are particularly dwelt upon. Dr. Priestley also believes, in opposition to Mr. Rainey (and we can corroborate his statement), that the large muscular fibres of the human uterus still possess these nuclei at the completion of pregnancy. They may generally be detected in some part of the course of the fibre (generally attached to the wall of the cell, according to our experience). A very careful use of chemical re-agents is, however, absolutely necessary to demonstrate them.

An account of the Condition of the Uterus after Delivery, the Reproduction of its Mucous Membrane, and the Involution of the Uterine Parietes closes the volume. This is a most interesting chapter, and we would fain have lingered longer over its contents; but we have said enough to mark our high appreciation of the merits of the work, as well as to give an idea of the original and valuable nature of the observations with which it abounds.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

THE TREATMENT OF THE HYSTERICAL PAROXYSM BY CHLOROFORM.

By M. BRIQUET (a).

The ancients, believing that during the attack of hysteria the uterus quitted its place to rise towards the upper parts of the body, had great confidence in the efficacy of odours—the uterus being supposed to have a sympathy for the pleasant and an antipathy for the disagreeable ones. During paroxysm, therefore, fetid substances were respired, while at the same time, aromatics were applied at the vulva in the form of embrocations or fumigations; the conjoined effect being to restore the organ to its normal position. Concurrently with these means, the ancients had recourse to another in bad attacks which they considered as of great power—viz., the passing the finger, anointed with some special aromatic substance, into the cervix uteri and fundus of the vagina, or determining by titillation the expulsion of a special humour from the vulva and clitoris. After these practices had fallen into desuetude, others, of every kind, which it would be useless to enumerate, were had recourse to, proving that these paroxysms were considered to be dangerous, or even mortal, and that their arrest must be accomplished at any price.

At the present time, now that experience has shown the uselessness of all these remedies, and the little danger of a hysterical paroxysm, the expectant treatment is that followed; taking care, however, to keep the patient in a suitable position, and to cause her to respire stimulating vapours. Still, M. Briquet is of opinion that the hysterical paroxysm should not be thus left by itself, inasmuch as it becomes a predisposer to future attacks, and always gives rise to an injurious disturbance of the economy. He is, therefore, always in the habit of arresting it by means of chloroform. A little dossil of charpie, the size of the finger, and not too closely pressed together, upon which some chloroform has been poured, is

(a) For former papers on "Hysteria," by M. Briquet, see *Medical Times and Gazette*, Vol xxxix. p. 398.

applied to the nostrils, the mouth being covered with a cravat. The patient is made to take deep inspirations, which if in convulsions she does of herself. At the end of from two to four minutes her agitation ceases, her limbs fall motionless on the bed, sleep follows, and the paroxysm has been cut short. Not long afterwards she wakes up with a headache, apparently the effect of the chloroform, which is not of long duration. During the first inspirations there is considerable agitation, and the patient must then be carefully supported; but a tranquil sleep soon supervenes.

Hysterical patients, during the convulsive paroxysm, seem to be endowed with great susceptibility as regards the vapours of chloroform; a few minutes' inhalation, unaided by any apparatus, sufficing to produce the anæsthesia. The agitation preceding sleep is generally but slight, and in nowise to be compared with the resistance to the action of this agent, so frequently witnessed in persons about to undergo surgical operations. The convulsive condition imparts to the subjects of hysteria a muscular power and an amount of vital resistance which completely shields them from the accidents resulting from debility; so that we never observe in those of them (M. Briquet is speaking after twelve years' employment of chloroform under these circumstances) who have been submitted to anæsthesia during the paroxysm either convulsions, coma, somnolence, or dangerous syncope. This means succeeds in at least nine out of ten cases. Those subjects who prove refractory to it are very robust persons of sanguineous temperament, and in whom the attack is very violent. In them the agitation is appeased, and sleep comes on; but after a few minutes' calm, the agitation is reproduced stronger than ever. Chloroform restores calmness a second time, but this is of short duration. Fortunately, these cases are very rare.

When the hysterical paroxysm seems to take its origin from some painful point in the limbs or trunk (and M. Briquet shows that a painful or uneasy condition of the muscles of the epigastric region is a frequent point of departure of this kind) chloroform, applied topically during the intervals of the paroxysms, frequently causes the disappearance of such pain, and of the attacks it induced.—*Archives Générales*, tome xiii. p. 664.

EXCERPTA MINORA.

Creosote in Nævus.—Dr. Bujalsky relates a case of nævus occurring on the temple of a new-born infant, which in the course of eight months had attained a considerable size, and threatened to burst. The general opinion was that an operation was required, but he determined first to try the effect of pencilling the entire surface of the nævus, as well as some lines beyond its basis, twice a day with creosote. At the end of six weeks the tumour had become somewhat paler, and more flaccid, and the creosote having been continued for three months, it entirely disappeared.—*Med. Zeit. Russlands*, No. 38.

Dental Cream.—Under this title, M. Vautier, *Médecin-Dentiste* of Paris, describes a composition which he says is of very great utility in facilitating cutting the teeth. It consists of gum, sugar, and honey, equal parts of each, with *q. s.* of lime-water. This is to be rubbed for several minutes three or four times a day, into the portion of the gum about to be penetrated. The gum becomes softened and thinned, and the tooth is much more easily cut.—*Gaz. des Hôp.* No. 148.

M. Trousseau's Opium and Belladonna Cataplasm in Chronic Arthritis.—This cataplasm has been found of remarkable efficacy in cases of arthritis, simple or puerperal, which, passing into the chronic state, not infrequently gives rise to white swelling. In order to prepare it, let 750 parts of bread and 100 parts of spirit of camphor be taken. The bread broken in pieces must be thoroughly soaked in water, strongly squeezed and placed in a small saucepan in a water-bath, and then the spirit of camphor is to be gradually added. It must be so managed that the whole remaining perfectly homogeneous, retains the form of the vessel even when this is reversed. This poultice is to be spread on a large piece of rag, which is broader than it is long, and upon this is to be applied the following mixture: Extract of belladonna, 10 parts; extract of opium, 5 parts; and powdered camphor, 10 parts. The two extracts must be rendered semi-liquid with distilled water, the camphor then being incorporated. This mixture is to be spread as equally as possible over the cataplasm, leaving a little more in the middle. The edges are smeared with glycerine to prevent sticking. This is moulded on to the joint, and covered first with oiled silk, and then with a long flannel roller. It is to be changed every week, two or three repetitions usually sufficing. The leg during the application should be kept extended on a splint. —*Journ. de Chimie Med.*, Dec., p. 717.

Tincture of Iodine in Ephelides.—M. Gouriet, upon the strength of four cases in which he has employed it, strongly recommends tincture of iodine as an efficacious means for dispersing freckles. It may have to be repeated two or three times at an interval of four days. He contrasts its innocence with that of tincture of hellebore, recommended by Spengler, inasmuch as he has been enabled to cover the surface with ten drachms without any ill effect.—*Gazette des Hôp.* No. 149.

Mastic in Incontinence of Urine.—M. Debout employs with advantage the following formulæ: Gum mastic, ʒviij.; syrup, *q. s.*, ft. pil. 64 aut pil. 128. Or the gum may be made up into an electuary with honey. However administered, if the child is more than ten years of age, the eight drachms must be taken within four days, *i. e.* ʒj. morning and evening, two hours before or two hours after a meal. When the children are younger the same quantity may be distributed over six or eight days. If success does not follow this, a second batch of pills may be given; but after that it is useless to go on with the remedy. In more than two-thirds of the cases a cure is effected, and that even in individuals from eighteen to twenty-four years of age, who had suffered from the infirmity from infancy.—*Ibid.* No. 150.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, January 2, 1860.

The intensely interesting and highly instructive Lectures on Experimental Pathology and Operative Physiology, which have been recently commenced at the College of France, by M. Claude Bernard, being about to appear in the columns of the *Medical Times and Gazette*, a brief notice of the labours and scientific career of their distinguished author may not be without interest for the reader.

M. Claude Bernard was born in 1813, at St. Julien, near Villefranche, in the department of the Rhone. I am unable to state exactly in what year he commenced his Medical studies, but it must have been about '34 or '35, for, in 1839, he, after undergoing the customary ordeal, entered one of the Paris Hospitals as "*interne.*"

Two years later he became attached to the Lecture-room of the celebrated Magendie, at the College of France, his position being that of "*Preparateur.*" In other words, the duty devolved on him of making all the preliminary arrangements which the proposed experiments of that distinguished Professor might require.

In 1843, the youthful Bernard, after a brilliant examination, and the usual defence of a thesis, was received as M.D.; and, in 1853, he obtained the degree of "*Docteur en Sciences*"—no mean honour, as all those who know the severity of the test must admit.

In 1847 we find him occupying the honourable and important office of "*Suppléant,*" or substitute to Magendie, and even at times lecturing with very considerable ability to the crowds of scientific men and students who were wont to repair to the Lecture-room of that distinguished man. This office, of such high trust and responsibility, he worthily held for seven years.

The natural bias of his mind had, from the very commencement of his studies, inclined him towards physiological researches; but, alas! Bernard was not one of Fortune's favourites, and his scanty means forced him to quit the field where he was destined, at a later period, to gain such glorious laurels, and to return to the domain of Surgery. He even went so far as to publish a "*Manuel de Médecine Opératoire,*" in collaboration with M. Huette. Circumstances, however, having brought him in contact with Magendie, the marked taste which he speedily evinced for physiology satisfied that great man that he might one day be surpassed by the young aspirant. Fortunately for science, Magendie possessed great influence over him, and succeeded in calling him back to his less lucrative but more favourite studies of physiology.

Some short time after this backsliding—if I may be allowed

to use the expression—he was called upon to occupy a position of higher importance still, and one more consonant with his independent and speculative nature than that of assistant to another could possibly be. I allude to the chair of Physiology, which had just been created, in connexion with the Faculty of Sciences.

But higher honours were in store, and thick and fast did they descend on him; for we find that, shortly after having attained to the Professorship, he was elected a Member of the Academy of Sciences, in lieu of M. Roux, the eminent Surgeon, whose death had just created a vacancy in that learned body.

The following year was signalised by an event which profoundly moved the scientific world—namely, the death of Magendie, whose name had been for years identified with the progress of experimental physiology, and who had, by his extraordinary success, earned for himself the name of "Chief of the Experimental School of Physiology of France." It is well known that the end and object of Magendie in all his teaching and investigations was the subjugation of theory to practice; and in this respect he was a most valuable guide and director to those who were disposed to follow him in his experiments. Sceptical and inquisitive by nature, he mercilessly overthrew whatever would not stand the test of experiment. From such a master the inquiring mind of Bernard could not but take a favourable bias. From such a man he could not fail to draw healthy inspirations. Hence we find Bernard adopting the principles of his esteemed master, and steadily and perseveringly improving and enlarging the field of experimental science—philosophically considering and investigating the normal and morbid manifestations of the animal economy and the laws of life. It was but natural to suppose that the illustrious Magendie should be replaced by his talented pupil; and right worthily has he since filled up the blank which his master's death created, as the attentive and admiring crowds always to be seen in his class-room amply testify. It is not the orator they flock to hear, for, as a speaker, we daily hear better. So rapidly do his ideas seem to succeed each other that he is often at a loss to find words to clothe them. His voice, though not harmonious, is far from being unpleasant. In stature he is above the middle size, well knit, broad-chested, of a nervo-bilious temperament —the latter element predominating. A highly intellectual expression of countenance, with a large and powerful head, give unmistakable evidence of the energy and indomitable perseverance of the man. Though not a rhetorician, in the strict sense of the word, he possesses the rare and happy talent of captivating and enchaining his audience, and inspiring them with the conviction that he is fully and completely master of the subject which he expounds.

But to take a glance at his labours, and what he has already achieved in his particular department. Almost all of his discoveries are of a highly important and practical kind; and they have given, within the last few years, quite a new character to physiological investigation. He has not only struck out new paths, but he has roused the attention of the scientific and the learned to the reconsideration of many fundamental questions which were supposed to have been long settled, but which, in reality had been but imperfectly established; and he has thereby contributed much to a clearer, a more correct, and a more comprehensive appreciation of the essential functions of the animal economy. As far back as 1844, when he was comparatively a young man, and but newly entered on the field of physiological investigation, he published an elaborate paper on the different secretions of the alimentary canal, and the parts which they respectively play in the digestive process. He had the merit of being the first to show the real mechanism of the secretion of the gastric juice, and the various changes and modifications produced by this liquid on the aliments taken into the stomach. Not less interesting and instructive are the results of his investigations into the saliva and the intestinal secretions generally, and his inquiries into the influence of the different pairs of nerves on the organs of digestion, circulation, and respiration.

But it was in the year 1849 that Bernard first laid the real foundation of his reputation as an experimental physiologist. Prior to this period the real function of the pancreas was involved in obscurity. It had been considered in the light of a salivary gland—a conclusion derived from the similarity of its structure to organs of this class. By a series of carefully-conducted experiments, Bernard showed most conclusively that the real function of the pancreas related to the formation of chyle and the digestion of fatty matter taken into the stomach. For this important discovery he was honoured with the great Prize for Experimental Physiology, awarded by the Academy of Sciences in that year.

In 1850 he made known to the scientific world his first discoveries in connexion with the liver; and he showed that this organ—the principal use of which in the animal economy was believed to be the secretion of bile—had, in reality, another important function, the existence of which had been, up to this time, completely ignored by physiologists. This discovery was no other than that the liver, in its normal condition, besides secreting bile, was constantly producing sugar. To this new function he gave the name of "*Fonction glycogénique du foie.*" By an immense number of experiments, conducted on species belonging to three of the principal branches of the animal kingdom, he proved to the entire satisfaction of the Academy of Sciences that the blood, before entering the liver by the venæ portæ, contains no sugar; while that which leaves the liver, to enter the heart by the hepatic veins, is abundantly charged with this element. He further proved that this new function was intimately connected with and influenced by the nervous system, and that, by operating on the latter at certain points, an artificial diabetes mellitus can be produced at will. This important discovery, which at first met with much opposition, is now, so far as I know, an acknowledged fact; and its importance as regards the pathology and treatment of diabetes, is too evident to require remark. It follows from it that this malady is nothing more nor less than the disturbance of a physiological function; and, that function residing in the liver, it is to this organ, and to those parts of the nervous system which influence it, that the Medical man must direct his attention, with a view to its cure. For this most important and practically useful discovery M. Bernard was again awarded the great Prize for Experimental Physiology.

In 1851, his researches in connexion with the great sympathetic were so highly approved by the Academy of Sciences, that, for the third time, he received the great prize in physiology. They have since been published, and are not the least interesting of his numerous productions. He shows therein that, if a section be made of any of the branches of this nerve, the temperature of the parts which they supplied is instantly and permanently augmented, and that the inverse of this takes place when the nerves of the cerebro-spinal axis are divided—in other words, that, in this latter case, there is a manifest diminution of the temperature. Further, that the section of the branches of the great sympathetic, besides being followed by increased temperature, is also attended with great vascularity of the parts which these branches supply. It is easy to appreciate, in practical Medicine, the great value of these discoveries, which, up to the present time, so far as I am aware, have not been controverted.

Other discoveries on the subject of animal heat, too numerous to be embraced in this notice, have also been made known by M. Bernard. His experiments, proving the elective elimination of certain substances by the secretions, and especially by those of the salivary glands, as well as his discoveries on the special functions of the spinal nerves are fraught with intense interest and importance, as well to the Physiologist as to the practical Physician. Indeed, there is hardly a question in the wide domain of Physiology and Pathology which has escaped his attention.

Having thus touched on the leading points in M. Bernard's scientific life, we must not forget to add that he follows science for science' sake; patiently and perseveringly he toils for seven or eight hours every day in his laboratory. The world is deeply indebted to him; and nevertheless he is but poorly remunerated. His two Professorships—the one at the Faculty of Sciences and the other at the College of France—together with the trifling sum derived from the Institute, of which he is a member, constitute in all but a modest income —not greater, perhaps, than that of a moderately busy country practitioner in England. Thus is Science honoured—thus are its disciples recompensed in military and imperial France!

Before concluding this paper, it may be well to say a few words on the College of France. This institution was founded by Francis I., in 1530, at the joint solicitation of the preacher Parvi and the famous Budaens. The number of Professors, which was at first but limited, amounts now to twenty-eight.

These Professors—or "*Lecteurs*," as they were originally named, from their duty having been, in early times, to read classical authors to the students—give public and gratuitous lectures on all the leading subjects in science, literature, and art. One peculiarity in this College consists in the perfect liberty accorded to the teachers, in their several departments. For example, the Professor who occupies the chair of Medicine has the privilege of teaching any one of the numerous branches of Medical science. He may lecture on Surgery, Materia Medica, Therapeutics, Physiology, or any other subject embraced under the general head Medicine.

The edifice is plain, but elegant. Among other apartments it contains some eight amphitheatres, where lectures are delivered. In several of these certain Professors lecture by turn. That used by M. Bernard is exclusively set apart for the chair of Medicine. It is a large square room, capable of containing six hundred students. At one side of the room, on an elevated platform, is the Professor's chair, immediately in front of which is a table, some ten or twelve feet long, on which all the experiments conducted in public take place. From the front of this platform the seats for the students rise in tiers. The roof is ornamented with four frescoes, representing Hippocrates, Aristotle, Buffon, and Linnæus. Elegant as is the general appearance of the room, it has a serious defect. The light, being derived from the roof, falls directly on the table, and any delicate operation, requiring close inspection, forces the Professor to place his head in a position which effectually intercepts the rays of light, on their way to the object under examination. In an adjoining apartment is the laboratory, which consists of two small rooms. In that nearest the lecture-room are some small furnaces, and sundry glass cases, containing the larger instruments required for the experiments. In the centre of this room is a strong, solid table, about five feet by three, perforated in sundry places, so as to permit cords to pass through it, to control the movements of the animals subjected to vivisection. The other room resembles a chemist's shop. In it are kept all the chemical and medicinal agents, as well as the smaller instruments. In one corner is a sand-bath, intended for experiments on cold-blooded animals. Beneath these apartments, and connected with them by a stone staircase, are a series of cellars, dark and dismal enough, in which are kept animals of every description—dogs, rabbits, guinea-pigs, etc. etc.—with here and there huge basins or troughs, filled with frogs and other cold-blooded animals—all intended in their turn to be sacrificed and offered up on the altar of Science. Although that part of the College of France in which M. Bernard lectures is modern, as compared with the rest of the building, still it leaves much to be desired. The laboratory is far too small; and it is a matter of wonder to those who visit it, how the Professor, his immediate assistants, and his numerous private pupils, can move about in the pursuit of their studies. It is to be hoped that an amelioration in this respect may, ere long, be effected.

A Consultation at Naples.—Dr. Quadri, the celebrated oculist, of Naples, states that in that city a consultation is not a means of advising upon a case sought by the Practitioner, but is forced upon the family of the patient by public opinion—as, if it allowed one of its members to be treated for a serious disease by one Practitioner only, it would incur universal censure. The consultation takes place without any discussion, and is a gratuitous spectacle to which the neighbours are invited in large numbers. The Doctors being placed in a circle, the youngest speaks first and the eldest last, each making a more or less declamatory discourse on the case, and not unfrequently sacrificing the history of the patient to a fine phrase—the great object being to produce an effect, and not to contradict the views of the old consultant, whose opinion has been ascertained beforehand; upon him, therefore, devolves the determination of the treatment—merit succumbing here to age. Frequently this president is deaf, and he neither hears the answers of the patient nor the observations of his colleagues; but that is of no matter, as it devolves upon him to determine the fate of the patient. God help you if you offer the slightest opposition to the conclusions of this Nestor; you will be subjected to the reprobation of the entire faculty. You will be stigmatised as imprudent or insolent, and to be quite ignorant of the *galateo-medico*.

GENERAL CORRESPONDENCE.

MR. REED'S TREATMENT OF CANCER.

Letter from Dr. Whitby.

[To the Editor of the Medical Times and Gazette.]

Sir,—Many letters having appeared in the *Times* during the past week on the subject of the Curability of Cancer, that of the Rev. H. T. Head, Rector of Feniton, describing the great benefit he had derived under Mr. Reed's treatment, being the first. It will not, I think, be uninteresting to many of your readers, to hear from me, who was the first person that gentleman consulted professionally, a short history of his case, with an account of his present condition.

In the early part of last May, Mr. Head, who is a gentleman of about 60 years of age, consulted me about a sore-throat, accompanied with intense pain in the ear and neck, which he said he had been suffering from for some days. He was looking ill, had an anxious countenance, furred tongue, and weak pulse; had been unable to sleep for several nights from pain in the ear, and had considerable pain and difficulty in swallowing.

I should here say that about a year before, I had attended him for a very severe attack of sore-throat; a large slough then formed, just anterior to the right pillar of the fauces,—this separated and healed by granulation; but left a large cicatrix and small hollow that never entirely filled up.

On looking into the throat, I found that this old cicatrix and hollow was the seat of a fungus-looking growth nearly as large as a walnut, which projected forwards and downwards in front of the right arch of the palate, and towards the root of the tongue; it felt hard at the base, but its surface was soft, and bled a little when touched; it was not in itself the seat of much pain. He said he had only noticed it a few days; his attention having been directed to it by the difficulty in swallowing.

I told him my fears that the growth was of a malignant character, and ordered him some opiates and palliative remedies. The next day Mr. Kempe, of Exeter, saw him with me in consultation, and took the same view of the case as myself. Two days after this he went up to London, placed himself under the care of Dr. Fell, and from that time until two or three days ago I have not seen him again professionally, though we have often met otherwise; but from himself I have gathered the following details, of his consultation with Dr. Fell, and condition since.

Dr. Fell told him that he could not give any positive opinion as to the nature of the disease, but thought he should cure it in a fortnight. A solution of tannic acid was to be applied to the tumour, and pills of arsenic and sanguinaria to be taken three times a-day. Almost immediately—indeed, I believe the very first day—this treatment was commenced, he got perfect relief from pain, and at the end of a fortnight came back to Feniton, Dr. Fell telling him to continue the treatment, but that there would be no necessity for his seeing any Medical man. On his return he expressed himself as quite well to all his friends: he did the whole of his duty in church, went about as usual, taking a great deal of horse exercise, ate and drank, and was perfectly free from all pain. The tumour itself, however, remained in *statu quo* until about seven weeks ago, when he tells me he was seized with great pain in the throat, and during the night something seemed to burst in the region of the tumour; there was a great discharge of very offensive matter, and he felt very ill. He immediately determined to go again to London, with the intention, I believe, of consulting Dr. Fell; but, hearing on the journey of Mr. Reed's treatment, when he arrived in London Dr. Cronin was sent for, and by his advice Mr. Head went to Mr. Reed. Mr. Head's state after being a week in town, as described to me by a barrister, a mutual friend, was a most fearful one: he was almost entirely unable to swallow, very desponding as to his ultimate recovery, though otherwise calm and cheerful, and having a cavity in the throat as large as an orange, from which there was a constant fetid discharge: all around him thought he had not a week to live. The treatment he underwent consisted principally of the application of a gas to the

outer part of the jaw, corresponding to the cavity within. This gas was generated in a retort placed on the table, and conveyed through a tube to the jaw. In a fortnight from the commencement of this plan he began to improve, the discharge lessened, became less offensive ; he gained strength and spirits, and was able to return here on Saturday week last, doing his duty in church on the following Sunday.

The day before yesterday I saw him, examined his throat, and also the materials for making the gas ; his general appearance was much improved, and he declared himself feeling quite well. On looking into the throat, all trace of the morbid growth had gone, and in its place was the partially cicatrised and granulating remains of a large cavity, extending from the former seat of the tumour, a good deal further forwards in the roof of the mouth ; it had closed entirely at one end, and was looking remarkably healthy, excepting at one small spot, where a portion of ash-coloured slough was still adherent. On going to see the gas apparatus, the smell of chlorine was at once evident, and I found that the materials for generating it were chloride of lime and sulphuric acid ; these were put into a retort, and heated by a spirit-lamp, the gas passing off above through a tube having a wine-glass-shaped funnel at its extremity. This funnel-shaped end was placed at the angle of the jaw, and the gas allowed to permeate the skin for several minutes three or four times a-day ; but in addition to this, while in London, a whitish powder was frequently blown in upon the sore through a tube, the effect of which was to produce salivation. In spite of this, it is still used occasionally. The patient was ordered to live well, and is taking carbonate of iron three times a-day.

I am very sorry that I can give but so imperfect an account of the above case ; you will judge whether it is worth inserting in your columns. I make no comment upon it ; but can only regret the tone of Mr. Reed's letter in Saturday's *Times*, from which I think it is evident, that instead of (as, at least, one would expect from a clergyman) giving at once suffering humanity the benefit of his remedies, if they really be as useful as he says, he intends to act the part of one of those charlatans who have, alas, been always but too common in the treatment of this fearful disease.

I am, &c. Charles W. Whitby, M.B.

Ottery St. Mary, Devon, Jan. 2, 1860.

FIBRINOUS CLOTS IN THE HEART IN DIPHTHERIA.

Letter from Mr. C. R. Thompson.

[To the Editor of the Medical Times and Gazette.]

Sir,—The fact pointed out by Dr. Richardson of the existence of fibrinous clots in the heart in some cases of croup, and the inference that these concretions are frequently the immediate cause of death, appear to be of great practical interest.

My object in writing is to ask of those who may have had the opportunity of making many post-mortem examinations of diphtheria cases, whether such clots are not frequently found in this disease also ?

My own observation would lead me to believe that they are the most frequent cause of death in diphtheria. In these cases the throat affection has got well, or all but well. Perhaps, after a duration of two or three weeks the patient appears to be convalescent—all anxiety is at an end, when a sudden faintness comes on, with no apparent cause, or perhaps on some slight exertion—as sitting up in bed—the face and lips become pale, the patient vomits, becomes unconscious, or, perhaps, convulsed ; in a few minutes reaction is established, but only to be succeeded by another fainting fit, until, in one of these attacks, death takes place. The stimulants, which are naturally given in this stage, appear to be utterly powerless. In one of my cases, a young man of seventeen had apparently recovered from the illness, and was about the house again ; faintness and vomiting, with epileptiform convulsions, came on suddenly, accompanied with violent pain in the cardiac region, about twenty-four hours before he died, and recurred every three or four hours, although, in the intervals, he swallowed large quantities of brandy, beef-tea, and ammonia.

In another, a stout healthy girl of fifteen, the throat had become quite clear of the diphtheric deposit ; she was swallowing readily plenty of nourishment and stimulants, and appeared to be getting well. However, one morning when I saw her, and thought her cured, the mother told me that the girl had fainted a few hours before ; and the same evening she died in a fainting fit, quite suddenly. On post-mortem examination, I found a thoroughly firm, laminated clot, about the size of the top of my finger, adhering by many strong fibrinous processes, or tentacles, to the columnæ carneæ and chordæ tendinæ of the right ventricle—literally a polypus cordis. Besides this, there were some loose clots—possibly of post-mortem date—in the right cavities ; but this one was clearly formed during life, and, probably, produced the fatal syncope.

I have noticed as a peculiarity in these—indeed, in all my diphtheria cases—that the pulse is very abnormally slow, averaging for days together not more than sixty in the minute, and sometimes falling as low as forty ; and now I insist on the patient keeping perfectly quiet and in the horizontal position until the pulse regains its healthy frequency and calibre.

Last month I attended a child, nine years old, with diphtheria, in whom the pulse for a week or ten days was never above sixty-four at my visits. She was disposed to faint on the slightest exertion, but never had complete syncope, and, with care, made a good recovery. This slowness of circulation may predispose to the formation of the cardiac clots.

Dr. Milner Barry has related several cases of diphtheria in which these clots were found, in a very instructive paper in the *British Medical Journal* for July, 1858 ; and he considers them as the cause of death in many cases.

The practical deduction would be, not to subject the patient to the additional evil of tracheotomy in any case where fainting had been a symptom. No medicine seems to be of use when the syncope has been established ; ammonia in full doses does not prevent the formation of the clot. From a hint in Copland's Dictionary I had made up my mind to try the effect of borax where I had reason to suspect the existence of the clot ; and, curiously, I see in your last number that one M. Leriche, has been treating diphtheria successfully with large doses of borax.

I have now treated several cases with a solution of chlorine gas, made by pouring strong muriatic acid on the chlorate of potash, and then shaking it well with water ; to this I add some of the muriated tincture of iron. Every hour the patient takes wine, beef-tea, or this medicine, alternately. Under this plan I have not seen any case of fatal syncope ; indeed, all have recovered well ; but I by no means wish to infer a "*post hoc, propter hoc*" argument from this result, which I feel may be vitiated any day.

I am, &c.

Charles Robert Thompson.

Westerham, December 27.

ON FŒTAL AUSCULTATION.

Letter from Dr. Williamson.

[To the Editor of the Medical Times and Gazette.]

Sir,—In writing the letter which appeared in your number of 5th November, I had no desire to engage in a controversy with Dr. Adams on Fœtal Auscultation, in the hope of convincing him how erroneous are the views which he entertains on this subject ; because I was well aware how futile any endeavour of mine, or of any one else, would be towards the attainment of such an object. The end which I had in view, was to guard those who might be influenced by the opinion of one, who as an accomplished scholar occupies a prominent place in the Profession, against the adoption of statements based on theory and contradicted by observation. "For," to use the beautiful and instructive quotation which my learned friend takes for his text in the *Medical Times and Gazette* of Saturday last, "men are fond of certain tenets upon no other evidence, but respect for custom, and think they must maintain them or all is gone, though they have never examined the ground they stand on, nor have ever made them out to themselves, nor can make them out to others."

Certainly Dr. Adams has never made out fœtal auscul-

tation to his own satisfaction, and under these circumstances it cannot be expected he could make it out to others.

But he has made out something more novel, and far more wonderful. He has discovered that "whenever an auscultator in the abdominal regions detects regularly such a low number of single sounds as 160, there can be no question that these are to be referred not to the fœtal, but to the maternal heart; at all events most certainly not to the former."

I believe no one will be anxious to claim the merit of the discovery of this remarkable fact, first brought to light by Dr. Adams.

When the stethoscope is applied to the abdomen of a female in the seventh month of pregnancy, at least two classes of sounds are heard, differing alike in origin and character. The one, the placental *soufflet*, is a single sound, is of maternal origin, and ranges from 60 to 80 per minute. The other, which is of fœtal origin, is properly speaking a double sound, and ranges from 130 to 160 per minute. The former is not diagnostic of pregnancy, because though present in almost every case where such a condition exists, is frequently met with where there is no pregnancy.

The latter, to use Dr. Churchill's language, is "proof positive of pregnancy, equally remote from imitation or evasion." Dr. Adams represents me as adducing the placental *soufflet* as a proof of pregnancy. A careful perusal of my letter ought to convince him I have not done so.

Again Dr. Adams finds fault with me for saying that he is the first who affirmed that from 130 to 160 double beats could be distinguished. Now I do most positively affirm that no writer prior to Dr. Adams ever asserted as he maintains, that 320 pulsations can be heard in a minute (see *Medical Times and Gazette*, 22nd October, 1859).

The latest authority on this point according to Dr. Adams, speaks of the fœtal sound being double and of excessive frequency, and of the tic-tac sound being repeated 140 times per minute; but nowhere does Dr. Ferguson say 140 double sounds or 280 single sounds are heard: 140 brace of grouse do indeed mean 280 birds; but 140 sounds of the fœtal heart do not mean 280 sounds. But my learned friend has waged war against fœtal auscultation, and he will not confess to hearing the sounds of the fœtal heart even when he does hear them.

An unmarried female was admitted into the Hospital a short time ago in the seventh month of gestation. My colleague, Dr. Dyce, placed the stethoscope over the fœtal heart, which was heard beating very distinctly in the left iliac region, and asked Dr. Adams, who happened to be present, to listen to the sounds which amounted to 160 per minute.

Dr. Adams did confess to hearing something, but would not allow it was the sound of the fœtal heart.

As to the seven points which Dr. Adams regards as satisfactorily determined, I have merely to remark, that the premises from which they are deduced being unsound, the conclusions to which they tend, must be equally so.

I am, &c. W. Williamson, M.D.
Physician to the Royal Infirmary.

Aberdeen, December 22, 1859.

Visitation of Druggists' Shops in France.—This is not a mere mockery in France, as it is here in the few places in which it is attempted at all. On a recent occasion, a *Pharmacien*, at Choisy le Roi, was fined 400 francs (*i.e.* £20) for having in his shop certain substances in a state of decay, or otherwise unfit for purposes of sale.

We lately stated that M. Burdel affirmed that sugar existed in the urine of persons affected with ague. These are his formularised assertions:—1. That a true diabetes occurs in persons suffering from marsh fevers. 2. That it is ephemeral, being the expression of the troubles of the organism appearing with the fever and disappearing with it. 3. That this glycosuria shows a profound disturbance of equilibrium between the cerebro-spinal and sympathetic systems, as pointed out by M. Bernard. 4. That the quantity of sugar is greater in proportion to the violence of the fever. 5. And that as the attacks become more numerous, and cachexia established, the less is the quantity of sugar.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, January 3, 1860.

Mr. Fergusson, President, in the Chair.

The Secretary read the annual report. The ballot having been taken, the following gentlemen were declared elected as officers for the ensuing year:—*President:* William Fergusson, Esq., F.R.S. *Vice-Presidents:* Thomas Watson, M.D., F.R.S., C. J. B. Williams, M.D., F.R.S., G. H. Barlow, M.D., James Moncrieff Arnott, Esq., F.R.S., George Busk, Esq., F.R.S., Alexander Shaw, Esq., John Birkett, Esq., James Dixon, Esq. *Treasurer:* Richard Quain, M.D. *Council:* Samuel Wilks, M.D., Thomas Bevill Peacock, M.D., A. Whyte Barclay, M.D., Charles Murchison, M.D., R. Hunter Semple, M.D., Joseph Hullett Browne, M.D., Edward C. Seaton, M.D., William D. Chowne, M.D., H. Hyde Salter, M.D., F.R.S., R. B. Todd, M.D., F.R.S., Thomas Blizard Curling, Esq., F.R.S., John James Purnell, Esq., J. Charles Langmore, Esq., Thomas Ballard, Esq., Mitchell Henry, Esq., W. White Cooper, Esq., Jabez Hogg, Esq., Henry Lee, Esq., J. Gregory Forbes, Esq., William O. Markham, M.D. *Honorary Secretaries:* John William Ogle, M.D., Henry Thompson, Esq.

The following specimens were presented at the former meeting of the Society:—

Dr. John Ogle showed for Dr. Babington, a specimen of

ANEURISM OF THE ABDOMINAL AORTA,

WHICH ORIGINALLY SIMULATED LUMBAGO, AND FINALLY BURST INTO THE PERITONEAL CAVITY.

The aneurismal sac, which was produced by a general dilatation of about six inches of the artery, was nearly twice the size of a cricket-ball, and possessed very thickened walls, which in one place had given way, allowing the blood to escape into the general peritoneal sac. This cavity contained nearly two quarts of coagulated blood, and much also existed in the layer of the mesocolon. The left kidney was large, mottled, and flabby. The specimen was removed from the body of a naval officer, aged 69, and about six feet high, who until within a few months of his death had enjoyed good health. He then began to complain of pain in the loins, thought to be lumbago, and he went to Vichy, and tried a course of the waters. While in the bath there, he first felt a "great deal of pulsation" in the middle of the belly. He then went to Paris, and came home to England. He became weak and quickly emaciated, and on the 24th of September was seen by Dr. Babington, and Dr. Oates, of Erith, when, besides general constitutional symptoms, he had violent pain in the abdomen, increased on pressure. A deep-seated tumour was detected above and below the umbilicus, and attended by pulsation. After the use of sedatives and aperients, this became more manifest, but no arterial whizz could be heard. The urine was albuminous. There was no doubt that this was an aneurismal sac, and Dr. Arthur Wilson and Mr. Fergusson, who were called in, agreed to the same conclusion. The pain greatly increased; and on the evening of the day on which the patient was examined by Mr. Fergusson, he expired while walking across the room.

Dr. Ogle also showed an

ABDOMINAL ANEURISM, AT FIRST SIMULATING LUMBAGO,

SUBSEQUENTLY DISEASE OF THE KIDNEYS, AND FINALLY BURSTING INTO THE GENERAL PERITONEAL CAVITY.

The patient was a man, aged 40, a billiard-table maker, who a year and a-half ago had been subject to pain in the loins on rising from bed in the morning, and subsequently experienced much "gnawing pain" in the lower part of the back, left groin, and hip. The secretions and general health of the body were good, and the case was thought to be one of "lumbago." At a later period distinct but slight and regular, pulsation was found in the left loin. There was at this time, however, no vascular whizz, and no tumour could be felt. There was no pulsation in front. He was then

passing as much as six pints of urine of the specific gravity of 1009 a-day, having a faint trace of albumen, and suspicion existed that disease of the left kidney existed, although no other morbid indications were found in the urine. At a later period the pulsation was found very strong above the crest of the left ilium, especially on turning over to the right side. A little later a "slight bruit" was audible above the left iliac crest, and the patient was sensible of a constant throbbing. The tumour increased daily, and the patient was one day suddenly seized with sudden prostration, from which he only partially rallied. He fainted away once or twice two days following, and was subsequently in excessive pain about the abdomen. On the next day he died. On a post-mortem examination much serous fluid was found in the left pleural sac which was greatly encroached upon by a very large aneurismal sac, communicating by an oval opening with the abdominal aorta, and pushing greatly forwards the stomach, pancreas, and left kidney. The sac contained a large mass of coagulated and fluid blood, which was continuous with a similar mass occupying the substance of the muscles of the back and side of the abdomen as far down as the crest of the ilium, which were, to a great degree, in a state of disintegration. The strong fascia attached to the crest of the ilium had given way at one part, and here a quantity of the blood had made its way into the general peritoneal cavity. The bodies of several of the vertebræ were greatly excavated by the aneurisms. The various organs of the body were healthy. *Remarks:* The case was chiefly interesting from the obscurity attending its early history. Its resemblance at one time to some rheumatic or neuralgic condition of the muscles, and later on, to some affection of the kidney.

Dr. Ogle also showed a specimen of

ANEURISM OF THE LOWER PART OF THE THORACIC AORTA,

WHICH BURST INTO THE SUBSTANCE OF THE RIGHT LUNG.

The aneurism was of about the size of a small cocoa-nut, and had caused considerable erosion of the anterior surface of the dorsal vertebræ. It communicated directly by a considerable opening with a bilocular cavity in the base of the right lung, the substance of which was greatly disintegrated. The cavity in the lung communicated with one of the minute bronchial tubes. The coats of the aorta generally were the seat of calcareous and atheromatous deposit, and the arch of the aorta was dilated. The heart itself was thin, large, and fatty, and the left auriculo-ventricular orifice dilated. The specimen was removed from a man, aged 54, who for some time had been complaining of pain in the upper part of the back, and sickness, and a feeling as if the food did not pass lower than the epigastrium. A firm, resisting, but moveable swelling was found above the umbilicus, pulsating synchronously with the heart, and a whizzing muffled sound was heard below the ensiform cartilage, where deep pressure caused pain thrilling to the back. A loud mitral murmur was audible at the heart, but in no way connected with the sound of the aneurism. The patient referred his illness to a strain in the back which he had met with a year previously, in carrying heavy stones. This pain lasted some time there, and was relieved by pressure. He had gone to work suffering only from weakness in the back. The patient died after an attack of hæmoptysis which accompanied symptoms of pneumonia.

Dr. Hare exhibited for Mr. Thomas C. Kirby, a specimen of

ENCEPHALOID CANCER OF THE ŒSOPHAGUS,

taken from a lady, aged 34. Five years ago she was observed to be longer than others in eating her food, and she often afterwards expressed a fear lest she should be choked by too large a piece. Three years ago she began to emaciate, and as she had a cough also, she was supposed by her Medical adviser to be suffering from tubercular disease. Six months ago the cervical glands began to enlarge, and when Mr. Kirby first saw her, a month before her death, they varied in size from a pea to a walnut, about that time she began to spit a considerable amount of blood and mucus—even a pint per diem—of a fœtid odor. Two weeks before her death she became almost unable to swallow either liquids or solids, but still expectorated as before until within one day of the fatal issue. The physical examination of the lungs, Mr. Kirby found, did not confirm the previously supposed tubercular character of the affection, which was then believed to be cancerous. The enlarged glands anterior to the sterno-mastoid muscles were found filled with encephaloid matter. The upper four inches of the walls of the œsophagus were enormously thickened with a similar deposit, so as very greatly to contract its canal, into some parts of which the cancerous matter protruded. The larynx was pressed upon also, but was itself unaffected except the right aryteno-epiglottidean which was partially eroded. Each lung contained a few nodules of cancerous matter, but no cancer-cells had been detected in the sputa during life. Permission to open abdomen was not given.

WESTERN MEDICAL & SURGICAL SOCIETY.

December 2, 1859.

A. B. Barnes, Esq., President, in the Chair.

A paper, by Mr. F. Webb Pettigrew, was read

ON CHLOROFORM AND INSTRUMENTAL LABOUR.

The author adverted to the use of this anæsthetic in all instrumental labours, in turning and most lingering cases. As a general rule he deprecated its use in ordinary or natural labour for the following reasons:—1. That the Accoucher should attend solely and strictly to his own avocation, and that it therefore necessitates the presence of a second Practitioner. 2. The folly of incurring any risk of asphyxia or death, although such cases in the lying-in room are rare with chloroform in comparison with those in which surgical operations are performed. 3. That under ordinary circumstances where matters are favourable and progress natural, it tends to depress the system, leaving the entire expulsion of the fœtus to the efforts of the uterus, supplied as it is by organic nerves, while the muscles of animal life which so forcibly assist its action are almost paralysed. 4. By its administration there is danger both to the mother and child. Cases illustrative to these objections were related; the exception to the general rule being where the mother was of a delicate and nervous temperament, and where chloroform was administered in a very modified form, more to attract the attention of the patient from her fears than to lessen the natural throes of labour. In protracted labour the author had experienced much benefit in its administration, and although the pains for the first ten minutes appeared arrested, they afterwards returned more strongly, with greater regularity, and under its use the rigidity relaxed, the mucus became more freely secreted, the countenance of the patient became less anxious, and the pulse, quickened at first, became stronger and the child was born in a very short time. Cases illustrative of the facts were then related. The author, in his limited experience bore out the observation of Dr. Simpson that hæmorrhage seldom or never occurred after the use of chloroform. In Mr. Pettigrew's only case of forceps in which this anæsthetic had not been administered, hæmorrhage did occur and was very excessive. After some observations upon the author's method of administering chloroform,—viz. upon a thin pocket-handkerchief,—the following table was exhibited as the result of his experience in his neighbourhood during the last five years. The instrumental cases were numerous in proportion to the actual number of those cited, on account of five consultations to which he had been called, where the forceps were resorted to in order to save the child.

Cases.	Natural Labour.	Difficult Labour.	Death of Parent	Death of Child	Chloroform.
163	141	22	None	7	36
15	..	Forceps	None	1	14
5	..	Craniotomy	None	5	5
1	..	Vectis	None	0	1
1	..	Turning	None	1	0

After some discussion the Society adjourned until the third Friday in January, 1860.

M. Vries, the Docteur Noir, has been arrested, we are informed, under the accusation of homicide through imprudence, occasioned by the use of one of his prescriptions.

MEDICAL NEWS.

APPOINTMENTS.

BROWN-SEQUARD—RAMSKILL.—Dr. Ramskill, Assistant-Physician to the London Hospital, was elected, about a fortnight ago, Physician to the proposed Hospital for Paralysis and Epilepsy. At a subsequent meeting of the Governors, Dr. Brown-Séquard was also elected Physician to the same Institution.

DOWN.—J. Langdon H. Down, M.D., has been elected Assistant-Physician to the London Hospital. The vacancy which Dr. Down has been unanimously elected to fill, was occasioned by the Committee having decided to increase the staff of Assistant-Physicians from three to four.

NESBITT.—Mr. Francis Albert Nesbitt was appointed on Tuesday last, one of the Honorary Surgeons of the South Staffordshire General Hospital, Wolverhampton, in place of Mr. Richard Sandford, deceased.

DEATHS.

BELLINGHAM.—December 26, at Lake-road, Portsea, William Bellingham, aged 32.

DONNELLAN.—December 12, at his residence in Paris, John Cullen Donnellan, M.D.

EVANS.—December 21, within a few days of his twenty-first year, Alfred W. A. Evans, a most diligent student in Medicine, eldest son of Benjamin Evans, M.R.C.S.E. Acre-house, Brixton, and Trinity-street, Southwark.

HAYWOOD.—December 25, John Haywood, of Flint, aged 45.

HORN.—December 26, William Henry Horn, of Crescent-parade, Salford aged 40.

IRWIN.—December 5, William Nelson Irwin, of Great Yarmouth, Staff-Surgeon in the Army.

KITTLE.—December 16, at the London Hospital, Whitechapel-road, Arthur Kittle, Assistant-Surgeon, aged 32.

LEWIS.—December 22, at Devizes, J. M. Lewis, late of Bromham, Wilts. He was a Surgeon in the Army for years, and was present in that capacity at the battle of Waterloo.

M'GILP.—December 10, at Garvachy, Inverary, Argyleshire, John M'Gilp, Staff Assistant-Surgeon, Army.

MAYNARD.—About December 14, at New York, Joseph D. Maynard, lately of Antigua, M D. aged 44.

MILLARD.—December 25, Samuel Millard, of Whitchurch, aged 58.

MOYLE.—January 3, at his residence, Harrow-road, John Grenfell Moyle, F.R.C.S., formerly President of the Medical Board, Bombay, aged 73.

RYAN.—December 31, at 91, Leman-street, Samuel Ryan, aged 50.

THOMPSON.—September 16, at Melbourne, John Thompson, M.D., formerly of Jamaica.

WESTERNACHER.—December 13, 1859, at Baedingen, Hesse-Darmstadt, Germany, Dr. Westernacher, aged 81 years, after a successful practical career of nearly sixty years. He was celebrated no less for his skill and success in surgical and obstetrical operations, than for his diagnosis and treatment of internal disease. As an illustration of the former, it may be mentioned that the number of successful operations for incarcerated inguinal hernia performed by him, amounted to upwards of sixty. Advanced in age, he died high in honours; and there was not a family over a great tract of country, into which, a true Asclepiad, he had not carried consolation or safety.

WILLS.—December 26, at his residence, Paradise-row, Rotherhithe, William Wills, aged 59.

WILSON.—December 23, Robert Wilson, of Stranraer, aged 74.

WRIGHT.—Recently, David H. Wright, Surgeon, R.N. 1856.

BARON MACAULAY, the greatest British historian of the day, died on the 28th of December, 1859, from disease of the heart.

IN 1813 De Quincey increased the quantity and frequency of his doses of opium so much, that he took 320 grains of opium daily. Prodigious as this quantity is, it is only half what Coleridge was in the habit of taking.

THE Royal Society of Edinburgh has awarded the Neill Medal to W. Lauder Lindsay, M.D., for his "Memoir on the Spermogomes and Pycnides of Filamentous, Fruticulose, and Foliaceous Lichens," read to the Society during the last session.

M. DUMAS lately flourished before the eyes of the Academy a magnificent casque in aluminum, destined for the King of Denmark. It possesses the necessary degree of resistance required in such an article, and weighs only 700 grammes.

DEATH OF A MEDICAL PRACTITIONER BY CHLOROFORM.—A most painful excitement was produced in Alloa on New Year's-day on its becoming known that Dr. Renwick had died during the forenoon while under the influence of chloroform. The following are the particulars of this distressing case:—It appears that the deceased had been suffering lately from the ingrowing of the nail of the great toe, and on Saturday afternoon he had spoken to one of his professional brethren, Dr. Duncanson, to come on the forenoon of the following day and cut away the nail. He stated that it was his intention to take chloroform, whereupon Dr. Duncanson suggested that another medical man should be called in to assist; but this he objected to. On Sunday morning, therefore, Dr. Duncanson attended, and found his friend in excellent spirits, and still resolved to take the chloroform, to which course he made no further objection, having administered it to him on a previous occasion without any bad results. Having made some observation as to how he wished the operation to be performed, and charged the operator to be sure not to begin until he was perfectly insensible, a little of the chloroform was poured on a towel, and he held it to his mouth with his own hands. After a while, as it did not seem to be taking any effect, he asked for some more, which Dr. Duncanson at first declined to give; but after a while, finding that no effect was being produced, some more was applied. Observing that he was endeavouring to hasten its effect by strained inspirations, he was asked to breathe naturally, which he did. As it still, however, seemed to be having no effect, another small quantity at his own request was applied to the towel, which, after a short time produced insensibility, and his pulse having been found full and regular, the operation, which did not occupy more than a minute or two, was successfully performed. He still remained under the influence of the anæsthetic, but his breathing was regular, and all was considered right. Some cold water was then thrown on his face to arouse him; but this not having the desired effect, other measures were resorted to, but with a like unfortunate result; and when, after a few minutes, his breathing became less frequent and more laboured, and the appearance of his countenance began to change, and his pulse had become nearly imperceptible, serious alarm was now felt. Artificial respiration was resorted to, and breathing was kept up for nearly half-an-hour; but all was in vain. Dr. Renwick was in his 27th year. He was a native of Musselburgh, and settled in Alloa about six years ago, where his Professional skill, combined with his urbanity of manner, speedily gained him an extensive practice, and the esteem of all who knew him. Sixteen months ago he was married to a lady, who lives to mourn his loss. Some time ago Dr. Renwick was troubled with a severe pain over the region of the heart, which caused him some alarm; and it appears that his father died suddenly of heart-disease. We hear that a short time ago a gentleman died in Govan while undergoing a similar operation under the influence of chloroform.

PROSECUTION AT LYONS FOR SYPHILITIC INOCULATION.—A recent prosecution, instituted by the government authorities, against two Lyons' practitioners, has caused an immense sensation in the Medical body of that city. While the Medical Press feels honoured in having so frequently to register a multitude of facts which tend to exhibit the importance of the services rendered by Medical Practitioners, it must also give proof of its impartial equity in laying open those blameable errors committed now and then by some members of the body. The therapeutical conduct pursued by two of our *confrères*, under the circumstances we are about to relate, has caused us the deepest regret, and we are glad to believe the mere relation of this unfortunate abuse of Medical power will be sufficient to prevent any recurrence of it under analogous circumstances. On the 4th December, 1858, a lad from la Charité, aged 10, was brought to the Antiquaille Hospital at Lyons, in order to be treated for a confluent *teigne faveuse*, implicating the entire scalp, and the child being also in bad health and exhibiting some symptoms of scrofula. After nearly a month's ineffectual trial of the ordinary treatment, M. Guényot, interne of the venereal department, asked permission of the sugeon, M. Gailleton to inoculate the child with the pus taken from a patient suffering from secondary syphilis, in the form of condylomata around the anus. This was granted, and four insertions were made. During a month no result followed, but on February 10, two superficial ulcerations were observed, and during March a roseola was observed on the trunk which disappeared in a week. The 9th April all disappeared and the *teigne* was amended, and by August it was cured, and the child was remarkably well. These facts coming to the knowledge of the Minister of Justice, by means of a publication of the case by M. Guényot, he ordered a prosecution, and on December 8, MM. Guényot and Gailleton were summoned before the Correctional Police of Lyons. In defence of their conduct the accused cited the result of a consultation which had been held by the three chief Surgeons of the Civil Hospital of Lyons and the two Physicians of the Antiquaille, the conclusion come to being

"That comparing the flourishing condition of the patient's health at the present time with the invetcrately obstinate and serious affection of which he was the subject, and the wretched state of general health in which he was when he came into the Hospital; and bearing in mind the regular skilful, and methodical treatment he has been submitted to, we are of opinion that a great service has been rendered to him by the Practitioners who treated him, and by no other means could his health have been better or more rapidly restored." The Tribunal fined M. Guényot 100 francs, and M. Gaillcton 50 francs. In our opinion the authorities were right in opposing such experiments, as they always are useless, and often mischievous, being based upon a false principle, and fatal in practice. We blame such experiments, and will exert all the influence we possess in order to prevent their repetition. Who can tell us whether this child, contaminated in its tenderest years by the hand whence it sought relief, may not yet drag out a wretched, etiolated, cachectic existence? And who can tell, though said to be so wonderfully well now, and exhibiting no actual symptoms, but that he may not, perhaps years hence, manifest symptoms of a communicated diathesis? And, again, who can say that, arriving at manhood, he may not be the father of children bearing the marks of the parental stigma? We can understand, and we glory in good Professional confraternity; but really we think that the five Lyons Practitioners who have delivered so favourable a consultation have been blinded by their good wishes. A properly understood "*solidarité*" cannot be pushed to these limits.—*M. Legrand du Saulle, in the Gazette des Hôpitaux*, December 24.

SPIRITUALISM AND MATERIALISM.—The *Spiritualist* is he who, misunderstanding the intimate constitution of the organism—the properties inherent to matter—in order to explain certain phenomena introduces ontological entities, hypothetical causes, principles independent of matter, although acting in it in normal or pathological states—existences known successively under the names of Soul, Archea, Animal Spirits, Vital Force or Principle. *Materialism* in Medicine consists in the introducing into a complex science, the principles or general ideas of a more simple or less complicated science. To produce, in the explanation of the normal or distuibed functions of the living economy, mechanical, physical, and chemical laws, which really do exist, but yet explain nothing—is really to misunderstand the existence in the anatomical elements of elementary properties different from those of inert matter.—*Revue des Deux Mondes.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, December 31, 1859.

BIRTHS.

Births of Boys, 1035 ; Girls, 923 ; Total, 1958.
Average of 10 corresponding weeks, 1849–58, 1594·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	859	818	1677
Average of the ten years 1849-58	681·9	642·1	1324·0
Average corrected to increased population	..	..	1456
Deaths of people above 90	..	..	10
Deaths in 15 General Hospitals	36	30	66

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	3	5	12	..	14	1	5
North	490,396	10	2	19	2	7	2	8
Central	393,256	10	6	8	2	12	3	2
East	485,522	5	18	16	2	9	1	16
South	616,635	18	14	10	6	8	3	6
Total	2,362,236	46	45	65	12	50	10	37

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·132 in.
Mean temperature	45·3
Highest point of thermometer	56·5
Lowest point of thermometer	34·0
Mean dew-point temperature	43·2
General direction of wind	S.W.
Whole amount of rain in the week	0·97
Amount of horizontal movement of air in the week	— miles.

TO CORRESPONDENTS.

Dr. Farquharson's note shall appear next week.

Several communications in type are unavoidably delayed.

Favus.—We have not inserted the letter of Mr. O. on the treatment of Favus, because he appears to confound the common "scald-head," impetigo of the scalp, with the rare disease, true favus.

Sub.—Edwin Lee on the Watering-Places of England. Eastbourne is open to easterly winds. The Undercliff of the Isle of Wight might suit our correspondent.

A Foreign Subscriber.—On excision of the head of the humerus,—White's "Cases in Surgery," page 57. On excision of the head of the femur,—1st. Fergusson's paper in Medico-Chirurgical Transactions for 1845. 2nd. Henry Smith's papers, 1848. On excision of the Elbow,—Symes work on excision of joints. On excision of wrist,—Fergusson's "Surgery." On excision of the ankle-joint,—Haucock, in 1859. With regard to a work on excision of joints, there is not one in the English language save Symes', which was written several years ago, and, therefore, is not up to the requirements of the present day. There is a very good account of the latest improvements regarding excisions of joints in Fergusson's last edition, the fourth; and Mr. Butcher, of Duhlin, independent of his "Memoir on the Knee," published an excellent monograph, reprinted from the *Dublin Quarterly Journal*, in 1855, on the various excisions of joints. We believe that Mr. Statham's translation of Stromeyer and Esmarch can be obtained of Mr. Statham, Mortimer-street, through the booksellers.

ERRATUM.—Vol. XL. No. 496, p. 665, Assistant-Surgeons of the Indian Army Pass-List,—*for* "Hugh Ronaldson," *read* "Hugh Ronaldson Handyside, M.D., etc."

POOR-LAW MEDICAL REFORM ASSOCIATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I consider the letter of "Paul Jones," in your number of this week, to be so first-rate for tact as well as talent, that I really think if you will bring his views more prominently before your readers, it will have the same effect upon others, who have hitherto declined joining the agitation, as it has upon myself, and induce a cordial co-operation of all Poor-Law Medical Officers indiscriminately. I am, &c. A. P. O.

Dec. 31st, 1859.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In reply to the letter from Paul Jones, inserted in this day's journal, I beg to say I think he might more appropriately have assumed the name of Rip Von Winkel; for, like him, he has ardently awoke from a sleep of some years, otherwise he would know that all he now recommends has already been done. If he will look back to the Medical Journals of two or three years since, he will find their columns occupied by the resolutions agreed to by Medical officers, at meetings held all over the Kingdom. Local Secretaries were then appointed who have favoured me from time to time with the opinions of their colleagues, from which, and from the statements of the President of the Poor-Law Board made to the deputations that have waited upon him officially, a Bill has been framed, which I hope will in a very short time be brought before Parliament. What more could Paul Jones have done had he been in my position? He says, he is not permanently appointed, and for this reason does not give his real name, his words are "were I publicly to appear as an agitator in such a case, my next grievance would probably be peremptory and arbitrary dismissal." Perhaps Paul Jones is also afraid to subscribe to the funds of the Association for fear of his name being made public; if he should say he has already subscribed, then his name has been made public, and there is no excuse now for the assumption of the name of a piratical marauder. I am not permanently appointed, and there are upwards of one thousand others in the same situation, and yet we let our names appear publicly; if we did not, how could we expect to obtain a redress of our grievances? I am, &c.

12, Royal-terrace, Weymouth, Dec. 31, 1859. RICHARD GRIFFIN.

ADVERTISING AURISTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—For the sake of variety, I rejoice to observe another deafness curer among the advertisers of the day. Another "Richard in the Field."

"National Ear Institution, 12, Pall-mall East, London. President—Sir John Hare, F.A.S. Surgeon—Mr. S. E. Smith, M.R.C.S.L. Open every morning, free, from nine to ten o'clock. Donations received at the Institution by William Johnson, Secretary."

I wish you would enlighten me and others as to the terms upon which certain so-called charities are held: are they held in fee simple? or how? Again, who pays the piper? Who fiddles while the doctors dance? Is it the Subscribers or the Advertised? A return of the sums annually paid for advertising, would be a curious document in the history of charities(?); but perhaps, after all, "charity does begin at home." Why not, Mr. Editor, take a strong arm and a double-thonged whip, and put down that abominable advertising nuisance so scandalous to our Profession?

I am, &c. ONE OF THE PROVINCIALS.

Dutch Names.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your numbers of Nov. 19 and 26 I found an account of the way in which French authors treat English names. Here is a sample of the way in which a learned and highly esteemed English author treats Dutch names.

In the fourth edition of Dr. T. Watson's Lectures on the Principles and Practice of Physic (London, 1857) Vol. I. p. 370, is quoted a passage from the *British and Foreign Medico-Chirurgical Review*, giving a short account of an experiment on the circulation in the brain, "made at Berlin, under the direction of M. Donder." This experiment was made by Dr. W. Berlin, under the direction of Prof. Donders, at Utrecht.

Haarlem, Holland, Dec. 31, 1859. I am, &c. Med. Dr.

Dispensaries.

TO THE EDITOR OF THE MEDIOAL TIMES AND GAZETTE.

Sir,—A few of us residing in a town of 3,000 inhabitants, are anxious to set on foot a Dispensary for the benefit of the poorer classes. We shall in all probability have no great amount of funds at our command, and are anxious to learn how the matter may be managed both well and economically. Will you kindly ask of some of your correspondents, who may happen to have experience in a similar attempt, to favour us with information on the following heads :—

1. Would the self supporting system answer?
2. What would be the probable expenses annually of the older system, and of the self-supporting?
3. Would it be better to dispense at the Institution, or to engage with a most respectable Druggist to supply the Medicines by contract?
4. Would it be advisable or otherwise, to make up a couple of beds or more, for emergencies, and what would be the expense of the addition?

I am, &c.

January 2, 1860. A Subscriber of Sixteen Years.

A Worm in the Ear.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The unique and very remarkable case related by Mr. Kealy, of Gosport, in your Journal of December 17, of a pin having accidentally got into the meatus, and in an ineffectual effort to extract it, being forced onwards through the cavitas tympani, into the eustachian tube, down which it made its way into the throat, may be paralleled by another which occurred in my Infirmary practice, a few years ago. A child was brought to me with internal otorrhœa of long standing, which had been domestically but not improperly treated by poultices and gentle syringing with warm water. Both father and mother attended with the child, and made the following statement, so graphically and circumstantially as to leave no doubt on my mind of its truth. The discharge had existed for weeks if not months, and had never given the parents much uneasiness; but during the previous night the child had been suddenly seized with the most intense pain. Its cries and shrieks were terrific; but the relief was as sudden as the seizure, and the next moment the child was enjoying a sound and tranquil sleep. The cause of such intense pain remained a puzzle until the poultice was removed in the morning, when a worm about six inches in length, which has been ever since in my collection, was discovered lying partly in the meatus, and partly on the surface of the poultice. I inquired minutely into the previous state of health of the child, and found it certainly had had symptoms indicating the existence of a worm or worms, and I could only conclude that one of these had made its way from the stomach up the throat, into the eustachian tube, through the perforated membrane tympani, into the meatus, and on to the poultice. I am, &c.

15, Savile-row, December 20, 1859. James Yearsley.

[The worm sent with this letter by Mr. Yearsley is an *ascaris lumbricoïdes*, between five and six inches long.—Ed.]

Naval Medical Service.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—To prevent misconception and disappointment to Medical students and young Surgeons who may contemplate entering her Majesty's Navy as Medical officers, it may be well to point out to them how great a mockery, delusion, and snare the late "Royal Warrant" has proved to be, when mutilated and distorted by an illiberal Board of Admiralty.

Under this warrant increased rank was nominally given by her Majesty and Council, but virtually it has been withheld by the Board of Commissioners, yclept "The Admiralty;" for what advantage is rank without its concomitant privileges? These are—corresponding uniform to designate the status held by the wearer; every advantage of pay; precedence; corresponding honorary salutes and privileges; allowances; retiring pensions; pensions to widows; proceeds of prize-money, etc., the greater portion of which have either never been granted, or have already been nullified in practice.

In the first place, no corresponding change has yet been made in the uniform of Medical officers, it remains precisely the same as before the issue of the "Warrant;" nor have any commissions, or Gazetted, or other official authority, been yet granted to such officers, as by its regulations are entitled to the grade of "Staff-Surgeon," authorising them to assume that title; they are in no way contra-distinguished from the lesser rank of Surgeon, except by increase of pay by which their length of service entitles them.[1] In consequence of these omissions all advantages of precedence and other corresponding privileges are totally in abeyance. But as if more decidedly to exhibit the animus which pervades "The Board," an attempt was made, since the promulgation of the Admiralty Circular relative to the Warrant, to defraud the widow of a deceased Surgeon of the increased pension guaranteed under it; this nefarious proceeding was, however, subsequently reversed under the threat of legal proceedings. Then, again, by a circular issued by the Board in September last, regulating certain rates of travelling expenses allowed to officers, Medical officers occupy their old position; Surgeons then being classed with officers several grades their inferior in rank, while commanders, their co-equals in rank, are elevated to the highest class, and awarded a considerable increase of allowance. Assistant-Surgeons, also, are classed with navel cadets, their proper position being three grades higher. The invidious distribution of prize-money still remains the same as heretofore,—an anomaly by which a Surgeon, ranking with a Major in the Army, and Commander in the Navy, is placed in the same category as the gunner, boatswain, and carpenter of the ship.

These are some of the flaws on which the Board, only too willing, have seized, clearly in contravention of the spirit of her Majesty's Royal Warrant, to render nugatory, as far as possible, a measure intended to elevate the Medical Profession, as represented in the Royal Navy, to its legitimate standard, the justice of which was never admitted in the Board-room of the Admiralty, and only reluctantly conceded under the most pressing State necessity.

As an addendum to this category of injustice, it may be also well here to inform my junior Medical brethren that the vexed question of cabins for Assistant-Surgeons, as an inalienable right, is still so undefined that captains of some ships, now in commission, have refused this privilege on the frivolous plea "That no such accommodation was provided by Dock-yard Establishment." So long as this loop-hole is permitted to exist, will Pellhams, Martins, *et hoc genus omne*, exercise their paltry prejudices and uncontrolled power to frustrate an Order unwillingly granted.

With these undeniable grievances,—which might be more properly styled premeditated frauds,—existing, it behoves the aspiring youth of our Medical Schools to ponder well ere they make selection of the Naval branch of the public service, under the specious, but deceptive, bait held out by the late Warrant, as construed by the Lords Commissioners of the Admiralty. I am, &c.

M.R.C.S.E. and L.S.A., R.N.

COMMUNICATIONS have been received from :—

Professor Simpson; Dr. Mackenzie, Glasgow; Dr. Robert Lee; Dr. Conolly; M. Claude Bernard; Dr. G. Johnson; Dr. Struthers; Dr. Hare; Mr. Teale; Dr. Thudichum; Dr. Habershon; Dr. E. Lee; Mr. Dix; Mr. Griffin; Mr. Chapple; Dr. Russell; Dr. Bull; Mr. Barlow; Mr. B. Smith; Dr. Farquharson; Dr. Camps; Mr. Evans; Mr. Clarke; Dr. Myrtle; Mr. Wheatley; Mr. Hamilton.

APPOINTMENTS FOR THE WEEK.

January 7. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. Professor Faraday "On the Various Forces of Matter."

9. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Mr. Henry Thompson "On the great Importance of Early Diagnosis and Treatment for Stone in the Bladder."

10. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. Dr. Tilt "On the Influence of Tropical Climates on Inflammatory Diseases of the Womb." Dr. Webster's "Notes of a Visit to the Leper Hospital at Granada."

Royal Institution, 3 p.m. Professor Owen "On Fossil Birds and Reptiles."

11. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

12. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Institution, 3 p.m. Professor Tyndall "On Light."

13. *Friday.*

Operations, Westminster Ophthalmic. 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—For Cure of Obliterated Urethra; Removal of Necrosed Bone from Femur; Tenotomy.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock :—

By Mr. Holt—Removal of Tumour from Labia; Cancer of the Breast; Cancer of Lip; Hæmorrhoids; Stricture of Urethra (two cases); Capsular Cataract.

ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Academy of Sciences.

Lecture II.

OPERATIVE PHYSIOLOGY.

Necessity of Experiments in the Study of Physiology.—Difficulties the Physiologist has to Contend with are greater than those encountered by the Chemist or Natural Philosopher.—How these Difficulties are to be obviated.—The Phenomena of Life, per se, *always Invariable.—The Physiologist must, in case of need, call in the Aid of Adepts in other Sciences.—Dangers of this Plan, and How they can be Obviated.—The Principles by which the Physiologist must be guided.—Defective Character of Bacon's Method.—Superiority of that of Galileo and Newton, which is the only one really adapted to Physiology.—The Kind of Animals best suited to Physiological Experiments.—Experiments made on one Class of Animals conclusive as regards all other Classes.—Counterproofs.—Mode of Conducting them.—How the Glycogenic Function was Discovered.—The Physiologist in his Experiments must at the same time Compare Phenomena in a Healthy Subject with those he observes in the Animal operated on.—Method of Averages, dangerous in Biology.—Qualitative, and not Quantitative, Analysis Necessary in Physiology.*

Gentlemen,—As we have already shown, the Fridays' lectures are to be of a praetieal kind; we have, indeed, the intention of repeating to you in a determinate order, all the physiological experiments which science has definitely acquired, in order to explain to you the principles of experimental research. The motives which have induced me to follow this course in my teaching, are derived from the nature of experimental science itself. It is impossible, in fact, to teaeh it suitably without having recourse to experiments. This is a condition which can never be completely realised in an ordinary course of lectures, and it is only by consecrating special lectures to this object that the student can be initiated into the principles of experimental research. In order to become a physiologist, as well as a natural philosopher or chemist, a man must live in the laboratory; but in France we are completely unprovided with those establishments, so common in Germany, where young observers are formed. It is our present object to supply this desideratum; and the perfect liberty of teaching which we enjoy in the College of France, permits us to undertake the task.

In Biology, experiments are beset with difficulties much greater than those which are met with in physies or in chemistry. It suffices, in this latter case, to place oneself in conditions determined beforehand, and invariably identical, in order always to obtain the same results. The physiologist, on the contrary, obliged to contend with the disturbances which result from the experiments themselves, is not always successful in surmounting all the difficulties which surround an operation practised through a living medium.

The only means of obviating this difficulty consists in giving an exact definition of the *modus faciendi:* without this precaution it would never be possible to obtain results fit for comparison.

Let us take an example:—It was for a long time a question in which of the two ventricles of the heart the blood presented the highest temperature. This question, of so great importance in a scientific point of view, was, up to a certain time, answered in two different ways by the most eompetent observers: both parties were right. The facts had been properly observed, but there was an essential difference between the two methods of procedure. The one class of observers had made their experiments on dead animals, so to speak, the thoracic cavity of which they had laid open. In this case the right ventricle, the walls of which are much thinner than those of its fellow, permitted the blood contained in it to lose its heat more rapidly. The other class of observers had conducted their experiments on living animals, having purposely avoided the opening of the thorax. This was effected by the introduction of a thermometer into the right ventricle through the jugular vein. Under these circumstances the temperature of the blood was found to be higher in the right ventricle than in the left.

The phenomena of life, taken in themselves, are therefore invariable; and when a fact, after having been once verified, constantly escapes the observation of those who endeavour to reproduce it, there necessarily exists some modification in the condition of the experiments themselves.

It was a long time a question whether, after the section of the middle peduncle of the cerebellum, an animal would execute movements of rotation on itself, from right to left, or from left to right. Physiologists were divided on this question. This difference of opinion arose solely from their having operated on different points; some had operated on the anterior portion of the peduncle; others on the posterior. The physiologist must therefore combine, within himself, all the sciences necessary to enable him thoroughly to appreciate the facts which he observes. But it will be said there would be but few physiologists if, to merit the title, a man were required to possess every branch of human knowledge. This is no doubt true; but we have, in each particular case, the resource of being able to avail ourselves of a *speeialiste:* we succeed, in this way, in constituting a complete jury for the appreciation of facts; only it must never be forgotten that when two observers belonging to different departments of science unite to carry out an experiment, the parts which they play are frequently reversed, and their labours are thus perverted from their original objeet. It is therefore necessary that in every experiment performed on living animals the physiologist constitute himself absolute master. It is on him alone that the part devolves of determining the conditions of the experiment. Let us now inquire into the philosophical principles which should guide us in our experimental researches. We hear Bacon's method constantly spoken of, and most scientific men at least make a boast of following it; but this method is exceedingly defective, and is in reality almost entirely abandoned (a). According to Bacon the frequent recurrence of a fact is sufficient to permit of our appreciating its conditions. Facts are brought together by hundreds, and in this way the foundation of a science is laid.

But in physiology this method is essentially incomplete. Would it not be absurd, for example, to conclude that a certain therapeutical agent would invariably succeed in curing a particular malady simply because its success had been remarked in a certain number of similar cases? Might not these cases have recovered without any treatment whatever, had they been simply left to the efforts of Nature? It is therefore easy to understand that the method of counter-proof inaugurated by Galileo and Newton in their scientific investigations, and which has given, as first-fruits, so many immortal discoveries, is the only one which should be adopted in physiology.

It remains for us now to discuss a second question no less important than the first, viz. What are the animals best suited for this class of experiments? Physiology has no other definite object in view than that of contributing to the progress of Medical Science. All our experiments have man for their object, and we should select, as far as it is possible, in prosecuting our studies, those animals which approach most closely to man; but it is often difficult in practice to follow this precept, hence we shall often make use of animals of a very inferior type.

It is easy to foresee a multitude of objections to this proceeding; it has been advanced that the difference of organisation would never permit of conclusions derived from experiments made on the lower animals being applied to man. If such were the case experimental physiology would no longer

(a) This opinion, for which we are not of course responsible, is pretty generally entertained by the scientific men of France, although there are some who regard Bacon's method as perfect, and suited to all kinds of philosophic inquiry.

have any right to exist. Fortunately the diversity of structure and of organisation is far from exercising an influence on the essence of the great motor powers of life. As regards their properties the muscular fibre of man and that of the frog are identical, for Nature almost invariably employs the same means to attain the same end.

"But," it will be said, "there exist certain differences which direct experiment has discovered between the phenomena which some animals present and those which are observed in man. In the frog, for example, it is remarked that muscular contractility persists for more than twenty-four hours after death; in a mammiferous animal this property lasts but a short time; in birds a still shorter time. In the same way it has been said that the electric currents which have been observed in the nerves and muscles of the frog are far from being met with in animals of a higher type." I maintain, on the contrary, that we must admit, among the higher classes of animals, the existence of all these properties; with these latter the question is simply one of intensity; in changing the ordinary conditions of life we can, at pleasure, modify their physiological properties. In its state of torpor a cold-blooded animal presents phenomena slow in their character and easily observed: we see them, on the contrary, succeed each other with such rapidity in warm-blooded animals that it becomes impossible to seize them in the order of their occurrence.

If by the section of the spinal marrow, as we shall show hereafter, we transform a mammiferous animal into a cold-blooded one, we discover in it the electrical phenomena observed in the frog; we see these phenomena disappear in the bactracian when plunged into a medium, the temperature of which is higher than that which is natural to it. Under these circumstances the bactracian manifests the conditions peculiar to a warm-blooded animal. We have, therefore, the right, in making experiments, to compare the results obtained in the case of one animal with those observed in another, in spite of the most striking difference of organisation existing between them. This should not, however, prevent us from giving the preference, in the course of our studies, to animals the organisation of which approaches the nearest to our own.

To return to the general principles which we have just established, it is indispensable, in all experiments, to have recourse to counter-proofs. The grand method adopted in physiology consists in suppressing an organ, and in comparing what then takes place with the natural and ordinary phenomena of life; but we must put aside, in such a case, all the immediate results consequent on vivisection; surgical accidents, so to speak. If, for example, we divide a nerve in an animal, we must, at the same time, make a counter-proof on another; the nerve must be exposed without being divided, and we shall then distinguish the disturbance which results from the section of the nervous cord, from the simple accidents which are the consequence of the preliminary operation. It is impossible to imagine how many unexpected services this method has rendered to science. It is by this procedure that I myself succeeded in discovering the glycogenic function. Previous to making this discovery, I, adopting the general opinions of the day, believed that sugar was never formed in the interior of the economy, but that animals destroyed, in some way or other, the glycose which they absorbed in their food. To demonstrate this, I searched for sugar in all the organs of a dog, fed on aliments containing this substance; but on examining, at the same time, the organs of a dog nourished exclusively on animal food, I perceived, not without astonishment, that the result of the analysis in both these cases was identical. Setting out from this unforeseen result, a new series of experiments led me to the discovery of the glycogenic functions.

We must, therefore, always study the progress of phenomena in a healthy subject consentaneously with that which we observe in an animal on which we experiment; but it is sometimes impossible, in different animals, to obtain results fit to be compared: it was thus, that, wishing to assure myself as to what aliment would produce the greatest quantity of glycogenic matter in the liver, I examined, simultaneously two animals previously subjected to the influence of different kinds of food; but the results obtained varied with the age and the state of health of these two animals. I then had recourse to the following mode of procedure: I cut off a small portion of the liver of an animal which had been purposely deprived of food for a long time, and I injected into its stomach an aliment of a particular description, after which I killed it in order that I might compare the results of the analysis before and after the ingestion of this aliment.

To finish this lecture with a precept of a general kind, let me remind you, that you must never have recourse, in Biology, to a method which is extremely useful in other sciences, but which would give in it the most deplorable results; I allude to the method of averages. The excessive mobility of the conditions of life renders everything in the shape of calculation impossible. No doubt, everything takes place in the interior of the animal economy, as it does exterior to it, and the physical and chemical laws never lose anything of their rights; but it is altogether impossible, scientifically, to calculate their effects. In their admirable experiments on respiration, Messieurs Regnault and Reiset succeeded in calculating, with great precision, the relative proportions of the oxygen absorbed, the carbonic acid given out, and the heat produced; but I should be disposed to believe that it was a fortuitous coincidence rather than a real success accomplished by calculation: such is, besides, the opinion of these distinguished observers themselves. All exact calculation of physiological phenomena is at least premature; up to the present time it has been an easier matter to observe facts than to calculate them. To quote still another example of calculation of this kind, I may call to your recollection the efforts made to estimate, by this method, the quantity of saliva which a gland was capable of producing in a given time; but these organs are so variable in their action, and the intensity of their secreting power is subject to so many different causes, that, up to the present time, calculation has produced only contradictory results. Not to multiply examples uselessly, let me simply add, that it is far preferable, in the present state of science, to observe the extreme limits of phenomena, and to infer from them, by a kind of compensatory calculation, their average intensity, admitting, as possible, every intermediate degree. In a word, it is impossible for us, in the present state of science, to pretend to anything like a rigorous precision in the study of vital phenomena—it is *qualitative* and not *quantitative* analysis which is required in Physiology.

ORIGINAL COMMUNICATIONS.

SERIES OF CASES ILLUSTRATIVE OF DISEASES OF THE ABDOMEN,

AND ESPECIALLY OF THE DIAGNOSIS AND TREATMENT OF ABDOMINAL TUMOURS AND INTUMESCENCE.

By CHARLES J. HARE, M.D. Cantab., F.R.C.P.
Assistant-Physician to University College Hospital, etc.

MOVEABLE KIDNEYS—ADDITIONAL OBSERVATIONS.

(Continued from Vol. XXXVII. p. 112.)

In a series of papers published in this Journal two years ago, I drew attention to the importance, in a diagnostic point of view, of an acquaintance with the occasional occurrence of a mobile condition of the kidneys, and I expressed my conviction that this peculiarity of the kidney was in reality more common than was generally supposed. At that time I collected from various works and journals, English and Foreign, such cases as I was able to meet with; and these, together with six instances of the affection which had fallen under my own observation, and three which had been respectively communicated to me by my friends Drs. Priestley, Gueneau de Mussy, and Ranke, made in all twenty-three cases, on which I based my remarks. Since then, both in this and other journals, further examples have been recorded, and in August and September last, M. Fritz, in the *Archives Générales de Médecine*, though he gave no account of any case observed by himself, published a very able *resumé* of the subject, founded on a total of thirty-five cases, including those previously referred to by myself. Very recently, Dr. George Johnson, and Dr. Henderson, of Clifton, have each added (in the pages of this Journal) an additional and well-marked example of the moveable condition of the kidney; while at the last meeting of the Pathological Society, Mr. A.

Durham exhibited the abdomen of a female, presenting a most interesting example of the peculiarity in question.

The following case came under my observation a short time ago, and as it presented a circumstance which, if hitherto observed, is at least very rare in this affection—I allude to the impulse communicated to the kidney by the aorta—I shall give a few particulars relative to it, especially as, in other respects, it offers one of the best examples of moveable kidneys which I have yet met with.

Case 1.—Mrs. B., aged 42, the mother of five children, the youngest of whom is now six years of age, was brought to see me by my friend, Mr. H. F. Bate. She was tall, well made, not particularly thin, rather pale. She had enjoyed fair health, but had occasionally had hysterical attacks, and for three or four months past had complained of "nervous debility," and of flatulence, the abdomen also occasionally swelling from flatus. For the same period she had likewise felt a throbbing sensation about the umbilicus, sometimes to such a considerable amount as to give rise to a very uncomfortable feeling. Placing her hand upon the abdomen, in consequence of this sensation, she discovered a "lump" there about as long ago as the period named: it was on the left side, free from pain, but a little tender when touched. She did not experience much dragging sensation from it. It was moveable; and she observed that it was sometimes absent, but, when present, was always of the same size. If she lay on the right side, the tumour itself throbbed ("the throbbing being very severe while it lasted"), which was not the case when she rested on the back. She had not perceived any similar mass on the right side.

Such were the symptoms up to the time when she a second time consulted Mr. Bate, having previously been under him for nervousness, flatulence, and leucorrhœa. She now mentioned the tumour to him; and he, having examined it, thought it was very probably due to a moveable kidney. He then brought the patient to me, when I perfectly coincided in his diagnosis, and also found a similar condition of the right kidney, only that the degree of its mobility was somewhat less. I soon afterwards saw the patient with Mr. Bate, at her own home, when I had the opportunity of very carefully examining her, and took a sketch of her abdomen, of which the following copy shows the position of her kidneys when she was lying on the back with the head and shoulders a little raised, and the position into which, by manipulation, etc., they could be detruded.

FIG. 1.

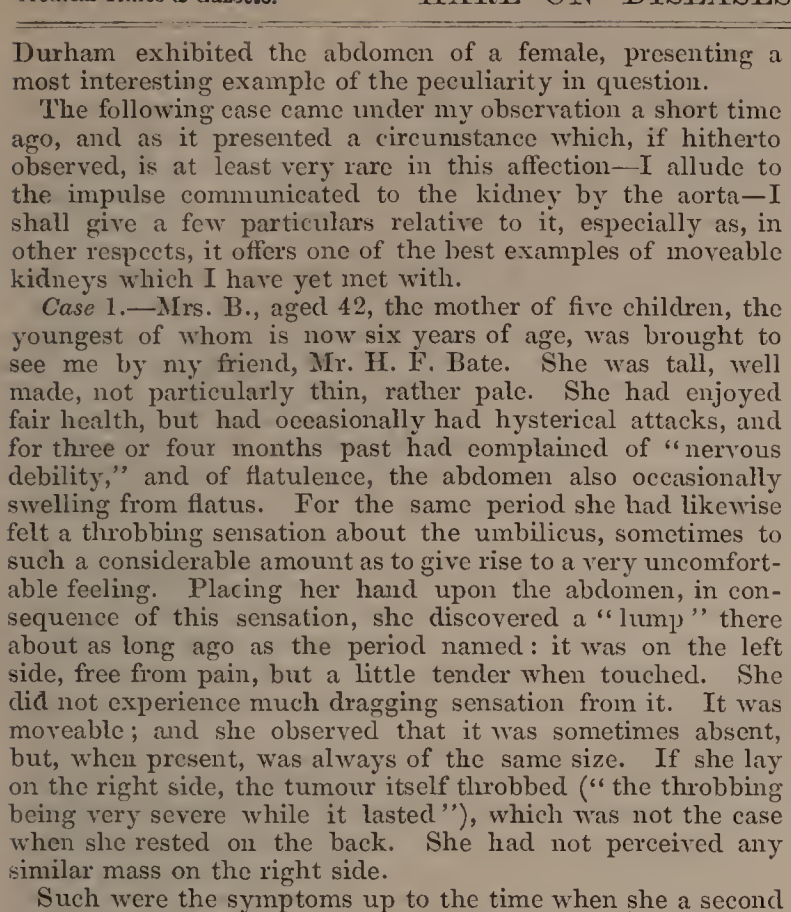

FIG. 1.—Scale of drawing, one-fifth of an inch to one inch. A A′ Outline of costal cartilages. B Edge of liver. C C Space over which aortic impulse was felt. K K′ Outline of right and left kidney respectively during ordinary dorsal decubitus. L M and L′ M′ Positions into which the kidneys could be moved by change of position of patient, or by manipulation.

The abdomen was moderately flaccid, by no means unusually prominent, symmetrical: an aortic impulse could be slightly seen a little above the umbilicus, and could be very strongly felt from the epigastrium to below the navel; the impulse forwards was unaccompanied by any notable lateral dilatation. The liver did not extend beyond the normal limits. On the left side of the abdomen a mass was very distinctly felt lying between the costal cartilages and the crista ilii, and extending to within a short distance of the latter; it was of a kidney shape and size, with its long axis almost exactly parallel with the median line of the body; but it was situated much further from the spinal column than is usual with the kidney; it was hard and smooth; its position was somewhat altered (depressed) by a deep inspiration; it was easily moved by the hand, when it sometimes slipped upwards into the hypochondrium, and, when there, it filled a space just under the last rib, into which, when it was detruded downwards, the ends of the fingers could be to some extent pushed or tucked. It was moveable downwards to the extent indicated in the woodcut, and so could be made to rest upon the lower part of the aorta. When she turned upon the right side the mass also fell towards the median line upon this vessel, so as to receive a strong impulse from it—an impulse or apparent throbbing of the tumour, which immediately ceased by alteration of position, etc.: when pushed downwards the longer axis of the mass assumed a much more horizontal direction. On further examination I found a mass or tumour, presenting exactly the same physical characters, in the right side of the abdomen, only that it was somewhat less mobile, and assumed, when detruded downwards, less of a horizontal position: the woodcut represents very accurately the relative amount of the mobility of the two kidneys; and it will be observed that in what may be termed their average position K K′, and when the patient was recumbent, the left kidney—the more moveable one—was situated further from the spinal column than the right one.

She stated that she had always had easy labours with quick recoveries, and she denied having ever been in the habit of lacing tightly.

The nature of the supposed "tumours" was explained to the patient, and the treatment suggested, besides that of wearing an abdominal belt or support, was directed against the condition of the general health, and consisted mainly in the exhibition of iron and antispasmodics. In a note which I have just received from Mr. Bate, he says: "The patient is much better, and does not suffer to such an extent from nervousness as she did, her mind no doubt being greatly relieved by the knowledge that she does not suffer from some fearful malady, as she imagined"

The two following cases are being prepared for immediate publication by the gentlemen under whose observation they fell; but, by their kindness and courtesy, I am allowed to mention them here, so as to include them in the statistical calculations.

Case 2.—This example of a moveable kidney came under the care of Dr. George Johnson. It occurred in the person of J. M., a female, aged 32; the right kidney was the mobile one, the left not being felt below the normal position.

Case 3.—At the meeting of the Pathological Society of London, on the 20th Dec., an exceedingly interesting specimen was exhibited by Mr. Durham. It was the abdomen of a female in whom the left kidney was moveable to a most remarkable extent, the right one being fixed much as usual in its normal position.

Of the various cases of moveable kidneys which I have seen, none has presented a better example of the affection than the one I have above detailed. The mobility of the left kidney was extreme, and that of the right one not very much less. Owing to the moderately lax condition of the abdominal parietes, the diagnosis, too, was easy, and I think no one who had seen a case of the kind before, could readily fail in coming to a correct conclusion as to the nature of the tumours discovered. It is true that a distinct impulse (as first made out by the patient herself) was sometimes detected on placing the hand upon the mass in the left side of the abdomen, but this was so manifestly a communicated impulse from the aorta, and so readily removed on altering the position of the patient, that it could scarcely, after a moderately careful examination,

leave even a suspicion as to the tumour being aneurismal. I may add that the presence of the strong aortic abdominal impulse in this case is interesting in connexion with the fact of my having described a similar condition as existing in several (four out of six) of the cases I formerly recorded (a).

The additional cases collected by M. Fritz (b) confirm the results of the statistics I published in 1858, relative to the much greater frequency of the affection among females than among males, and the 5 additional cases (all female ones) I have alluded to or detailed in this paper as having occurred since M. Fritz's paper was written, further supports the same law; for these 5 cases, added to the 35 there enumerated, give a total of 40 instances of more or less perfectly recorded cases of persons affected with mobility of the kidney, and of these 35 (87·5 per cent.) were females, and only 5 (12·5 per cent.) male cases.

Out of 35 cases in which it has been recorded on which side the kidney was found mobile, or whether it was so on both sides, the following results are obtained:—

Right kidney alone mobile, or the more mobile of the two	in 26 cases,	or in 74·2	per cent.
Left kidney ditto	,, 9	,, 25·7	,,
Kidney of one side only was moveable ..	,, 27	,, 77·1	,,
Of these the right kidney was alone moveable	,, 21	,, 77·7	,,
Of these the left kidney was alone moveable	,, 6	,, 22·2	,,
Kidneys were moveable on *both* sides ..	,, 8	,, 22·9	,,
Of these the *right* kidney was more mobile than the left	,, 5	,, 62·5	,,
Of these the *left* kidney was more mobile than the right	,, 3	,, 37·4	,,

These figures prove that the right kidney is much more liable to the affection than the left one, and show likewise that the moveable condition is usually limited to one of the organs. I cannot avoid thinking, however, that both kidneys are much more frequently simultaneously affected than these statistics would seem to prove; otherwise it would be a very remarkable circumstance that while out of 35 recorded cases, in only 8 are the kidneys stated to be bilaterally affected—yet that out of these 8 cases no less than 5 should have been met with by myself. It is very possible that in some instances (especially the earlier ones observed) the attention of the Practitioner may have been so fixed upon the one kidney, observed by himself or the patient to be affected, that he has not searched sufficiently into the condition of the corresponding viscus; at any rate, in many of the cases it is not mentioned whether the other kidney was examined or not. In the case of Mrs. B. detailed above, though the condition of the left kidney had given her much anxiety, yet she had not complained of the right one being affected, nor, indeed, had it been found out that it was so until, on examination of the abdomen, I found it to be in reality only a little less moveable than the left one.

TRACHEOTOMY.—PORTION OF THYROID CARTILAGE SEPARATED BY NECROSIS.

THE TUBE WORN FOUR YEARS.

By JAMES RUSSELL, M.D.
Physician to the Birmingham General Hospital.

On September 30, 1855, I was requested to visit Mr. P. aged 40, married, a patient of the Birmingham General Dispensary. I found him suffering from considerable obstruction in his larynx; whilst he was quiet his breathing was effected with effort, but by talking or by any agitation, the difficulty of breathing became much increased, respiration was accompanied by a loud laryngeal stridor, and by a frequent, dry, hoarse cough. His voice could not be raised above a whisper. During the day he had suffered from one or two violent fits of dysnœa, threatening suffocation, the last of which was of dangerous severity. He had also become unable to swallow anything except a little rice milk, from the severe laryngeal spasm, which was produced by the passage of food. His face was pale, quite free from lividity, pulse feeble.

The history obtained was not of a very satisfactory character. He had suffered from sore-throat the previous Christmas, which lasted three weeks, but was not attended with any unusual symptoms. Seven weeks before I saw him his throat became again sore, but he took no notice of the ailment for three weeks, when a violent fit of choking during a meal compelled attention to his malady. He applied to a surgeon, and was salivated without relief. I could not discover when the symptoms of laryngeal obstruction first showed themselves; but so far as I could make out, their severity had not been much less than at my first visit, for eight or nine days, although the suffocating paroxysms had only occurred during the preceding two days. The most careful inquiry failed to elicit any indication of the presence of tubercle, or of the syphilitic poison; he readily admitted having contracted gonorrhœa eighteen years ago, but even at that time he had no sores, nor did any symptom of syphilitic inoculation follow.

He was a small made man, but had a healthy aspect. The larynx was rather tender to pressure, but its region was covered with a blister. The fauces were œdematous, but free from inflammation. He had expectorated a small quantity of mucus streaked with blood. The respiratory murmur was too feeble to permit any opinion to be derived from the result of auscultation.

As all the treatment which had been employed had entirely failed, and as his symptoms had become steadily more urgent, and threatened suffocation from the paroxysms of laryngeal spasm, it was determined in consultation to open the trachea; the operation was accordingly performed on the same evening by Mr. Yates. Great relief was at once afforded by the introduction of the canula, and the patient passed a comfortable night.

He had no unfavourable symptom after the operation; small doses of calomel were administered until slight ptyalism was induced, and minute doses were continued subsequently for eleven days. Cod-liver oil and iodide of potassium were then prescribed, and on October 9th it was noted that his voice had become much stronger, though it was still hoarse.

During the following month he frequently passed a small quantity of blood through the canula, generally unmixed, but sometimes enveloped in mucus. I believed the source of the bleeding to be in the trachea, and the hæmorrhage was finally arrested by the application of a strong solution of the nitrate of silver to the upper orifice of the larynx.

On the 17th of November an attempt was made by Mr. Yates to withdraw the tube; the patient's voice had become so much clearer and louder, that we entertained sanguine hopes that a cure had been accomplished. We were disappointed, however; the tube was replaced, and the patient returned to his ordinary occupation, wearing a curtain loosely in front of the orifice. His health continued satisfactory, the chest was repeatedly examined, but no abnormal sound could be discovered.

Soon after this period I left the Dispensary, but on the 26th of May, my friend Mr. Carter (at that time the House Surgeon of the Institution), brought me a piece of bone which our patient had that day coughed up without any effort. It was plainly the superior angle of the left ala of the thyroid cartilage, and comprised about one-third of the ala; it was in a state of necrosis, and its edge where it had separated from the remainder of the cartilage, was irregular and jagged. The patient's breath had been remarkably fetid for some time before the bone was parted with, and remained so at the visit I subsequently paid to him.

I found a perceptible deficiency in the thyroid cartilage on the left side of the pomum Adami; in other respects no change could be discovered in the cartilages. A very marked improvement had taken place in his breathing since the bone had been coughed up. He was able to breathe easily although the tube was quite stopped, and he was in the habit of wearing a plug in the tube for an hour or more at a time.

I heard nothing more of this patient until a few days ago, when I accidentally called upon him. I found that he had been so impressed with his former sufferings, that no persuasion could induce him to withdraw the tube. Accordingly he has worn it for the last three years, but always completely closed. Two days before my visit, however, as he was falling asleep, he was seized with violent choking, and coughed up a considerable portion of the outer canula, which had sepa-

(a) *Medical Times and Gazette*, Jan. 23, 1858, p. 86.
(b) *Archives générales de Médecine*, 1859, vol. ii. p. 164.

rated by corrosion. This accident had effected what the advice of his Medical friends could not accomplish; he had abandoned the tube, and breathed easily; his voice was rather hoarse, but was quite loud and distinct. The orifice in the larynx was rapidly contracting; he had grown very stout and was in perfect health.

Birmingham.

ON LACHRYMAL OBSTRUCTIONS TREATED ON MR. BOWMAN'S PLAN.

By T. PRIDGIN TEALE, Jun., M.A. Oxon., F.R.C.S.

(Continued from p. 10.)

Classification of Cases.—I have records of thirty-seven cases of epiphora, four of which (Nos. 1, 21, 22, 32) have not been put under treatment. The remaining thirty-three may be arranged in two chief groups: one, in which the lachrymal sac is distended with contents more or less fluid, the obstruction to the passage of tears being situated in the nasal duct; the second, in which the lachrymal sac is not distended, its cavity being much reduced in size, the nasal duct narrowed throughout its whole extent, and the lachrymal canaliculi generally strictured in some part of their course. The first group may be further subdivided into those in which there is distension of the sac without fistula, and those in which the disease has proceeded to fistula.

It might be expected that a fourth group should be mentioned, in which the obstruction is situated in the canaliculi only, or in which the punctum, from being everted, cannot catch the tears. This group is omitted, because the only two or three cases of the kind which I have met with required further treatment afterwards, the nasal duct not being pervious.

I propose, therefore, to arrange the cases under the three following heads:—

Table I. Cases of Distended Sac, without Fistula.

Table II. Cases in which Distension of the Sac has been followed by Fistula.

Table III. Cases in which the Sac is not Distended, and there is no Fistula.

TABLE I.—CASES OF DISTENDED SAC, WITHOUT FISTULA.

No.	Date.	Name and Age.	Duration of Epiphora.	Duration of Treatment, and Result.	Remarks.
2	July, 1857	Miss H. 50.	5 months.	She was a fortnight under my care, and then left Leeds. Since then she has passed a probe herself frequently, and now uses it once in six or eight weeks, on the relapse of epiphora.	At first Bowman's styles were introduced by the slit canaliculus, and allowed to remain a few hours several times a-week. She now merely passes a probe, and withdraws it immediately.
3	Nov. 1857	Mrs. M. 56.	8 or 10 months.	Cured. The probe was passed occasionally for about a year, at first twice a-week, afterwards every five or six weeks.	At first Bowman's styles were used, being left in the duct a few hours; afterwards bulbed probes were passed and immediately withdrawn.
4	Nov. 1857	Mrs. H.	..	After division of canaliculus refused further treatment.	No escape of contents by puncta, nor by nasal duct. Sac filled with a thick fluid, containing cholesterin.
7	Dec. 1857	Mrs. R.	3 years.	Cured. No return of epiphora since the probe was first used.	Probe passed into the nostril twice only.
8	Dec. 1857	Mrs. C.	Since childhood.	Relieved. Sac does not fill, and the epiphora is less than before the operation.	Probe used once; after which she could not attend for further treatment.
13	April 1858	Mrs. C.	More than 3 years.	Cured in one month. The epiphora relapsed a few months afterwards, but ceased after once using the probe. Bulbed probe passed five times.	Sac inflamed and abscess threatened. The pain and swelling subsided rapidly after passing the probe.
18	Aug. 1858	Mrs. J.	..	Relieved. Probes used for a fortnight; after which she ceased to attend. The epiphora has since returned.	Nasal duct tight and painful. Bulbed probe, No. 6, used.
19	Dec. 1858	Capt. B.	Many years.	Cured. No difference in comfort between the two eyes. On rare occasions the sac fills to a small extent. Probes were passed five times during two months.	The obstruction in the nasal duct was firm, almost like bone, and was overcome by Bowman's No. 6 probe; afterwards bulbed probes, Nos. 6 and 8, were used.
23	Feb. 1859	R. H. 18.	2 years. Right side. Left side.	Relieved. Treatment has been recently resumed.	The epiphora apparently kept up by the tender state of the nostrils. No. 8 probe passes easily.
25	May, 1859	Master C. 11.	6 years.	Cured. The probe was passed four times during four months.	The obstruction in the nasal duct was firm, but short. Bowman's probe, No. 4, was used.
26	May, 1859	Mrs. M.	Right side—a few weeks. Left side—a fistula 5 years.	Cured. Bulbed probes, Nos. 6 and 8, passed four times during three months. Spontaneous recovery.	Much disfigured by swelling of the lachrymal regions. On the left side a fistulous sore of five years' standing, which healed spontaneously a few days after the commencement of treatment of the right lachrymal sac, the epiphora ceasing at the same time.
27	July, 1859	George G.	A few months.	Relieved. The epiphora still relapses. The bulbed probes have been used once every five or six weeks.	Acute inflammation of the sac, the eye almost closed by swelling of the lids. After a bulbed probe had been passed through the nasal duct, the pain and inflammation rapidly subsided.
29	July, 1859	Mrs. S.	Right side. Left side.	Probe passed two or three times; after which she refused to continue the treatmeut.	Nasal ducts very sensitive.
31	Aug. 1, 189	Josh. H.	1 year.	Still under treatment. No. 8 passes easily. The eye waters in a cold wind, occasionally in the house. Probes used about ten times.	Epiphora kept up by inflamed state of the mucous membrane of the nostril.
33	Sept. 1859	Mrs. R.	18 years. Right side. Left side.	Relieved. Still under treatment. Bulbed probe, No. 8, passes easily. The epiphora has not ceased to relapse.	
34	Sept. 1859	R. T. 74.	A few months.	Relieved. Probe passed twice during a fortnight; after which he left town.	Acute inflammation of the sac, threatening abscess. Probe passed. Immediate relief, and rapid abatement of the inflammation. Obstruction very firm and short.
35	Sept. 1859	Mary B. 20.	..	Nearly well; occasionally slight epiphora. Probe used six times in four months.	A very firm, but short, obstruction in the nasal duct.
36	Sept. 22, 1859	Mrs. H.	Left side. 2 or 3 years.	Cured. Probe passed once only.	No. 6 bulbed probe used. Canaliculus slit up to the caruncle, not as far as the sac.
	Oct. 31.	,,	Right side.	Cured. Probe passed once only.	
37	Sept. 1859	Mrs. C.	5 years.	Cured. Probe passed once only.	Canaliculus slit up to the sac. Bulbed probe No. 8 used.

Remarks on Table I.—The cases collected in this table form a class in which the value of Mr. Bowman's plan of treatment is most conspicuous. As they are for the most part cases in which distension of the sac is unaccompanied by acute inflammation, they would formerly have been virtually left without treatment; for, to make a wound through the skin

into the sac for the purpose of introducing a style, would hardly have been thought justifiable, and any other treatment which did not mechanically open the closed nasal duct would have been almost useless; while, at the same time, in addition to the annoyance of the epiphora, the patient was in perpetual danger of acute inflammation of the sac, with its consequences—abscess and fistula. Of all cases of epiphora, these have proved the most easy to treat, and the least liable to relapse, the treatment being completed in the shortest time, and with the least distress to the patient.

The following are the characters of this class. The lachrymal sac is distended, forming a small tumour near the inner canthus. Its contents vary from simple tears to pus, and even to a more consistent material containing cholesterin, and may generally be discharged by pressure either into the nose, or through the puncta lacrymalia. Sometimes, however, they cannot be pressed out at all. This condition may long remain passive, even for years; but, generally, sooner or later the distended sac becomes the seat of acute inflammation, which is rapidly followed by abscess and fistula.

The nasal duct in the majority of these cases is obstructed at a single point near its commencement, and is of natural calibre below the stricture. Sometimes it is narrow and tender throughout its whole course. The nature of the short obstructions is doubtful, as an opportunity of dissecting such conditions rarely occurs. Some of them offer but little resistance to the probe; others are so firm as to give almost the sensation of bone, requiring considerable pressure to overcome them. These latter show little tendency to relapse after the probe has been once passed through them. In Cases 36 and 37, which were of this kind, there was no return of obstruction after once passing the probe.

(To be continued.)

A CASE OF POISONING BY

LIQUOR PLUMBI DIACETATIS DILUTUS.

By C. J. B. ALDIS, M.D.

Medical Officer of Health for St. George's, Hanover-square.

L. A. C., aged 21, an unfortunate female, residing at No. 12, Commercial-road South, Pimlico, was attacked on Saturday night, December 24, with pains in the abdomen, and having stated that she had swallowed a lotion, contained in a bottle marked "Poison," and used for leucorrhœa, the Doctor was sent for.

He visited her immediately, at 10 p.m., and found her in excruciating agony. There was violent pain in the epigastric and umbilical regions, which the patient frequently rubbed; the muscles of the belly were drawn inwards The pain had commenced on the back and extended to the abdomen, and was of the same character as that produced in very violent colic. The pulse was extremely feeble, with tremor of the hands and constant jactitation; the patient rocking her body from side to side as she writhed under her sufferings. It appeared that, being "unhappy," she wilfully swallowed small doses of the liq. plumbi diacetat. dil. which were increased until about three-quarters of a pint had been taken, when the symptoms became exceedingly urgent. They were also accompanied by heat in the throat and abdomen, with an anxious wish to vomit and intense thirst. Her screams caused the superintendent of the house to visit her and send for Medical assistance.

A scruple of sulphate of zinc was administered, but as it did not act so soon as might be wished, another scruple was given, which soon caused vomiting, but not to a sufficient extent. A solution of sulphate of magnesia was then taken, which was followed by very copious vomiting, with marked relief to the symptoms, and with the exception of obstinate constipation, the patient went on favourably, and has now recovered.

Chester-terrace, Chester-square.

We have to record, as usual, a death from misadventure, through a druggist's ignorance. One James Frazer asks in Glasgow for some oil for his child, and receives oil of almonds, which is administered and the child poisoned.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

PUNCTURE OF THE ASCENDING AORTA BY A NEEDLE.—DEATH.—AUTOPSY.

(Under the care of Mr. SKEY.)

For the following particulars we are indebted to Mr. Farrington:—

S. H., aged 19, a fine, healthy-looking, young woman walked into the Surgery about two a.m., on Tuesday, Jan. 3, and stated that she had had a few words with a man, who had given her a push, and driven the hook of her dress into her chest, about fifteen or twenty minutes previously. Mr. Farrington examined her, and found that on the right side of the sternum, between the second and third costal cartilages, the skin was projected forwards about one-eighth of an inch by some foreign body, which received a pulsation synchronous with the action of the heart. A small puncture, such as would admit a pin, about a quarter-of-an-inch from the projection, was the only wound visible. There was a single spot of blood on her chemise. On questioning her, she said it might possibly be a needle, as she sometimes carried them stuck in her dress. She complained of a slight sense of fulness in her throat, and pain in the right shoulder. Her respiration was slightly accelerated; pulse 120, which might have been due to excitement. She said that if it could be taken out, she was quite well enough to go home. It was with much difficulty that she was persuaded to remain in the Hospital. She walked to the ward, and on arriving there complained suddenly of great pain in her chest, and of feeling very faint. Mr. Farrington saw her a few minutes afterwards, and found her in great pain. Her countenance was livid, and her expression anxious. The projection on the right of the sternum still remained, though it was now quite motionless. The action of the heart was extremely feeble, the radial artery being scarcely perceptible. Respiration was deep and slow, ammonia was applied to the nostrils, and the pulse slightly revived. Mr. Farrington now made a small incision over the projection, and with some little force extracted a piece of a needle one and seven-eighths of an inch long, the outer end being slightly bent, and the part containing the eye being broken off. It took a direction obliquely beneath the sternum and rather downwards. Brandy was given to her, but she was unable to swallow it. Her condition gradually became worse. Delirium supervened, the heart became more and more oppressed, the sounds becoming more feeble and distant, the pulse being occasionally quite imperceptible, and then feebly returning. Respiration deep and at long intervals. She gradually sank, and died about an hour after her arrival at the Hospital.

Autopsy, Thirty-two hours after Death.—The seat of puncture was found to be just below the second costal cartilage and close to the right edge of the sternum. Two small punctures were found in the pericardium, their situation nearly corresponding to the external one. The pericardium was fully distended and contained about a pint of blood, the serum having separated from the clot, which latter quite encased the heart. Beneath the external coat of the aorta, just at its commencement, was an extravasation of blood about the size of a shilling. About half-an-inch above the aortic valves were three or four punctures, such as would have been made by the needle; through the whole thickness of the outer wall of the artery, and within a quarter-of-an-inch of each other, one puncture being about one-sixteenth of an inch long, and as if enlarged by the pulsation of the artery while the needle was fixed in it. Both lungs were much congested, and contained very little air. The other organs examined were healthy.

FALSE AXILLARY ANEURISM AFTER FRACTURE AND DISLOCATION OF THE HUMERUS.—OPERATION.—DEATH.

(Under the care of Mr. SKEY.)

We mentioned, on Dec. 24, two most interesting cases of false aneurism which had just occurred at St. Bartho-

lomew's Hospital. In the first, the man was under Mr. Stanley's care, and owing to the extreme obscurity attending the diagnosis, it was judged best to tie the external iliac. At the autopsy, the tumour proved to have been a false aneurism, consequent on spontaneous laceration of the profunda artery. In Mr. Skey's case, as there was a history of dislocation of the humerus five weeks before, and as the tumour had formed in the axilla of that side, no doubt existed as to its nature, or its cause. Opinions were, however, greatly divided, as to whether the subclavian should be tied, or an attempt be made to find and secure the vessel at the injured spot. Mr. Skey decided to adopt the latter operation, and was successful in its completion, though after a troublesome dissection, and considerable loss of blood. Such was the state of the parts from consolidation, extravasation of blood, etc., that it was scarcely possible to feel sure whether it was the trunk of the axillary itself which had been tied or not. At the time of our report the case had but just occurred, and our narrative was incomplete. The patient was an elderly woman, and very feeble, and sank about thirty hours after the operation. The autopsy, the notes of which are appended, showed that the axillary trunk itself had been tied.

Notes of the Autopsy, performed twenty-four hours after Death.—On exposing the cavity formed by the extravasated blood, the axillary artery, where it is surrounded by the brachial plexus, was found to be torn asunder, the two ends of which were securely tied. That portion of the radial nerve, which enters into the formation of the brachial plexus, was also rent asunder. No local insensibility of the arm was detected during life, nor was attention directed to it in consequence of the larger evil; but the woman complained of general numbness, which might be referred either to pressure on the brachial nerves, or possibly to pressure of the largely extravasated blood. On examining the articulation, the fibrous capsule was open by a small rent, and the synovial membrane partook of the general discoloration of the structures around. The humerus was fractured very obliquely, from the head downwards, to the extent of five inches. The lower fragment commencing in an acute point, corresponded with the laceration in the artery and nerve, and had probably caused it.

Much discussion had taken place prior to the operation, as to the most eligible proceeding to be adopted. Positive reduction in the size of the tumour was obtained by pressure on the subclavian artery passing over the first rib. Hence a ligature on that vessel was suggested, with a view to arrest the hæmorrhage, and to obviate the necessary evils of an operation, which must injuriously expose the cavity of the sac. An additional motive for selecting the former operation arose from the great probability that the shoulder-joint would by the latter be exposed to the air. Mr. Skey, however, laid the sac open, and tied the artery at the part wounded, giving as his reasons the following: 1st, That diminution of the size of the tumour, on pressure on the subclavian, was no conclusive evidence that future hæmorrhage would not occur from the wounded vessel, even supposing temporary benefit to arise from the operation; and, 2nd, That as the accident had occurred five weeks prior to the date of the operation, it was reasonable to suppose that the wound in the fibrous capsule had sufficiently healed to prevent access of air to the joint. In the validity of this reasoning most of Mr. Skey's colleagues fully concurred.

KING'S COLLEGE HOSPITAL.

TUMOUR OF THE UPPER JAW IN THE MIDDLE LINE.—REMOVAL OF THE DISEASED PORTION.

(Under the care of Mr. FERGUSSON.)

C. G., aged 58, looking healthy and robust, was admitted November 28. The following is the history of the case, as supplied by Mr. Mason. The patient states that he had good health until ten months ago, when he noticed a very small growth on the anterior part of the roof of the mouth. This gradually increased in size, and extended backwards, involving the palate. About nine weeks ago, he says that he removed the stump of a right bicuspid tooth; there was considerable hæmorrhage and since then the gum in that position had become involved in the disease. When admitted, there was found a ragged-looking growth, involving the superior maxillæ in the mesial line, the whole alveolar ridge behind the upper lip, and the hard palate being affected. It was not tender to the touch, and did not interfere with mastication or deglutition. It bled a little sometimes; the glands in the neighbourhood were not affected.

On December 3, Mr. Fergusson proceeded to operate. Chloroform was given. Mr. Fergusson first made an incision down the centre of the upper lip, and then carried another incision into each nostril. He then dissected back the upper lip, and the alæ nasi in one piece, on each side. Curved cutting pliers were then used, and without much difficulty the mass (about the size of three walnuts) was removed. Considerable hæmorrhage took place from the cut surface of the wound, but was arrested by the actual cautery. The cut edges of the upper lip were then brought together, and kept in apposition by hare-lip pins.

In some remarks made after the operation, Mr. Fergusson stated that removal of disease from one maxillary bone was common, but it was rare to find disease implicating both. Mr. Fergusson directed attention to the incision by which he exposed the growth. It was desirable, he said, that the Surgeon should leave as few marks of his doings as possible. He made an incision through the upper lip, down its centre, and next carried one incision from it into each nostril, and then by dissecting back the integument of the upper lip and nose he exposed a large surface, which, however, he expected would, after re-apposition, leave no permanent mark except the incision in the lip, and this would probably, as it was in the natural furrow, leave but a trace.

December 4.—He took an opiate last night, after which he slept well. His skin is cool; pulse 68. He has had no bleeding since the operation, and seems to be doing well.

7th.—Going on as well as can be wished.

January 4, 1860.—The subject of the above case left the Hospital a week ago, the parts being soundly healed. Only a linear scar remained on the lip.

THE LONDON AND PROVINCIAL PRACTICE OF MEDICINE AND SURGERY

REPORT ON THE TREATMENT OF EXTERNAL ANEURISM.

First Group.

CASES OF ANEURISM IN WHICH COMPRESSION TREATMENT WAS SUCCESSFUL.

(Continued from p. 14.)

Case 21.—*Popliteal Aneurism—Compression Treatment and Venesection—Recovery.*—P. T., aged 38, a gardener, highly nervous, was admitted into Clonmel Union Poor-house, under the care of Dr. Sargint, with popliteal aneurism on the right side. He said that, for a considerable time, he had been prevented from straightening the leg by the tumour. The tumour was found to be as large as the closed fist, and was pulsating very strongly. It was greatly thinned towards the outer ham-string muscles. The heart and whole arterial system were in violent action, though no organic disease was detected. Carte's compressor was applied in two places. On June 19, a seven pounds' weight was tried, but it was jerked off. Venesection, about ℥xx, was now tried, and this quieted the arterial action. Pulsation gradually abated, and on July 16 it ceased. The tumour was now hard and firm, and not much more than half its former size. Compression was now discontinued. He gradually recovered.

Case 22.—*Popliteal Aneurism—Compression Treatment—Cure in Thirty-six Hours.*—C. McI., a soldier, was admitted into the Regimental Hospital, under the care of Dr. Jephson, on November 14, for aneurism of the right popliteal artery, of three months' duration. On admission, it was found to be the size and shape of a goose's egg, and the measurement of the limb was one and a-half inch more than the other. His pulse (92) was full and strong; the heart's action was increased, but no organic disease was detected. He was at first bled, and kept on low diet. On the 16th and 17th the tumour suddenly enlarged, and pointed towards the outer side. Digitalis (m xv., ter die) was now prescribed, and catharties. Under this treatment the aneurism remained

stationary, and the pulse was reduced to 84. On the 27th, however, it was found that the measurement of the limb over the tumour was now three inches greater than that of the other. At 3 p.m. compression by Carte's apparatus was commenced. Pulsation in the tumour at once ceased, but it required an occasional increase of the pressure to prevent its return. He complained a good deal of the pressure the first day, but it was persevered in. The site of pressure and the mode of applying were, however, occasionally varied, the pulsation never being allowed to return. At three o'clock on the 29th, on removing the pressure, there was no return of pulsation, the tumour had become quite solid, and the temperature of the foot was quite natural.

Case 23.—*Popliteal Aneurism with great Œdema of the Leg—Compression Treatment—Recovery.*—J. C., rather delicate, nervous, and excitable, aged 30, was admitted into the County of Londonderry Infirmary, under the care of Dr. Gelston, on June 23. He had had symptoms of aneurism of the popliteal artery for three months, but only discovered the tumour four days before. On admission, a tumour was found filling the left popliteal space. It pulsated very strongly, and was with difficulty controlled by firm pressure of the femoral artery. The knee of the affected side measured fifteen and a-half inches, and that of the sound side only thirteen and a-half. The leg was very œdematous. No organic disease of the heart was detected. On the 25th, compression treatment was commenced, at first by a weight of four pounds, but subsequently of seven. On the 27th the patient was in less pain; the œdema had somewhat subsided. The mode of applying the compression was varied, a clamp and Carte's compressor being used. Pressure was continued at intervals, the greatest interruption being rather more than an hour. On July 13 pulsation had entirely ceased, and from this time he gradually improved in every respect.

Case 24.—*Popliteal Aneurism—Compression Treatment—Recovery.*—P. T., aged 32, was admitted into the County of Londonderry Infirmary, under the care of Dr. Babington, on July 30, 1857, with popliteal aneurism. Pulsation and pain in the popliteal space was felt six months before, but the tumour had only been noticed three weeks. The tumour was the size of a turkey's egg, and nearly filled the popliteal space. The pain was sufficient to prevent sleep. All pulsation was stopped by compressing the femoral artery on the pubes. On August 20 Dr. Carte's compressors were used, one at the pubes and the other in the course of the femoral artery. The patient would not permit pressure during the night during the whole time of treatment. The pulsation ceased suddenly on September 29. The apparatus was finally discontinued on October 3.

Case 25.—*False Aneurism of the Brachial Artery—Compression Treatment—Recovery.*—A man, aged 34, was admitted into St. Thomas's Hospital, under the care of Mr. Solly, with an aneurism of the brachial artery the size of a bantam's egg, and resulting from a gunshot injury near the bend of the elbow. Compression treatment was kept up, with some interruptions, for four months, by means of compression on the subclavian and brachial trunks alternately, when it had become all but solid, and much reduced in size. A complete cure was eventually effected.

Second Group.

CASES IN WHICH COMPRESSION WAS TRIED, BUT DID NOT SUCCEED.

Case 26.—*Double Popliteal Aneurism—Trial of Compression—Ligature of both Femorals, with a Fortnight's interval between the Operations—Death from Pyæmia.*—A healthy man, aged 36, was admitted into the King's College Hospital, under the care of Mr. Bowman, with double aneurism, in November, 1856. Pressure was tried from that date to the time of operation, without benefit. On April 11 a ligature was placed on the left femoral. Pulsation returned in the aneurism at noon the next day. The ligature fell on the seventeenth day, and, excepting the return of the pulsation, all was doing well, and on April 30 the wound had all but healed. On May 2, ligature of the right femoral artery was performed. Pulsation in the aneurism returned the same evening. The right foot mortified. On the 5th, hæmorrhage from the left femoral at the seat of ligature took place. Death, with all the symptoms of pyæmia, took place on May 22. At the autopsy the veins were found plugged with lymph. There were also abscesses in the lungs. The right aneurism had burst into the calf.

Case 27.—*Popliteal Aneurism—Compression—Arrest of Pulsation in Three Days—Gangrene of the Limb—Amputation—Recovery.*—A man, aged 56, was admitted into King's College Hospital, under the care of Mr. Partridge, with a large aneurism of the left popliteal, which had existed for five months. Compression treatment was adopted, and in three days all pulsation ceased. The pressure had only been applied for six hours a day. The day after cessation of pulsation, gangrene of the leg commenced. A considerable part of the leg having become gangrenous, and the gangrene spreading without any tendency to form a line of demarcation, Mr. Partridge amputated above the knee. This operation was performed a fortnight after the commencement of compression. The man recovered well.

Case 28.—*Aneurism of the Femoral Artery—Short trial of Pressure—Ligature of the External Iliac.—Recovery.*—A man, aged 51, was admitted into Guy's Hospital under the care of Mr. Hilton, in good general health, with an aneurism of the femoral artery, the size of a large orange, just below Poupart's ligament. It had been noticed three months, and was fast increasing in size. Pressure treatment was tried for a few days, but could not be borne. The external iliac was, therefore, ligatured. Very little disturbance of parts occurred during the operation; the ligature was placed more than an inch above the sac. The ligature came away during the fifth week; and excepting some sloughing of the wound, the subsequent progress was uninterruptedly good. At the end of about three months the man left the Hospital, the aneurism being solid and absorbed, and the wound quite healed.

Case 29.—*Double Popliteal Aneurism—Ligature of both Femorals.*—A healthy-looking man, aged 36, was admitted into Guy's Hospital, under the care of Mr. Birkett, on January 26, for aneurism of the right popliteal artery, which had only been noticed a week before his admission. Compression was tried, but had to be discontinued on account of its causing severe pain in the tumour, which was now much increased in size. Flexion of the limb also was ineffectually employed. Compression was resumed, and for two or three days it was thought that the aneurism was cured, as it had not only become solid but had ceased to pulsate. One night, however, whilst pressure was still being maintained over the femoral artery, the patient felt a sudden and intense pain in the knee, which lasted for several hours. Next morning it was found that the swelling had increased. For forty-eight hours he went on well, the swelling diminished, and no pressure was used upon the artery. It was, however, reapplied, and during the night the sudden pain recurred with tumefaction. Mr. Birkett was sent for at 4 a.m. He tied the femoral artery. The aneurism afterwards diminished, and the man did well. A few mornings after this an aneurismal tumour was discovered in the left popliteal space, not large, and entirely commanded by compression of the femoral. This artery was ligatured on April 5. On April 16 he was reported doing well.

Case 30.—*Femoral Aneurism—Compression Treatment for Two Weeks—Rupture of the Sac—Ligature of the Common Femoral—Secondary Hæmorrhage—Ligature of External Iliac at two different parts—Continued Hæmorrhage—Death.*—A strong, muscular woodman, aged 36, was admitted into the Derby Hospital, under the care of Mr. Gisborne, with a large femoral aneurism about the middle of the thigh. He could assign no cause for it, and it had only been noticed about six weeks. Compression treatment was tried for about a fortnight, and was abandoned on account of the aneurism having become diffused. A ligature was placed upon the common femoral just below Poupart's ligament. Secondary hæmorrhage occurred on the seventeenth day, and the external iliac was therefore tied the day following. The hæmorrhage continued as profuse as ever. A second ligature was now placed on the external iliac, below the origin of the epigastric. On account of the hæmorrhage still continuing, on the seventh day from the last operation the trunk of the profunda was ligatured. During this operation the sac of the aneurism was opened, and a pint and a-half of offensive grumous blood was removed. The man sank from exhaustion on the eighth day after the last operation, and on the thirty-fifth day from the first. At the autopsy all the viscera were found healthy. There was a ruptured arterial dilatation in the centre of the large diffused aneurism. The femoral vein was laid bare for

about a third of its course. There was a tunnelled clot in the arterial sac.

Case 31.—*Popliteal Aneurism in an old Man—Extensive Disease of the Arterial System—Compression Treatment—Rupture of the Sac—Ligature of the Femoral—Gangrene—Amputation—Death.*—Dr. Maclachlan relates a case of aneurism occurring in an old pensioner at Chelsea Hospital. In this case it was diagnosed that the whole arterial system was diseased. He would not at first submit to treatment by compression, but was at length induced to do so. Fourteen days after the application of pressure the aneurism burst into the muscles of the leg. The artery was tied, gangrene followed, and amputation was necessary. Hæmorrhage subsequently took place from the site of ligature, but the opening through which the blood flowed was small, and by pressure of the finger over the orifice the bleeding was arrested; but the man sank. At the post-mortem examination, two aneurismal sacs were found, but there was no obliteration of the vein. The sheath of the vessels, however, had united itself so closely to the coats of the artery, that it was very difficult to pass a needle around it.

Case 32.—*Popliteal Aneurism—Compression Treatment for a Month—Secondary Ligature of the Femoral—Gangrene—Amputation—Death.*—A man, aged 30, a labourer, was admitted into St. Thomas's Hospital, under the care of Mr. M'Murdo, on account of a popliteal aneurism of large size and of uncertain duration. Compression treatment was tried for more than a month. The patient, however, was very intractable, and the progress was not satisfactory. The tumour became very painful, and at length became diffused. Ligature of the superficial femoral in Scarpa's triangle was now performed. Gangrene followed immediately. Amputation was done on the second day, and death resulted five days after. About a pound of blood was found diffused between the gastrocnemius and soleus. The arteries generally were diseased.

Case 33.—*False Aneurism of the Radial Artery—Compression on the Brachial Artery—Sloughing of the Integument—Ligature of the two ends of the wounded vessel—Recovery.*—A lad, aged 19, was admitted into Guy's Hospital, under the care of Mr. Cock, for false aneurism of the radial artery. He had received a punctured wound of the forearm, about three inches above the wrist, from a piece of steel six weeks before. Profuse bleeding occurred at the time, but was arrested by firm pressure, and the wound had healed. There was on admission an aneurismal tumour the size of a blackbird's egg. The measure first adopted was pressure along the course of the brachial artery by firm rolls of plaster, but this caused a small slough of the skin, and was therefore abandoned. Mr. Cock now cut down on the tumour, and ligatured both ends of the vessel. All did well, and the wound quickly healed.

Case 34.—*Popliteal Aneurism—Compression and subsequent Ligature of the Femoral—Recovery.*—John M., aged 36, a tall, muscular, hard-working Irish labourer, was admitted into Guy's Hospital, under the care of Mr. Birkett, on December 2, 1857, for right popliteal aneurism. He first had pain in this situation three weeks before, and then also first noticed a swelling, which has since slowly enlarged. He had (three weeks before observing the swelling) received an injury to his foot by the fall of a piece of iron. When admitted, there was a large swelling in the right popliteal space, entirely filling it, and forming a bulging projection on each side,—most prominent on the outer side. Pressure on the femoral arrested the pulsation. Compression was at first tried, but the man bore it ill; the pain also increased, the swelling was no less, and near the head of the fibula there was a dull, red mark, resembling a bruise. The centre of this spot was soft and œdematous. Under these circumstances it was decided to ligature the femoral artery, which was done on December 24. The ligature fell on the ninth day. He did well. The note, three months after the operation, states: "There is still considerable swelling in the popliteal space, but the pulsation is entirely arrested, and the disease cured."

Case 35.—*Popliteal Aneurism—Compression Treatment—Failure to effect a Cure—Ligature of the Artery—Recovery.*—J. C. a soldier, was admitted into the Royal Infirmary, Edinburgh, under the care of Dr. Miller, on October 24, 1855. He had first noticed a swelling in the ham two months before admission; for one month he still remained at his duties. He was at first treated in the Regimental Hospital by pressure, but of this, though it was never applied for more than two hours a-day, he was very intolerant and no change in the tumour was induced. On admission into the Royal Infirmary, compression being by Carte's apparatus and a simple clamp was again tried, but without any benefit, although it was persevered with (two or three hours in the day) for a month and a-half. The femoral artery was then ligatured. Pulsation at once ceased, but returned in a few hours and continued about a week or ten days. The wound healed almost entirely by the first intention, and the tumour gradually hardened, lessened, and disappeared.

(To be continued.)

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Medical Times and Gazette.

SATURDAY, JANUARY 14.

THE QUESTION OF EXPERTS.

The system adopted in some Continental states, as France and Germany, of referring the purely scientific questions arising out of cases before the Courts of Law to the examination and decision of experts, has admirers among ourselves. And, of late, discussion has been prevalent, both in Professional circles and in general society, as to the propriety of making some modification of our present plan of trial by jury. Recent events have tended to bring this about. But we must freely acknowledge that the jarring and discordant evidence and unseemly partisanship of some of the Medical witnesses in certain notorious cases, have more fairly led to scepticism and neglect on the part of the jury to what has been thrust upon their consideration from the witness-box, than have their inevitable confusion and mistrust to a doubt as to the merits of our ancient and valued institution. The subject of the employment of skilled witnesses, always important, is, therefore, just now emphatically so. It has for a time obtained a special interest; but though too large and wide in its bearings for full discussion in one of our articles, a few observations on four points, showing part of the ground of our objection to the proposal under notice, may serve to assist the social argument, or give rise to private and fruitful thought.

In the first place, we urge that the decision of any questions involved in criminal cases by experts is quite at variance with the spirit of the system of trial by jury. No one would wish to do away with that system altogether, and to graft upon it a scion so diverse in its nature would be the source of mischief incalculable. Its produce could only be the bitter apple of contention and distrust. In trial by jury it is intended that the issue of all matters in dispute should be left to the determination of the representative common sense of the time and place of the inquiry. Absolute truth is not the point aimed at. An opinion founded upon such comprehension of the facts, arguments, and judicial directions brought forward as may reasonably be expected from twelve responsible men, is all that can be wished for, and, we believe, is all that is necessary for the purposes of human justice. To demand infallibility from man's weakness, and in the midst of this world's darkness, would be irrational. We must be

satisfied with the nearest approach that we can get to truth by such means as are at the command of all, and carefully avoid the chance of placing any man in exceptional circumstances. To have one part of a decision resting upon supposed scientific certainty, and another part of the same decision pressed upon by the difficulties of compromise, would be a predicament that no one could submit to without just room for remonstrance. We maintain, therefore, that to gain an average degree of justice, both of security for the innocent, and of condemnation for the guilty, it is far safer to trust to the common sense at all times available for such purposes in this country.

But, granting it were desirable to try the working of this twin-jury system, we come at once into contact with a practical dilemma of no small moment. By whom are these skilled jury-witnesses to be chosen? The power of appointment must rest somewhere. The Court, the Crown, and the Prisoner are the parties concerned. On principle, the Court cannot interfere, so as thus to influence the proceedings. It must remain neutral. So also it is self-evident that neither of the opposed parties could be entrusted with the function, nor could they really make a joint choice. Selection by a power without the arena would be equally objectionable, if any more feasible. Here, then, we have an obstructive embarrassment of detail superadded to a contrariety of principle.

A step further leads us into perplexities of another kind. The change of system allowed, the agents chosen, what have we to look for in accordance with the known conditions of human action? Experts, after all, would only be men subject to like passions as ourselves, and not mere intellectual essences. Singly, they might strike out boldly and honestly in search of truth. But, though the discovery of scientific certainty would be the task set to themselves, two points have to be remembered in connexion with it—the fallibility of the men, and the nature of the thing sought. Scientific certainty is not absolute truth. It is only a fluctuating quantity. That which was regarded as demonstrably true in the sixteenth century is the fable of our time; and may not the matters of fact and laws of nature which we now boast of tracking out by our vaunted inductions become equally the bye-words of another generation? Nor could opposed experts be expected to agree. Opinions, if formed, must be defended; defence requires subtlety; and subtlety begets clouds of obscurity. Where, then, would be the polar star of truth? The course must, in the end, be steered by the calculations of ordinary reason. But, apart from these considerations, we must bear in mind that the end sought to be gained in trial by jury is quite of another kind. However desirable indisputable right may be, nothing more is thought of than that a conclusion shall be formed from evidence which shall be in accordance with current, well-accepted opinions. More than this is not satisfactory, and to attempt it may even lead to the defeat of justice. We have known an instance in which an effort, made by men specially summoned as skilled witnesses, in endeavouring to substantiate a matter of opinion about which there could be no doubt in the scientific mind, placed them in such direct antagonism with the impression fixed upon the jury by the general evidence, that they were suspiciously thought to be trying to prove too much. Their testimony was accordingly disregarded, and a verdict given upon other grounds. The words "Not Guilty," as acknowledged by some of the jury to the writer, were intended to convey the secondary meaning, "not satisfied with the evidence, though believing in the guilt of the accused."

But further, waiving the principle, and supposing the existence and attainableness of a sufficient number of competent experts, what would be the effect of their introduction into the conduct of the legal proceedings of the country, upon the pursuits, character, and social position of the great body of the Profession? Great, but unquestionably bad. The education of the mass would be restricted and modified in proportion to the diminished requirements of their liabilities, and a new class distinction would be set up. This in itself would be a serious evil. But the lowering of the self-respect of those whose relative position must be thus altered, would be a much more telling calamity. Moreover, as matters now stand, the Medical man is for the most part regarded not only with the friendly feeling due to his services of skill and kindness at the bedside of sickness, but with deference as the enlightened referee and authority on the multifarious and dark problems continually arising out of the operations of the ignorance and passions of men, as well as from the influence of the agencies by which we are surrounded. Rich and poor alike fly to the same ever-ready head for advice that guides the hand which gives them relief from their diseases; and it is this confidential intercourse with his patients and their families, this bringing, as it were, the lay side of his life into contact with the world about him, that makes endurable the purely professional part of a Surgeon's duties, gives him, in the esteem of his neighbours, his compensation for many privations, and saves him from sinking to the level of the mere dealer in drugs. This reputation of our Profession for general information and practical wisdom is its great honour and means of usefulness. It is a beneficial stimulus to all who enter it, and, considering how widely we are scattered over the land, and how essential it is for the welfare of all, that the independence of action which now arises from a consciousness of well-trained powers, should not in any way be lessened, we are the more disposed to resist proposals for limiting the sphere of operation now wisely accorded to every member of our brotherhood.

THE WEEK.

The Council of the College of Surgeons of England have, by implication, thrown a charge of discredit upon Professor Owen. Professor Owen has answered it; and, remembering an old feud between the Council and Mr. Owen, the present affair may be said to stand thus: The Council of the College of Surgeons have just published a paper on Geology, which was written by John Hunter, and had escaped the incendiary practices of Sir E. Home. The manuscript in question was presented to the Council by Captain Home, in 1839; and the Council now (very naturally) think it necessary to apologise to the Profession for their neglect in having so long allowed such a valuable writing of the great man to remain lost to science and the world. And, casting around—as is usual in such cases—for a scape-goat, they pitch upon the late Curator of the Hunterian Museum. They affirm, in the preface to the paper, that the Council only got scent of the paper in 1856, and only after it was too late to admit of its being inserted in the last volume of the Catalogue of Fossils—its natural place. In a word, they make out a sort of charge that Mr. Owen had kept this manuscript back. Mr. Owen answers this charge, and in a manner completely vindicatory of his own character. It appears that it was only after Mr. Owen had himself applied to the College for permission to publish this very paper—viz., during the past year—that the Council set to work to print. On November 11, 1859, they write and tell him that they can not accede to his request; and, on December 23, 1859, copies of the quarto volume, containing the manuscript in question, and the reasons assigned by the Council for its non-publication until that date, "based upon their charge against me, were received by the College from their printer, and have been distributed." The statement of the Council, that the MS. only came under their notice for the first time in 1856, is plainly contradicted by Mr. Owen, who actually made it the subject of three lectures,

delivered by him at the College in March, 1855. On their own minutes, of the date April, 1839, also is recorded the fact that they had received the MS. from Captain Home. Altogether, and without entering into further details, we must say, that as the matter now stands, the College of Surgeons is suffering under the imputation of being influenced by old feelings against Mr. Owen, and allowing those feelings to carry them on to the endorsement of a statement highly injurious to the reputation of an old servant. The honour of a man like Mr. Owen is a thing which concerns the Profession. His name is too closely connected with John Hunter to permit of his character being touched without injury to the whole of our body. The College has only one honourable course to pursue, viz. to disclaim all the injustice it has done to Mr. Owen, and to throw the odium of doing it upon those who were immediately implicated in the transaction.

The annual report of the Glasgow Royal Infirmary, issued by Dr. M'Ghie, its superintendent, tends to show that the Glasgow School of Medicine is flourishing. Speaking of the annual revenue of the Hospital, the report states :—"The next item of income consists of students' fees, which have this year amounted to £1031 5s., which exceeds the sum received last year by £240 12s., and is accounted for by a large increase in the number of students who pursue their studies at the Infirmary." Mr. Robert Dalgleish, M.P., has also a word to say in favour of the students :—"It is true that those parties who have the patronage of Scotland believe, generally speaking, that we have not men of education in the Medical and Surgical Profession in Glasgow ; but if any proof is wanting to disabuse their minds of that impression, it is contained in that report, viz. that the students' fees have increased twenty-five per cent. during last year." With regard to the fees paid by students to the funds of our Public Charities we would remark that this is another of the many ways which the public have of mulcting the Medical Profession of its services and its money.

Our attention has been called to the following rule, which is now in force at the Hospital for Diseases of the Skin :—"To encourage a feeling of self-dependence, and to relieve a class of persons above the necessitous poor, the Committee (*by the consent of the Surgeons, whose services are gratuitous*) have determined to admit such parties to the privileges of Patients, on payment to the Hospital Funds of a small sum (5s. or 10s., according to their means,) for two months' attendance." We most fully agree in the propriety of the establishment of a law of this kind in our public charities ; it is quite in accordance with principles which we have often laid down in this Journal. There is, however, one great defect in the rule, and it is this—that it makes no provision for the payment of the Medical man. If patients who are able thus to pay are to attend Charitable Institutions, and *if the Medical officers of the Institutions receive no share of the payment*, instead of the law being of service, it is only one more addition to the enormous wholesale robbery which is being so universally perpetrated on our Profession by the system of Gratuitous Medical Services.

On the 3rd instant Mr. John Storey was brought before the Manchester magistrates, at the instance of the Manchester Medico-Ethical Society, on the charge of "falsely pretending to be a Surgeon." It was proved that he was not registered, and that he had on his door-plate "John Storey, Surgeon." The following extract from lengthy reports in the local papers gives the pith of the case :—

"Mr. Torr said he understood the Act to point out, in clause 40, three offences. The first was, in the case of any person who should wilfully and falsely pretend to take or use any title of Physician, Surgeon, or General Practitioner ; the second, or any title or description implying that he was registered under the Act ; and third, that he was recognised by law as a Surgeon. The Act did not say that no man should call himself a Surgeon, but that no man should 'falsely and wilfully' call himself a Surgeon. He suggested that the Society should not press the summons, and have the matter argued before the Court of Queen's Bench ; or, at any rate, that the bench should merely re-affirm the opinion previously given, and not impose a penalty.—Mr. Maude said he understood the Act to mean that a man should not wilfully use the term Surgeon, or any name implying that he was registered under the Act ; the term 'Surgeon' meant that a man was registered under the Act.—Mr. Torr : The defendant put up his brass-plate twenty years ago ; he could not then pretend to be registered under the Act.—Mr. Maude, in giving his decision, remarked that there was nothing said against the defendant's ability ; the case had been decided in several places, and always in the same way. He must be convicted in a penalty of £10.—Mr. Torr applied for a case, and remarked on the necessity of the Act being amended.—Mr. Maude, in stating that there was power to compel a case, said that if the Act were amended, it would clench the point, and parties would be convicted by language more clear and definite."

The following remarks on the state of the church vaults and burial-grounds in the city, from Dr. Letheby's last quarterly report on the sanitary condition of the city are worthy of all attention. They suggest similar inquiries in all our large cities and towns :—

"All the city churches, 71 in number, have been carefully examined, and whenever it has been practicable we have made a personal inspection of the public vaults. The general result of our inquiries may be expressed in a few words—that every available space between the floorings of churches has been used for ages as a repository for the dead, and it passes belief how large a quantity of putrefying matter has in this way been disposed of. Even now the vaults are in some cases gorged with corruption, and all along the aisles and porches of the sacred edifice are graves filled with human remains. In most instances the only partition between the living and the dead is a thin slab of stone and a few inches of earth. These offer but a very imperfect barrier to the escape of noxious effluvia ; and slowly, therefore, but incessantly, the gaseous products of decomposition, are effused into the atmosphere of the church. But at the night services, or during the winter season, when the air is rarified by the warmth of the fires or burning gas, the rank vapours are drawn out in uncontrolled profusion. It is impossible to say what mischief has been done by this, and how many, while worshipping within the sanctuary, have breathed the atmosphere of corruption, and have sickened unto death.

"As far as the investigations have gone, we have found about 250 vaults in the city churches, half of which are public, and although it is not possible to obtain accurate information of the number of coffins within them, there is reason to believe that the number is not far short of 11,000 ; besides which, there are hundreds of bodies in the graves of the aisles and porches. In most cases the vaults are entered from the general area of the church, the openings being covered by wooden flaps or by stone flags. The coffins are generally of lead, with an outer covering of wood, and they are often piled up in tiers to the very crown of the vault. When the wood decays the weight of the upper mass crushes the lead and lets out a filthy liquid of a most disgusting odour. But, besides this process of destruction, the lead itself is attacked by the foul gases, and is pierced with numerous holes, as if it were worm-eaten. It then swells up into a spongy mass of porous carbonate, which offers but slight resistance to the passage of the putrid vapours ; and thus, little by little, the animal part of the body escapes, and finds its destination. It is a huge fallacy to suppose that a coffin of lead preserves a corpse indefinitely. The law of nature is, that organic matter shall not be idle ; it must ever circulate and be in motion. This no earthly power can stay. We may strive to keep the cherished dead by binding them

in cerements, by closing them up in wood and stone and lead, and building them into vaults and pyramids; but all is fruitless, for 'dust unto dust' is the fiat, and the law is inflexible. How vain, therefore, and how mischievous is the effort to preserve the dead among the living. In most of the vaults we have visited the coffins have been in every stage of rottenness, and the atmosphere sickening in the extreme; so much so, that on many occasions we have been obliged to discontinue the inspections for a time. The air charged with these effluvia must escape; and it either diffuses into the atmosphere of the church, or passes by the ventilating openings into the public way. The inspectors inform me that there are no less than 120 of these openings in the city, many of which are but a few feet from the windows of inhabited houses."

It is a remarkable fact, and the cause of it is surely worthy of investigation, that the number of patients in St. Luke's Hospital have been gradually decreasing since the year 1854. In that year the admissions were about 200, and in the past year scarcely above 100. This is more remarkable in connexion with the returns of the Commissioners of Lunacy, which show an immense increase of the number of lunatics in the Kingdom, and that private asylums are crowded with inmates. Here it appears, then, that an Asylum which possesses all the qualifications of a most highly organised and furnished establishment for the insane is actually shunned, and is obliged to keep up an expensive staff, which is capable of undertaking double the work it now performs. Great alterations and improvements have been of late effected in the building; and the Hospital has, in consequence of these and of the falling off of its funds, been compelled to draw upon its funded property. In order to supply this deficiency a new class of patients have been admitted, whose friends contribute towards their maintenance: consequently the Hospital is no longer simply and purely a Charitable Institution.

The "Caneer-cure" controversy appears to be dying out in the *Times*. Still it has led to a good deal of inquiry about Mr. Reed; and in addition to the able letter of Dr. Whitby we published last week, several communications have been addressed to us. The following ease has been sent to us by Mr. Nunn:—

"A female out-patient under my charge, at the Middlesex Hospital, with an indurated swelling in the axilla (alleged to be cancerous by the patient herself), explaining her absence on the usual days of attendance, stated that she had been persuaded to place herself under the Rev. Mr. Reed's treatment. The result of the treatment was a most severe salivation. The patient stated that Mr. Reed gave her powders to take by the mouth and an ointment to apply to the swelling. At my request, she brought me one of the powders and some of the ointment. Mr. Heisch, our Lecturer on Chemistry, analysed these. The former proved to be calomel, the latter calomel and some fatty material. The patient's age was about thirty. There was no mammary tumour. She was an anæmic subject, with prominent eyeballs and dilated pupils. She suffered from profuse leucorrhœa, with excoriation of the os and cervix uteri, and had one or two vascular growths at the meatus urethræ. I do not consider that the case was one of cancer. I believe the axillary tumour was of a fibrous character."

Mr. Reed, some time before this case of salivation occurred, proposed to be allowed to treat some of the cancer patients in the Middlesex Hospital; but as he refused to make the nature of his remedies known to the Surgeons, his proposition was of course not entertained—as it would have been contrary to the laws of the Hospital to permit the employment of any secret remedy. Another correspondent, referring to the case of a lady treated by Mr. Reed, says:—

"I learned from the son of the patient that the Curate says he learnt what he knows among the natives of South America, and that one of his reasons for keeping his remedies secret, was the expectation that a certain person of great rank, generally supposed to be afflicted with cancer of the breast, would send for him."

A third writes as follows:—

"A very flagrant attempt of the Clerical Cancer-Curer having fallen under my immediate notice in a former patient of mine, I have felt it my duty to lay the matter before the Bishop of London, from whom I have received a note, stating that the matter shall be inquired into at once; and in a subsequent letter the Bishop's chaplain states that 'Mr. Reed has ceased to officiate in the Diocese of London.'"

Whatever will aid at the present time in removing the unfortunate prejudice which exists in the minds of too many persons against vaccination is of value. The East sends us a highly interesting and somewhat novel item of information respecting the protective influence of the vaccine virus. It would appear that during "the year beginning the 1st February, 1858," 1656 persons died from small-pox in Bombay. Of these fatal cases, 797 were males, and 859 females, or 92.8 to 100. This difference is unusually great, for during the eight years, 1851 to 1858 inclusive, the male small-pox deaths were to the females as 100.7 to 100, while during the same period, the deaths from all causes were 121 male to 100 female. Now, the reasons why the mortality from small-pox among females exceeds the ordinary ratio of deaths among them are, it seems, to be found by a reference to the Vaccination Returns. These show that in the eight years referred to, there were vaccinated 36,343 males, and only 24,179 females; or, 150 of the former to 100 of the latter. Dr. Leith, the writer of the "Eleventh Mortuary Report for Bombay," from which the above figures are taken, remarks:—"Had there existed the same care for the future welfare of their daughters as was shown by the parents for that of their sons, in bringing these for vaccination, there would, probably, in those eight years have been 480 fewer female deaths from small-pox." This is a very interesting differential example of the value of vaccination. It may be incidentally remarked that the mortality from small-pox in Bombay, in 1858, was unusually large. This is worthy of being noted, because it may prove ultimately that the present recandescence of small-pox in England is but one of several indications of an *epidemic constitution* (to use a very convenient term) which is by no means confined to this kingdom.

Mr. Humphreys, the Coroner, held lately in two days, it is said, inquests on the bodies of no less than seven infants, who had been overlaid and suffocated by their parents. It was observed that there were more cases of the kind in holiday time, and many deaths arose through the parents being affected by drink, and sleeping soundly, whereby the children were overlaid and suffocated, without any guilty knowledge. Mr. Wakley, the coroner, calls such deaths "Saturday night eases," because the parents take more drink on such occasions, and are more likely to sleep soundly.

The Marquis Ridolfi has laid the crowning dome on his splendid edifice of Public Instruction in Tuscany. The official paper now publishes a very long decree, providing for the erection in Florence of an *Istituto di Studi Superiori Practici*, etc.—a kind of monster university, or finishing academy, for members of the learned professions, after the close of their ordinary studies. This gigantic establishment is to be divided into four sections; for legal, philosophical philologieal, medical and surgical studies, and natural sciences. All the sections are organised on the most munificent scale. The Medical faculty will boast fifteen professors and six assistant-professors; by an unexampled liberality allowing two professors, of equal rank and with equal salary, both for clinical medicine and clinical surgery. The salaries appointed to all these chairs are handsomer than those ever allowed to the professors of any Italian University, averaging about 4000 francs each.

REVIEWS.

Religious Revivals in Relation to Nervous and Mental Diseases. By J. Stevenson Bushnan, M.D., Resident Physician at Laverstock House Asylum. January, 1860. Pp. 46.

This little pamphlet is likely to be extremely useful; and we would urge its perusal upon all the members of our Profession who are practising in districts where the so-called Religious Revivals are now taking place. Dr. Bushnan has collected together in a readable form some of the most marked illustrations of the morbid effects of intense and ill-directed moral emotion; and has added a judicious and earnest warning to those well-meaning but rash clergymen who have aided and sanctioned a movement which is sure to be productive of much evil, while it can hardly, under any circumstances, give rise to good.

It were much to be desired, indeed, that the history of past pseudo-religious revivals should be studied by clergymen. In the pages of Hecker (a fresh edition of which has been lately issued by the accomplished editor, Dr. Babington), or of Gregoire ("Histoire des Sectes Religieuses"), they will find descriptions of the effects produced on enthusiastic and untutored minds by religious emotion, which might be applied with hardly a verbal alteration to the scenes lately witnessed at Belfast. And formerly, as now, the phenomena of hysteric and cataleptic seizures, produced by the tremendous power of imitation and of the accumulated action of emotion among masses of people, were ascribed to the influence of the Holy Spirit.

Certainly, at present, at Belfast the manifestations have been of a tame and common-place kind. They have not yet advanced beyond the earliest stages, and we miss, so far, the ludicrous yet frightful outbreaks of dancing, jerking, jumping, galloping, grunting, biting, etc., which have been manifested in former revivals. Perhaps the age is too sober and too instructed for these eccentric delusions, or, perhaps, they have yet to come, and we shall be edified by some more or less novel and absurd "working of the Spirit."

It may, indeed, be said that the peculiar mental states which have been produced at Belfast do not constitute all the results of the movement; and that while in some excitable persons morbid conditions allied to hysteria, catalepsy, ecstacy, epilepsy, and even insanity, may be produced, in the majority of persons the influence of Revivalism is purely beneficial—leading men who were previously careless and apathetic to a sense of religious truth and of the necessity of religious life. That such cases may occur, we do not doubt; but, unfortunately, all history is against the belief that this amount of good is at all commensurate with the evil. The good influence of Revivalism has seldom been more than transitory; while its bad effects, as shown in numberless mental disorders, and even in some cases in augmented dissoluteness of living and a general increase of immorality, have always been much less easily got rid of. It is not in such manner, nor by such agencies, that the Gospel was first made known, and first promulgated among the nations. No screaming, no fits, no convulsive affections followed the Sermon on the Mount; and in no single instance are we led to infer that the Divine Teacher ever excited in his hearers that overwhelming sense of guilt and despair which has distinguished these latter-day Christians at Belfast. The living water did not intoxicate, and the tongues of fire enlightened but did not consume.

"Those who have carefully studied the accounts hitherto published of the present revival in Belfast," writes Dr. Bushnan, "will not fail to see throughout its progress the same general characters which have distinguished other revivals on both sides of the Atlantic, in as far as a history of these has been preserved. A sympathetic fervour has spread through a wide district of country. Sermons which, on other occasions, would have had no particularly marked effect, have created strong—in some instances, perhaps, lasting—impressions, on persons previously held to be indifferent to religion. Advantage has been taken by ambitious preachers to signalise their discourses by a supposed number of sudden conversions, which conversions have been estimated by the occurrence of physical demonstrations in the persons concerned. These physical demonstrations are manifestly symptoms of hysteric disease, of exactly the same character as the symptoms we have referred to as having occurred in crowds of people where no religious feeling was in question. These morbid symptoms have been multiplied by sympathy or imitation, so as to have extended even to those who had not seen them, but had only heard of them, as in many recorded instances of past times. The propagation of these hysteric symptoms has been strained to the uttermost by the attention given to the persons affected, under the idea that the convulsions and the like were the result of the operation of the Holy Spirit. There is no evidence of any attempt to check these morbid indications by appropriate means, so as to exhibit their real character; and hence the malady has grown by indulgence to the frightful extent so clearly described."—P. 44.

Leaving the religious side of the question, it must be confessed that the study of the phenomena of propagated or transmitted emotion—if we may so term them—is a most curious one. It is not mere imitation which leads to hysteric, epileptic, or other peculiar states. It is something more complex and more powerful. In a crowd of persons, actuated by one strong feeling, there arises a sort of atmosphere which infects even individuals who do their utmost to resist its influence. In the American Revival, characterised by the "jerks," men were seized with the movement who were not only unconverted, but who cursed and swore at themselves while jerking as indefatigably as the most penitent sinners; and the same fact had been noticed among the Gallopers and Jumpers of Wales and other countries. There is engendered a sort of moral contagion, which seems too powerful for most minds, and which, at times, seems to carry all before it. It is more than imitation; or, if this word be used, an extended meaning must be given to it. There is often no volition, but a sort of uncontrollable impulse, produced, perhaps, by the gradual action of associated sensations. At any rate, it is a disease, clearly allied to insanity; and if its manifestations were understood by the preachers of the Gospel in Belfast they would be more cautious in exciting it. As Dr. Bushnan observes, it is not easy to say within what limits preachers should confine themselves, in striving to produce emotion in an audience. They must vehemently exhort, blame, move, and even terrify. But this they must never do: They must never try to excite a single hysterical movement—or, if they do excite it, they must repress it sternly, and not for a moment fall into the fatal error of regarding what is almost a temporary aberration of reason as a sign from Heaven. Priests, in all ages, have endeavoured to excite these emotional states, and have easily succeeded. Let not the teachers of our pure religion make use of such means of moving their audiences as the priests of Baal or of Cybele.

In conclusion, we commend to all interested in the subject this sensible pamphlet of Dr. Bushnan. He has not, of course, given us new facts, or new reasoning; but he has written clearly and well; and his attempt to check this new delusion will, we hope, have some success.

On the Injurious Effects of Mercury in the Treatment of Disease. By S. O. Habershon, M.D., Senior Assistant-Physician to Guy's Hospital. 8vo. Pp. 86. London: 1860.

The modest title and professed object of this book will give our readers a very inadequate idea of its nature, or of the important principles which are discussed in its pages—important, as tending very materially to influence Medical opinions and practice. Dr. Habershon has treated his subject very methodically, very fully, and yet briefly.

The work commences with an account of the general effects produced by mercury in the human system, when administered in medicinal doses, when its use is long continued, and when taken, in its various forms, in poisonous doses. One prominent object of this work is, to enforce the necessity and advantage of beginning, at the onset of an attack of disease, to take into our account *all the processes simultaneously going on*, and to endeavour, by considering all, not to interfere unnecessarily, or only so as to preserve or restore the balance of function disturbed or disarranged in disease. No advice can be more judicious—none requiring greater skill and firmness to follow.

Still keeping in view the guiding light of Physiology, Dr. Habershon enumerates the principal classes of disease in which mercury is injurious.

An important modification of practice is proposed in the treatment of peritonitis in all its forms, especially in strumous peritonitis, a form of the disease occurring so frequently and so fatally among children. The case selected to illustrate the treatment of this disease is at once so characteristic and striking as to be worthy of very careful consideration. In cases of acute idiopathic peritonitis, which Dr. Habershon declares to be very rare, nothing can be more clear and conclusive than the reasoning which condemns the use of mercury in the treatment of this disease.

In treating the inflammations of parenchymatous organs and viscera, Dr. Habershon has proved the truth of his opinion that mercury has no specific action in these cases; that it is useless and singularly injurious both in the progress of the disease, and in retarding the ultimate restoration of the patient to health and vigour.

In acute rheumatism, with cardiac complication, especially when the pericardium is involved, the use of mercury is unhesitatingly condemned. By many Physicians, saline treatment, with opiates, and local bleeding or blistering, has been adopted with success. The cases here recorded are very striking.

To every class of Medical men this short treatise will be most interesting and suggestive. To the young student it will be found of the utmost value. To the younger members of our Profession, we would recommend a careful study of the cases reported in this treatise. The elegance, comprehensiveness, accuracy, and brevity exhibited in them, can only be imitated by long and carefully practising the habit of very fully reporting all the circumstances of every case which comes under notice, and learning, by experience, what may be omitted, without failing to convey a perfect knowledge of all essential features of a case.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON VARIOLOUS ORCHITIS AND OVARITIS.

By M. BERAUD.

In this essay M. Béraud draws attention to the frequency of the occurrence of orchitis during the course of variola, a coexistence quite ignored by writers on the disease, and only casually glanced at by MM. Velpeau and Gosselin. Of its reality the author has been able to convince himself by clinical observation, and by an examination of the large number of bodies of persons dying of variola brought for dissection during the three years he was prosector.

Pathological Anatomy of Variolous Orchitis.—The affection has been observed under two forms; *peripheric* orchitis, by very much the most frequent form, and a *parenchymatous* orchitis. The *peripheric* form, again, is divisible into two distinct varieties; in one of which inflammation of the serous membrane is the essential feature, and in the other an inflammation of the tail of the epididymis, accompanied by a plastic deposit.

The inflammation of the *tunica vaginalis* is in the great majority of cases partial, the parietal layer, too, being almost exclusively affected. At the inflamed spots, which are usually situated below, the serous membrane is injected and rugous, and sometimes there is an infiltration resembling chemosis. There is usually a small quantity of limpid or yellowish fluid, which is also generally accompanied by false membranes of a bright yellow colour, floating in the liquid. They have a striking resemblance in colour to the contents of variolous pustules. Besides the vaginalitis, in most of the cases there is a *plastic deposit* near the tail of the epididymis. It is of a yellowish colour, much resembling the plastic matter met with in the tunica vaginalis. Sometimes so small as to be hardly visible, in most cases the deposit varies from a small almond to a filbert in size. Its consistency is considerable, so that it is not crushed when pressed. Its structure is laminated, like the layers deposited within an aneurismal sac. The testicle, as well as the rest of the genito-urinary apparatus, remained in this form unaffected.

The *parenchymatous form* of variolous orchitis is of much rarer occurrence, the author having only met with one instance, which he gives in considerable detail.

Causes and Mode of Production of Variolous Orchitis.—With respect to the cause, nothing in fact can be stated beyond that it is due to the variolous condition prevailing. Its occurrence will, however, be found to be one of considerable frequency, when attention is more directed to the subject; and the author did not find it wanting in more than three or four out of twenty cases of fatal variola that came under his notice. Although occasionally met with in lads, it is mostly found at the adult age, when the organ is in full vigour. Its occurrence does not seem to be favoured by a prior morbid condition, for in almost all the author's cases the most complete integrity of the organ was found to exist. Tempted at first to believe that the inflammation in the peripheric form was propagated from the skin to the serous membrane, the author soon saw reason to abandon this view, and to conclude that it was primarily and spontaneously developed at the serous surface, as also that it was quite independent of any so-called metastatic action.

Symptoms of Variolous Orchitis.—With few exceptions the orchitis is bilateral, the left side being that generally most seriously affected. The affection of the testicle, too, appears to come on at the same time with the eruption of the skin, and to undergo development simultaneously with it. In the peripheric form one of the earliest signs is tumefaction, but this is usually but slight, confined to the lower portion of the testis, and accompanied with but little fluctuation. There is no redness of the skin beyond that induced by the presence of pustules: but the pain and tenderness are very considerable. A very remarkable sensation of *frottement* is produced in bringing the two opposite surfaces of the tunica vaginalis together by gently pressing up the testis towards the ring. Where there is the fibrinous deposit near the tail of the epididymis, this gives rise to a small painful tumour in that region. When the active inflammation of the serous membrane is co-existent with this deposit, the tumefaction and pain are much more considerable than when either of these states exists alone. The parenchymatous form is characterised by different symptoms, accordingly as the testis is alone affected, or is so in common with the tunica vaginalis: but as already stated this form is very rarely met with.

Termination and Treatment of Variolous Orchitis.—The only termination of the peripheric form that has been observed is by resolution, although abscess might have been predicated from the violence the inflammation sometimes assumes. It is probable that some of the so-called *critical abscesses*, observed at the termination of variola, are really examples of the termination of an orchitis which originated at the commencement of the eruptive stage of the variola. The cellular tissue surrounding the tail of the epididymis, is in such case the probable seat of the abscess. The mere inflammation of the tunica vaginalis easily undergoes complete resolution. In general towards the twentieth day the patient is cured both of the principal disease and of this concomitant affection: and there is no example of the orchitis passing into a chronic condition—the plastic deposit around the epididmyis requiring, however, a variable period for its entire removal. As to treatment, that this need not be active is evident from the fact of the affection usually passing unperceived and becoming spontaneously cured. Still, it is probable that the so-called critical suppurations met with in the scrotum, and met with at the end of variola, might be prevented by attention being paid to the earlier stage of inflammatory action. The author suggests the application of *emplastrum Vigo* to the scrotum, as a means both of limiting the development of pustules, and of beneficially influencing any serous inflammation that may exist. A suspensory bandage should be employed from the commencement.

Variolous Ovaritis.—The author's attention was directed to this by analogy: and observation has since confirmed his previsions. Although he has repeatedly observed the symptoms of the affection clinically, and has no reason to believe it is rarer than the orchitis, he is at present in a condition to publish only three cases verified by autopsies. More cases will doubtless soon follow now the subject has been brought forward. He believes that there is a peripheric and a parenchymatous form of the affection; and that the prognosis will not be found so favourable as in the case of orchitis. May not some of the instances of peritonitis supervening upon variola have originated in this condition? At

all events, in future, the fixed pain and tenderness in the iliac regions observed during variola calls for treatment by leeching, etc.—*Archives Générales*, tome xiii. pp. 274, 557.

EXCERPTA MINORA.

Treatment of Dyspepsia.—A correspondent states that in a long practice in cases of indigestion, he has found the following prescription to have done good service:—Prepared carb. of iron, calcined magnesia and powdered elm bark, of each ʒj., powdered cubebs ʒ½, M. A teaspoonful half-an-hour before eating, in half a teacupful of water.—*Boston Journal*, vol. lxi. p. 328.

Poisoning from Inhalation of Aconite Dust.—Dr. Isaacs related to the King's County Medical Society the case of an Apothecary's clerk poisoned by the inhalation of the dust of aconite root which he was pulverising. The effects of the drug were first manifested by numbness of the tongue and difficulty of swallowing, with dryness and sense of constriction of the fauces. About an hour afterwards there was some difficulty of respiration with diminution of force and frequency of the pulse, greatly dilated pupils, loss of voice and prostration. Very slight convulsions occurred at repeated intervals for about five hours, during which time he was supposed to be dying. Countenance hippocratic, pupils very much dilated, pulse 36, and feeble, respiration correspondingly slow. There was from the first great oppression in the cardiac region. The treatment consisted in the administration of stimuli, with the occasional application of frictions, sinapisms, etc. Two weeks after the attack the aphonia continued.—*New York Journal*, vol. vii. p. 192.

Treatment of Muguet.—M. Guillot has for several years past treated muguet in a very simple and efficacious manner by the following procedure—that is, as far as the local affection is concerned, the general state of the system giving rise to this having still to be regarded. Surrounding the finger with a piece of coarse linen, he rubs it with some force over the whole of the child's mouth, penetrating into every recess, so as to detach the whole of the cryptogamous production, which can be done without much difficulty. He then passes a stick of nitrate of silver gently over the tongue and parietes of the mouth. The jaws have to be held open by an assistant, and the child bears the operation very well, falling to sucking soon after its completion. Generally one application is enough, but if in some days' time any of the muguet is reproduced, it has to be repeated.—*Rev. Méd.* December, p. 699.

Expulsion of Mercury from the Body.—In cases in which the frame becomes excessively impregnated with mercury from the prolonged employment of this drug, Dr. Ferrini, of Tunis, causes the patient to employ a slightly acidulated foot-bath, taken in an isolated metallic vessel brought into communication with the negative pole of a very energetic electrical current, the feet of the chair being also isolated. In two or three *séances*, of one hour's duration per diem, all the mercury becomes precipitated on the walls of the bath, and the cure is complete.—*Ibid.*

Dr. Hayes, an American gentleman, whose name lately appeared in this Journal in connexion with a paper upon the food proper for Arctic voyagers, is about to start again next Spring for the Arctic regions. He was Surgeon to the Kane Expedition, and is to be at the head of this one, which will be entirely sustained by the scientific associations of the United States, which have entered into it with great interest. The leading object will be to complete the explorations commenced by Dr. Kane, and settle the question of the open Polar Sea, and the other scientific problems connected with it. The French Geographical Society, and other eminent societies, have expressed a wish to contribute to the funds for this expedition, but there is a very just ambition to make it exclusively American. The amount required is only 30,000 dols. As there is no reason for following the course of former explorations again, Dr. Hayes proposes to push rapidly up the Kennedy Channel, and directly on towards the pole, with as little delay as possible.

Medical Students from Madagascar.—Three young men, natives of Tananarivo, the capital of Madagascar, have been sent to study Medicine in Paris by the Prince Bakoton, a very enlightened man, who is the eldest son of the present Queen Ranovolo.

FOREIGN CORRESPONDENCE.

GERMANY.

Berlin, December, 1859.

In the year dawning upon us the University of Berlin will celebrate the fiftieth anniversary of its foundation. Of the eminent men who composed its original staff of Professors, one only now remains—the Rector Magnificus, Dr. Boeckh, well known to the literary world as an erudite philologist and scholar; and it is to be hoped that the University will hold its jubilee still under his Rectorship.

About 1500 students have this year matriculated in the various departments of literature, science, and the arts, and about 400 more are privileged to attend some of the classes without becoming members of the University. Of the former number, from 270 to 300 have matriculated as students of Medicine; and about 150 more attend the Military Medical School, and are not required to matriculate in the University. They are enrolled in the register of the Medico-Chirurgical Institute, which was founded by Friederich Wilhelm the Second, long before the University of Berlin had an existence. The object of this Institution is to rear young men for Army Medical Officers, from the very commencement of their professional studies. Besides the students entered at this Institution, and those matriculated at the University, there may be from 50 to 60 more frequenting the various courses of clinical instruction in connection with the Charité, or who work at the great pathological institute attached to that Hospital, under the direction of Professor Virchow.

Although the University of Berlin may still be regarded as a very young University, yet it must be acknowledged that she has rapidly become a very famous one; and as a Medical and Surgical School we think that it is at present not surpassed by any School of Medicine in Europe. During her comparatively short existence, men of most illustrious fame have taught within her walls. The names of Rudolphi, of Müller, and the elder Graefe, must be well known to every student of Medicine; so also is the name of Schönlein, who still lives to enjoy a well-earned repose from an active and successful professional career. The present staff of Professors consists for the most part of men in the prime and vigour of life; and all of them have already earned for themselves an European reputation. The Professorship which Müller filled has been divided: Anatomy is now taught by Professor Reichert, whose researches in minute anatomy and histology have made him famous; and Physiology, by Professor du Bois-Reymond, whose writings and labours in Medical Physics, Electricity, and Galvanism, in elucidation of Physiology, and as applied in Therapeutics, are so well known. Surgery is taught by Professor Langenbeck, who acquired so great an experience in Operative Surgery during the Schleswick-Holstein war, and than whom a more expert and able Surgeon, or one more famous, does not now exist in Europe. Clinical Medicine is now taught by Professor Frerichs, who came from Breslau as the successor of Schönlein, and whose reputation has been greatly enhanced by his recent practical and learned work on Diseases of the Liver, now being translated by Dr. Murchison for the New Sydenham Society. Clinical instruction is also given by Professor Traube, whose skill in percussion and auscultation is well known. Bärensprung has an instructive Clinique on Syphilitic Diseases and Diseases of the Skin; and the younger Graefe, whose extensive Hospital arrangements for the study of Diseases of the Eye are so famous, completes the staff of the principal clinical instructors at Berlin. Lastly, as a teacher, but certainly not the least in eminence and popularity, is the amiable and learned Professor Rudolf Virchow, the field of whose labour, however, is more among the dead than the living. Of him it must be acknowledged that he is "out and out" the best Pathologist in Europe. His courses of instruction are of surpassing interest, especially to those who have completed the usual Medical education. His arrangements for practical instruction in Pathology and Morbid Anatomy—for instruction in the use of the microscope as applied to the investigation of morbid structures—and for the application of chemical analysis to the elucidation

of disease, are of the most extensive and efficient kind. There is much to admire also in the power which he possesses of interesting his students, and of making each individual work for himself. Under the able tuition of such a man, no one can fail to become practically familiar with the use of the microscope as applied in Pathology. The Charité Hospital accommodates upwards of 1000 sick. From the ample resources of its dead-house the student can select whatever he desires to investigate; and Professor Virchow is ever ready to show him what to do with his material, and how he may best succeed in detecting morbid states by the application of appropriate and delicate chemical reagents.

The daily increasing desire for instruction in practical Pathology; the fame of Virchow as a practical Pathologist; and the very great opportunities for prosecuting the study of Morbid Anatomy at the great "Pathological Institute" attached to the Charité Hospital, bring to Berlin a host of pupils every year from almost every country where Medicine is progressing as a science. The number of pupils attending the Demonstrations of the learned Professor this winter is quite as great as the room can conveniently accommodate. Norwegians, Russians, Americans, English, Scotch, French, and Italians have each left the Alma Mater of their respective countries to study Pathology at this place. Most of these students are already qualified Medical men, and not a few have been engaged in practice; but feeling that they want a more extensive practical experience in Pathology and Morbid Anatomy, and the opportunity of practising microscopic investigations, they have left their homes and professional engagements for a time, and have taken to the kind of study afforded them here, with an earnestness of purpose which impresses one with the belief in the growing appreciation of the importance of this branch of Pathological research—the increasing value of the microscope as an instrument for the investigation of disease. We are acquainted with the nature and extent of the courses of instruction in practical Pathology which are given in the Medical Schools of England, Scotland, Ireland, France, and Germany; but at no School of Medicine are the arrangements and facilities for the practical study of Pathology so complete as those to be found at the "Pathological Institute" of Berlin. The courses of instruction given by Professor Virchow may be described as follows:—

1. *A Practical Course for the Study of Microscopic Manipulation as applied in Pathology.*—The daily work of this course commences at eight a.m., and continues uninterruptedly for two or even three hours. Each student is understood to have a microscope of his own, but he is provided with all the accessory appliances for conducting microscopic investigations. For instance—a beaker filled with clean water; bottles containing the more common chemical reagents; a small tray, furnished with object-glasses, thin glass covers, dissecting-needles, and a glass rod; a small table-napkin for wiping the glasses; a tray on which the portion of diseased structure for examination may be laid: all and each of which conveniences are placed daily on the division of the table occupied by the individual student. Numerous specimens of diseased organs and tissues are brought to the class-room every morning. Brains, hearts with the large vessels, lungs, livers, spleens, kidneys, stomachs, intestines, bladders, prostates, uteri, the viscera of young children, the viscera or entire body of fœtuses with their placentas, etc., are daily to be found, in greater or less abundance, procured from the various examinations of those who have died in the Charité; while bones, joints, tumours, amputated limbs, or other parts of the body, are also now and again obtained from operations on the living by the Surgeons of the Hospitals. Everything worthy of investigation finds its way to Virchow's Institution. The student, thus provided, has only to select whatever he desires to examine, and proceed at once to work. On Tuesdays, Thursdays, and Fridays, such practical study and research is carried on by the students themselves, merely superintended by Professor Virchow.

2. *Demonstrations on the Morbid Anatomy of Organs and Tissues.*—This course of instruction is conducted on the three remaining days of the week; and the material for it is derived from the same sources as for the previously-described course. Here Virchow selects a diseased kidney, or a liver, or a heart, or any part which offers itself for such kind of illustration, and proceeds at once to describe it, and to take from it, in the presence of his class, and with the aid of a skilful assistant minute portions of its tissue, which are arranged under the microscope for examination. For this course of instruction the table is so arranged that a train or succession of microscopes carrying the objects to be examined may be moved along a miniature railway, and so passed from man to man. By this simple arrangement so large a number as sixty-one students are accommodated at the table, and can easily see in succession every object arranged for microscopic observation. A certain amount of space at the table (about thirty inches) is allotted to each individual; so that the whole extent of continuous railway surface upon the table is about 150 feet; and this table accommodation is disposed in a maze-like form, doubling on itself so as to follow the square shape of the room. At present there are more students frequenting this course than there are places for at the table; the supernumeraries are therefore obliged to stand near the tables to get a peep at the objects as the train of microscopes passes by. Such a demonstration generally lasts from an hour and a-half to two hours, during which time Virchow makes a most exhaustive analysis of whatever morbid state he selects for demonstration. He is an excellent draughtsman, and by the aid of coloured chalks and a black board, he graphically illustrates the appearances he describes, thereby assisting the student, at the same time, in finding out those appearances under the microscope to which Virchow would direct attention. Another method which he adopts to teach Morbid Anatomy by demonstration, consists in making a post-mortem examination in the dissecting-room, at least once a week (on Monday), at the early morning hour. The other inspections of the dead are made about eleven a.m. He thus practically shows the students how a post-mortem examination ought to be conducted. He opens all the cavities of the body; examines every organ in detail; and describes with great exactness its morbid conditions. Such an inspection, showing how every organ is to be opened up and examined, requires from two to three hours to execute, or even more, On Mondays a student does the dissection, and describes it, under the Professor's superintendence.

3. *A Course of systematic Lectures on General Pathology.*—This course of instruction does not differ from the course of instruction in General Pathology given at some of our Universities in this country.

4. *A Course of Lectures, delivering one each week*, is also given on some special topic. This winter Professor Virchow lectures "On Tumours."

Besides the arrangements for practical work in Virchow's class-rom, there are opportunities for the study of morbid anatomy in the Pathological Laboratory, which adjoins the room for microscopic study. This laboratory is under the managemant of Virchow's first assistant, Dr. Hoppe, a chemist of reputation and an experienced morbid anatomist. He is the author of a useful little work ("Anleitung zur Pathologisch: Chemischen Analyse für Aerzte und Studirende") of great value to the pupils in their chemical investigations.

The arrangements for the disposal of bodies in the dead-house, as well as for their interment, are of the most complete description. In communication with the dead-house, and opening into it, there are ice-vaults; and in these vaults the dead are preserved from rapid decay during the warmer season of the year. None but the officials are permitted to enter the dead-house; but adjoining it there is a neatly fitted-up room where the relations may see the corpse of their dead friends before burial, apart from the other bodies contained in the dead-house. Separate rooms are also provided in the Pathological Institution, where students are permitted to practise surgical operations on the dead body, directed by competent instructors; and there is a suite of rooms where medico-legal investigations are conducted under the direction of the Professor of Medical Jurisprudence, Dr. Caspar. Of this Institution more will be written hereafter. Lastly, there are rooms for Virchow and his assistants, where their more private inquiries are carried on, and where arrangements exist connected with the conservation of museum specimens.

The library for the use of the students contains, besides standard works on Pathology, the leading Medical journals of Germany, France, England, Scotland, Ireland and America. A most select Museum of Morbid Anatomical Preparations completes the arrangements for instruction and study at the Pathological Institute of Berlin.

One thing cannot fail to arrest the attention of the visitor to this place, and that is the thorough-going, complete, and methodical arrangements which enable Virchow to teach so

successfully how the anatomist ought to take the diseased parts to pieces, and analyse the morbid elements by which the diseased processes in the different organs of the body have been built up. Few men have done more than Virchow in the domain of Pathology; and of his voluminous contributions to the literature of a science whose influence is extending itself every day, it has been truly written in the pages of a contemporary journal, that "he has thrown into every essay so much observation, such numerous facts, and has looked at those facts with so much of the instinct and fire of genius, that we know not one of his works we should desire to see cancelled."

At present he is engaged in collecting material for a History of Leprosy as it has existed in Germany. He has prepared himself for the investigation of this disease by visiting Norway during the recent vacation, and studying the endemic forms of leprosy in that country.

He has been collecting, also, for many years the material for a work on Pathological Micrography; and a large collection of beautiful woodcuts already prepared for the treatise he was kind enough to show to the writer of this notice. Such a work will be a most valuable one to the student of morbid anatomy; and it will be satisfactory to know that the first part of it is ready for the press.

Such an example of earnestness of purpose, of industry and perseverance, as the Professional life of Virchow exhibits, cannot fail to imbue the pupils of such a teacher with some of the enthusiasm for minute investigations which he himself possesses in the prosecution of original research; and with such facilities as he has placed at the disposal of his pupils, the large proportion of time employed by them in Pathological inquiries cannot but result, sooner or later, in most important contributions to the science of Medicine. "From the illumination of many minds on many points truth must finally emerge."

(To be continued.)

AMERICA.

New York, December 10, 1859.

From recent numbers of the *Medical Times and Gazette* it appears that certain parties in this country are trafficking with your countrymen in Medical diplomas; and it may not be amiss for me to inform your readers of the value of such testimonials. In your issue of October 8 a letter is published, dated at Hudson, N.Y., in which W. John Dower, Surgeon, etc., sets forth to John Dale, Esq., London, the great difficulty of obtaining a diploma in this country, especially from the University—an institution which has a "Lower College," a "Latin Secretary," a "Chancellor and Board of Trustees," and "the Venerable the Dean," whose revenues, aside from his honours, amount to £10,000 a-year. Mr. Dower, however, intimates to his correspondent that the Latin Secretary is a man of great influence with the authorities of the University; and, besides, can be influenced, by a liberal fee, to write a Latin thesis for him, present it, and obtain the required diploma, "with all the insignia and trappings of a University degree." I need scarcely assure you that this is a miserable deception, which could dupe no rational person. No such University exists in this country; the places designated are small interior towns; and the names given are, at least, unknown to fame.

In your Journal for Nov. 19, it is noticed that a Dr. Airey, rejoicing in the membership of two Colleges of New York, and ornamenting his breezy cognomen with the initials, M.R.C.S. and M.R.C.P., was fined £20, for illegally assuming Medical titles. His right to assume Medical titles Airey seems to have doubly proved to the Court; for he produced diplomas from the "Reformed College of Surgeons" and the "Reformed College of Physicians of New York." Although I have long been familiar with the Medical institutions of this city, this is the first intimation I ever received of the existence of the "Reformed College of Surgeons of New York."

In this connexion it may be well to state that there are but three Medical Colleges in this city that confer diplomas which should entitle the recipient to the unreserved privileges of the regular Profession abroad. These are, the College of Physicians and Surgeons, the University Medical College, and the New York Medical College. The first of these is one of the oldest Colleges in this country, having been organised as early as 1807, and numbers in its Faculty the names of Stevens, Torrey, Parker, Clark, Dalton; the second embraces in its list of Professors the names of Mott, Payne, Draper; and over the third presides Dr. Horace Green. The legal *status* of these institutions is that of any corporate bodies, having no exclusive rights or privileges, as regards the study or practice of medicine. The statute in this State has removed every professional distinction, and placed on the same level the educated Physician, the pretender, and the nurse. So fickle are our law-makers that the regular Medical Profession have long since ceased to hope and labour for that legal protection to society from the arts and deceptions of quacks which every Government owes to its subjects; and their only reliance is on the good sense of an educated community. Doubtful as the tenure would seem to be by which our Profession thus maintains its position in public confidence, it nevertheless does triumph, by the force of true dignity and respectability. Homœopathy and kindred systems of practice soon culminate in popular favour and esteem, and the reaction is strongly conservative. Regular Medicine enjoys to-day, in this city, in a higher degree the confidence of our citizens than at any former period within the last twenty years.

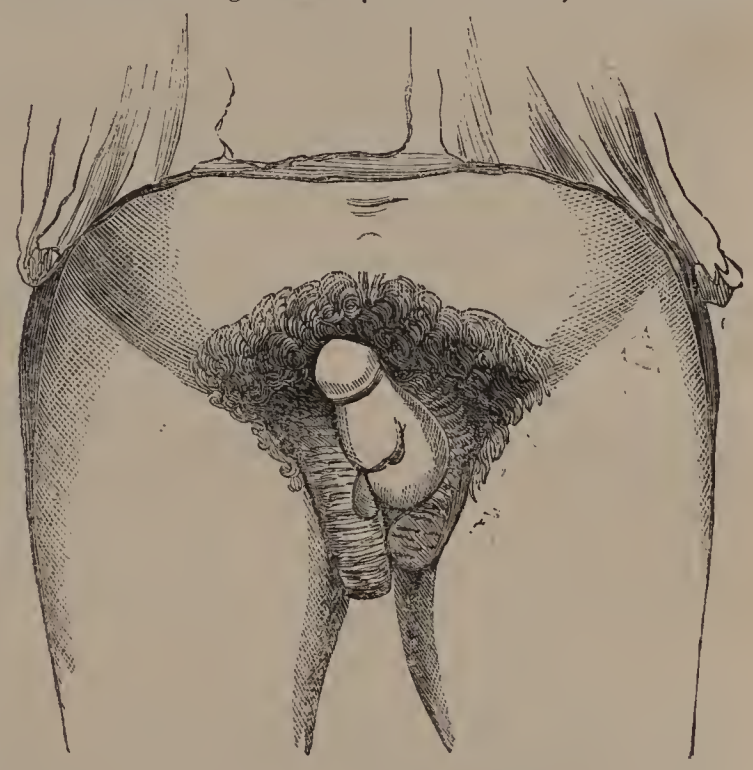
GENERAL CORRESPONDENCE.

CASE OF ENLARGED CLITORIS.

Letter from Dr. Bainbridge.

[To the Editor of the Medical Times and Gazette.]

Sir,—By desire of Dr. J. N. Bainbridge, of St. Martin's-lane, I made a rough sketch (which I enclose) of a clitoris so



abnormally developed as closely to resemble a penis, the labia representing the scrotum.

If you think the case worthy a place in the *Medical Times and Gazette*, I place it at your disposal.

The case appears to me to be chiefly instructive in an obstetrical point of view, more especially to young practitioners; since every deviation from the natural condition of the parts concerned in parturition is, in them, apt to lead to error of judgment in diagnosis, and its several consequences. The following is a brief history of the case:—

L. B———, aged 32, was confined of her first child at the full period, December 1st, at the St. Martin's-in-the-fields Infirmary. Upon examination per vaginam, the hand came in contact at the vulva with a large body obstructing the passage; it was about five inches in length, and of the diameter of a quiescent penis of an adult. The labour progressed, however, without hindrance, the enlarged clitoris being reflected over the pubes, as the head emerged. The

woman informs me that the enlargement was congenital, and that her mother attributes its presence to her having been fiercely attacked by a turkey-cock when she was three months advanced in pregnancy (?).

When I examined the woman, the clitoris measured three inches from the free to the attached extremity, and two inches in circumference at its thickest part.

The free extremity represented a glans penis from the presence of a fossa in the position of the corona glandis.

The surface was slightly nodulated; its erectile nature was marked by alternately increased and diminished size upon exposure to the air and *vice versâ*.

Micturition was peculiar, the stream being directed forwards, a peculiarity attributable, it appears to me, to the urethra being drawn forwards by the erectile body, immediately behind and beneath which the orifice is situated.

I am, &c. W. Bainbridge.

17, Upper Eaton-street, Eaton-square.

ORIGIN OF FAVUS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the last portion of his interesting Report on Favus (a) Mr. Jonathan Hutchinson refers to the occurrence of this disease in the lower animals, and even hints at the possibility of its transmission from mice to men. So remarkable an instance of this is recorded in a foot-note to Bazin's work on parasitic affections of the skin, that I am induced to beg a few lines for an abridged report of the case (b).

In 1854 several members of an American family, including a young Physician, were surprised at the curious appearance of two caught mice, which were covered with yellow and depressed crusts of the true favus stamp. The victims were handed over to the cat, whose discussion of the delicacy was speedily followed by the appearance of the characteristic eruption below the eye. Nor did this chain of contagion end here, for two children on intimate terms with the cat, were shortly after seized with undoubted favus, affecting various regions of the body in succession.

The identity of the disease was in this instance confirmed by M. Bazin himself, to whose *interne* a portion of the suspected crust was transmitted by an American friend.

Any facts bearing on the origin or contagion of disease must always be interesting, and Mr. Hutchinson deserves much credit for having struck the key-note in respect to Favus.

Let us hope that farther investigations may throw new light upon the subject, and enable us to understand under what precise conditions this troublesome disease arises and propagates itself. I am, &c.

January 7, 1860. Amor Veritatis.

(a) See *Medical Times and Gazette*, Vol. xl. p. 654.

(b) Leçons theoriques et cliniques sur les affections cutanées parasitaires. Par M. Bazin.

ON THE TREATMENT OF HYDROCELE.

Letter from Mr. Lizars.

[To the Editor of the Medical Times and Gazette.]

Sir,—When setons are resorted to for the radical cure of hydrocele, I apprehend it will be found that experience furnishes sufficient data to enable the Profession to decide whether cotton or metal should be employed for that purpose. The *modus operandi* is precisely the same in both; but their effects require to be carefully watched, as the inflammatory action which they excite is sometimes very violent, and occasionally cannot be controlled from terminating in suppuration, as well as failure. This forms the real and strong objection to the use of such remedial agents, to which the process of cure by means of moderately stimulating injections is not liable, for their strength is regulated by a knowledge of the irritable tissues of the patient, and they can almost be invariably proportioned to excite a safe degree of action on the surface of the testis and tunica vaginalis sufficient to cause effusion of lymph and effect a cure.

The metallic seton seems to have been first employed by M. Carron du Villards, in the Antilles. In the *Medical Times and Gazette* of December 10, 1859, there is a satisfactory paper by Mr. Thomson, Resident Surgeon of the General Prison of Scotland, Perth, in which he clearly proves that the iron-wire seton sometimes produces inordinate inflammation and suppuration, and ultimately fails to prevent a return of the hydrocele. As iodine has been long and fairly tested by a *legion* of Surgeons, and found to excite moderate inflammation, and ultimately prove successful, there seems no reason for returning to the seton, whether made of silk, cotton, iron, silver, or gold.

To avoid wounding the testis with a trocar or needle, I have been in the habit of puncturing the skin and tunica vaginalis with a simple lancet, then inserting a female catheter and injecting an ounce or so of the tincture of iodine, which is to be allowed to remain and be absorbed. The testis then should be moderately squeezed with the fingers: this is indispensable in most patients, but it must be done with prudence. The amount of inflammatory action excited must be adequate to cause the effusion of coagulated lymph, otherwise, in the greater number of cases, the disease will recur. Subsequent experience has confirmed my opinion, that the effusion of lymph produced by stimulating injections, is secreted more by the vessels of the testis than by those of the tunica vaginalis. I am indebted to Dr. Bertrand, of Montpelier, for having taught me to use the tincture of iodine in much larger quantities than are commonly employed.

The reason I object to the use of a trocar is, my having witnessed a dexterous operator wound the testis, causing hæmorrhage and excision of testis. I am, &c.

15, S. Charlotte-street, Edinburgh, John Lizars.

TRACHEOTOMY *v.* SCARIFICATION OF THE EPIGLOTTIS.

Letter from Mr. Griffith, M.A. Cantab.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having noticed the almost universally fatal result of tracheotomy performed on children for scalded throat, I determined in the first case that came under my care, to try the effect of puncturing the epiglottis; and, contrary to the opinion I have often heard expressed, "that it simply wasted valuable time," I am happy to say the operation was attended with the most perfect success.

G. G., aged 3, was admitted into the London Hospital, with scalded throat produced by the child having drunk boiling water from a kettle. A couple of leeches were applied over the sternum, followed by warm fomentations, in hopes of warding off the impending œdema of the epiglottis. In three hours, however, urgent dyspnœa coming on, I proceeded to examine the throat. Passing my finger to the back of the pharynx, I found it impinge against the œdematous epiglottis; I then introduced a guarded bistoury, and made four or five punctures; the operation was easily performed, and the effect on the breathing was instantaneous, the child being able to lie down, and in a short time went to sleep.

Feeling anxious about the result of my operation I saw the child again in two hours, and finding dyspnœa had returned slightly, I repeated the operation, which was again attended with marked benefit. From this time the child progressed favourably; but being unable to swallow, from the inflamed state of the tongue and pharynx, he was nourished for two days by enemata of beef-tea and wine, and left the Hospital in eight days from admission cured.

I am, &c. J. C. Griffith.

It seems not improbable that the will of the late Lord Henry Seymour may afford some gratification to the lawyers. His lordship, as our readers may recollect, bequeathed the residue of his personal estate "to the Hospitals of Paris and London," and the construction of the word "hospices" being open to considerable doubt, the executors, acting under the advice of Mr. Roundell Palmer, have filed a bill in Chancery, and the usual notice will be given shortly for the Hospitals claiming to participate, to come in and prove their title in the Chamber of the Master of the Rolls, to whose Court the cause is attached. We may anticipate a very delightful revel for the bar in the settlement of the question, What is an Hospital?

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JANUARY 4, 1860.

DR. RIGBY, President, in the Chair.

THIS was the first annual meeting of the Society, and consequently a large number of Fellows and visitors were present. Twelve gentlemen, who were proposed for the Fellowship on the 7th of December last, were duly elected; and the names and qualifications of ten candidates for admission into the Society were read.

Mr. SPENCER WELLS exhibited

THE PLASTER CAST OF A CHILD'S HEAD,

WITH A LARGE ENCEPHALOID TUMOUR GROWING FROM THE SIDE OF THE FACE AND NECK.

The case was interesting as showing what a large mass might pass through the pelvis without difficulty. The child died a few days after birth. The mother was healthy, but the grandmother died of cancer of the uterus.

Dr. J. HALL DAVIS communicated the history of

A CASE OF

INTRA-UTERINE FIBRO-PLASTIC TUMOUR,

extensively adherent, removed by enucleation.

THE AUDITORS' REPORT.

was then read. After payment of all the expenses incurred by the Society up to December 31, 1859, a balance remained in the treasurer's hands of £159 9s. 4d. This report was received and adopted, and a vote of thanks to Dr. Tyler Smith, the treasurer, was carried unanimously.

LAWS OF THE SOCIETY.

Certain alterations and additions were submitted by the Council for consideration. The following were adopted:—(1.) Chap. I., Sect. III., to stand thus:—"III. All Medical Practitioners, registered or, if practising abroad, possessing a British qualification, shall be eligible for election as Fellows of the Society." (2.) Chap. VI., at the end of Sect. III., the following to be inserted:—"In the selection of members of Council to remain in office, a preference shall be given to those who have attended the largest number of meetings of the Council." (3.) Chap. XI., the following additions to be made:—"Sect. IV. That a committee of twelve referees shall be appointed by the Council annally, to examine any papers which the president may think ought to be referred to a committee previously to being read before the Society. The referees so appointed shall also examine all papers read before the Society, and report thereon to the Council, before their publication in the 'Transactions.' If a paper be refused for reading or publication by one referee, it shall then be submitted to a second, and, in case of disagreement, to a third referee, whose decision shall be final. Any writer of a paper shall have a right to object to one or more names on the list of referees to whom he may not be willing to have his paper submitted."

ELECTION OF OFFICERS FOR 1860.

The result of the ballot was read, and the following gentlemen were declared elected:—*Honorary President:* Sir Charles Locock, Bart., M.D.—*President:* Dr. Edward Rigby.—*Vice-Presidents:* Dr. Robert Barnes; Dr. Francis Elkington, Birmingham; Dr. A. B. Granville, F.R.S.; Dr. Edward W. Murphy; Dr. W. Tyler Smith; Dr. R. Uvedale West.—*Treasurer:* Dr. W. Tyler Smith.—*Honorary Secretaries:* Dr. Graily Hewitt; Dr. T. H. Tanner.—*Other Members of Council:* Mr. James Allen, York; Mr. Edward Batty, Liverpool; Dr. C. M. S. Babington, F.R.C.P.; Dr. W. Bloxam; Dr. W. D. Chowne; Mr. Joseph Cholmondely; Mr. Robert Dunn, F.R.C.S.E.; Dr. Robert Druitt, M.R.C.P.; Dr. George D. Gibb; Mr. Robert Hardey, Hull; Dr. S. W. J. Merriman; Mr. J. T. Musgrave; Dr. Henry Oldham; Dr. W. O. Priestley; Dr. C. H. F. Routh; Mr. Samuel Smith, F.R.C.S.E. Leeds; Dr. Joseph G. Swayne, Bristol; Dr. J. Whitehead, Manchester.

THE ANNUAL ADDRESS

was then delivered by the PRESIDENT. Dr. Rigby commenced by saying that it was with feelings of no ordinary gratification and pride that he looked back upon the year just passed. From the earliest announcement of the formation of the Obstetrical Society of London, success was a matter of certainty; but it was impossible to anticipate such a prosperous career as the Society had already run. In eleven months 350 gentlemen—not a few of them of the highest standing in the Profession—had been elected Fellows; and to many of these the Society was indebted for some most valuable contributions, which in a few weeks would be in the hands of every member. These papers would constitute the first volume of "The Transactions of the Obstetrical Society of London." The Council also had not been idle. An immense mass of work had been done in the way of drawing up the laws, and regulating the general affairs. Then a very important and carefully drawn-up memorial had been presented to the General Council of Medical Education and Registration, praying for a revision of the laws existing in the various examining bodies as respects the obstetric education of Medical students. And lastly, a useful form had been drawn up by the Secretaries for the registration of midwifery cases. If each Fellow would use this form, statistical papers containing the most valuable information must in a few years accumulate, which one or two clear heads and willing hands could easily sift and rearrange so that important points, now subjects of dispute, would be cleared up and definitely settled. A melancholy duty upon occasions like the present devolved upon the President. It was to give a brief notice of those who have been taken away from the Society by death during the past year. Three Fellows who took a warm interest in the success of these meetings have died—viz., Dr. Lever, Mr. Squibb, and Dr. Griffith. One Honorary Fellow, Dr. Montgomery, has also been removed. The career of Dr. Lever affords a striking instance of the success in Professional life which may be achieved by indefatigable industry combined with moderate opportunities. He was born at Woolwich, where he served his apprenticeship to Mr. Butler. In due course he became a student at Guy's Hospital, at which time his physical strength was so great, that he walked daily from Woolwich to London and back. His close attention to his studies, moreover, attracted the favourable notice of the Medical officers of the Institution, and he gained many honourable distinctions at the annual competitive examinations. Having finished his Hospital studies in 1834, and become a member of the College of Surgeons, he commenced general practice in the Borough, while residing in which locality he took an active part in organising the obstetrical department of Guy's Hospital. Shortly afterwards Dr. Lever obtained the degree of Doctor of Medicine in the University of Giessen; and in 1842 he was admitted a Licentiate of the Royal College of Physicians of London, and at the same time became a lecturer at the Medical School of Guy's. The subsequent career of Dr. Lever is known to most Medical men. His consultation practice was large, and he contributed to Medical literature an important essay on the "Organic Diseases of the Uterus," as well as a series of papers to the "Guy's Hospital Reports." Dr. Lever was in his usual state of health until within a short period of his death, and he was present at the inaugural meeting of the Obstetrical Society, which was held on December 16, 1858. Shortly afterwards he was seized with symptoms of a very severe kind; pericarditis and anasarca both manifested themselves, and he died on December 29, 1858. Mr. Squibb's death occurred in January, 1859. This gentleman was born in the year 1797, and he commenced practice about the year 1822, in partnership with Dr. Lemann, of Orchard-street. The activity and cheerfulness of character, as well as the kindliness of heart which distinguished Mr. Squibb, soon made him a general favourite, and his partner retiring, he was able not only to keep the practice, but to considerably extend it. Amid the duties of a busy practice the advance of Science and the welfare of the Profession were regarded with a lively interest. He afforded some contributions to the Medical Journals, and took an active part in the promotion of Medical Reform. Literature was made a relief to the more severe mental labour connected with his profession, and the results of it appeared in an essay relating to Dr. Johnson, communicated to the Royal Society of Literature. Till within a few weeks of his death

enjoying the most robust health, it was difficult for him, when overtaken by disease, to lay aside his accustomed activity, and take that rest which his symptoms required. He resumed his duties while unfitted for exertion, and he soon experienced a relapse, which proved fatal. The name of Samuel Griffith was first enrolled on the list of students of King's College, London, in 1843. His assiduity in the dissecting-room, laboratory, and wards of the Hospital soon procured for him the friendship of the Professors, and led to his being appointed House-Physician to King's College Hospital after he had obtained his diplomas. His great exertions at this time and subsequently were incompatible with even his robust health and vigorous frame, and doubtless now were made the first inroads upon a sound constitution. At the completion of his Hospital career, he took the degree of M.B. at the University of London, and became a member of the College of Physicians; and having been appointed Assistant-Accoucheur to St. Thomas's Hospital, as well as Physician to the Royal Maternity Charity, he went to reside in the Borough. His labour was now excessive and uninterrupted, and continued so until the winter of 1857, when his overtaxed strength began to fail. On consulting Dr. Todd, it was found that one of his lungs was affected, and he was advised to desist from practice, and to visit Torquay. He remained in that town for two months, when he returned to London, and resumed practice as earnestly as before. In the following October he was seized with a severe attack of hæmoptysis, and again he went into Devonshire. In a few months, his health being recruited, he again came to town, his hopes of the future being bright, and notwithstanding the rude shocks his private practice had received, it rapidly increased. The improvement was, however, but temporary; severe hæmoptysis returned, and though able to make the journey to Torquay, yet great weakness set in, and ended in death on the 23rd June, 1859. Thus lived and died one who was respected and loved by all who knew him. A heartiness of character, a desire to please and to oblige, a firmness and integrity of purpose, a love of truth, and the possession of sterling moral and religious principles, brought him numerous friends, and made him beloved in life, and regretted in death. The death of one of the most distinguished honorary Fellows of the Society, Dr. Montgomery, of Dublin, took place last month. This gentleman, whose name is known and honoured wherever midwifery is practised, can have but little added to his fame by any remarks now; for his contributions to Medical literature are known to every student. Dr. Montgomery was sixty-two years of age, and he died rather unexpectedly, though he had for some time suffered from excruciating pains in the chest, and other symptoms of cardiac disease. In closing his address Dr. Rigby alluded in feeling terms to the kindness which had been shown to him by the Fellows of the Society at the different evening meetings; to the exertions of the Council, and the Treasurer, Dr. Tyler Smith; as well as to the assiduity of the Secretaries, Dr. Graily Hewitt and Dr. Tanner. "Long then," he said, "may the Obstetrical Society of London live and flourish, and may each succeeding year bring fresh strength and honour to it."

This address, admirably delivered, was listened to throughout most attentively; and on a vote of thanks to the author being proposed by Dr. Granville, it was carried by acclamation. The meeting then adjourned until February 1.

THE PATHOLOGICAL SOCIETY.

Tuesday, December 20, 1859.

Mr. Fergusson, President, in the Chair.

Dr. Wilks exhibited

A PEDUNCULATED LIPOMA OF VERY LARGE SIZE.

It had been sent to Dr. Wilks by Mr. Burgess, of Glastonbury, with the following history:—A man, 94 years of age, discovered about fifty years ago a small tumour growing on his neck; it gradually increased in size, but he would not allow of its removal. In 1825 it became very irksome from its size, when he sought an opinion in London, and it is stated that the Surgeon considered its removal dangerous. Since that time it has slowly increased, and given the patient great suffering from its dragging and weight, and prevented his turning in bed without assistance. He at last died at a great age, and the tumour was then removed, and found to have only slight attachment to the neck. It consisted wholly of fat.

Dr. Wilks next exhibited, for Dr. Whitley, a specimen of

MALFORMATION OF THE HEART.

The specimen was an uncommon one, from its having no trace of disease about it, as is seen in most cases of malformation, and which has suggested the theory of intra-uterine inflammation for their cause; but here the condition was one rather of arrest of development, there being a large communication between the ascending aorta and pulmonary artery; the former vessel was small and the latter large, denoting that the arterial blood had passed to the lungs. The child from whom it was taken was brought to Dr. Whitley, at the Surrey Dispensary, with difficulty of breathing, and he discovered a loud, rough, systolic bruit at the base of the heart; it soon afterwards had dropsy and died. The symptoms had been observed since the age of six weeks.

Dr. Peacock stated that the specimen was extremely rare, if not unique. He did not know of any previous case in which a similar communication existed between the aorta and pulmonary arteries, when the ductus arteriosus was at the same time entire.

Dr. Wilks also brought forward a preparation, showing

EXTENSIVE LACERATION OF THE ASCENDING AORTA.

This case occurred in the practice of Mr. E. H. Galton, jun., of Brixton, and who gave the following history:—The patient, a hard-working woman, aged 62, had been in tolerable health until four days before her death, when she was seized with what was called a fit, she recovered from this, but remained ailing, with no manifest chest symptoms. She afterwards died suddenly. The pericardium was found full of blood which had escaped from a rent in the aorta, and on opening this vessel the internal and middle coats were found hanging in shreds into the interior, and completely separated from the external, which bagged outwards and thus left a space between them. There were two transverse rents $1\frac{3}{4}$ inch and $2\frac{1}{2}$ inches respectively, and also a vertical one, all proceding from the same point. It appeared most probable that four days before death a slight rent had occurred, whereby the blood became effused between the coats, and that after this a slow laceration of the internal and middle coats went on until the external sac burst.

Dr. Peacock inquired if the blood was not in the substance of the middle coat, instead of between the external and the middle ones?

Dr. Wilks replied, that he believed such was generally the case; and that in this instance, probably, the middle coat had been split.

Dr. Harley wished to know if the blood of the patient from whom the specimen of deposit in the spleen was taken had been examined.

Dr. Wilks replied that it had, but that nothing had been found.

Mr. Durham showed a specimen of

MOVEABLE KIDNEY.

The specimen, a left kidney, was still *in situ*, the whole trunk of the subject being placed on the table. No history was attainable, as the specimen was from a dissecting-room subject, of whose symptoms previous to death no clue could be got. Mr. Durham showed the relation of the peritoneum to the kidney. Its position could be raised very extensively. It could be raised as high as the spleen, and downwards it extended into the iliac fossa. It could also be made to encroach at the middle line a little on the right side of the abdomen.

Dr. Hare stated that the specimen was a very rare one, and that he had only seen eight or nine cases. He related particulars of a case in which the left kidney was affected. When it was tilted forwards, so as to lie on the aorta, it simulated temporarily an aneurism of that vessel, but was easily displaced from one position to another.

Dr. Priestley stated that at a post-mortem at which he was present, the right kidney was found to have a distinct

layer of peritoneum from the meso-colon, and to be freely moveable. The diagnosis of movcable kidney had been made during life.

Dr. Gibb alluded to a case of his in which both kidneys were moveable. The case was mentioned by Dr. Hare in his paper on that subject.

Mr. Toynbee next showed specimens of

NECROSIS OF THE PETROSAL BONE.

The patient, a young woman, aged 20, had suffered from a discharge from each ear from early infancy. Two months before her death a polypus was removed from the left ear by a Surgeon in the country. Intense pain followed; this was succeeded by symptoms of continued fever; on her recovery headache and coma set in, and she died in three days. *Autopsy.*—The dura mater over the left petrous bone was soft; there was an abscess in the fourth ventricle, and serous effusion into, with inflammatory congestion of, and softening of the walls of the lateral ventricles. The pia mater, investing the cerebellum and the base of the brain extending into the spinal canal, was also infiltrated with pus. *Dissection of the Ear.*—In the external meatus was a small polypus. The membrana tympani was absent. The mucous membrane of the tympanum was very thick. The malleus and incus were absent, and all that remained of the stapes was the base and a portion of the anterior arch. New bone was deposited on the inner wall of the tympanum. The upper surface of the petrous bone was composed of newly-formed osseous matter, in the middle of which was buried a large portion of necrosed bone. The lower wall of the tympanum presented a carious orifice, which communicated with the fossa jugularis.

Mr. Toynbee detailed to the Society an account of a

DISSECTION OF THE EARS OF A YOUNG WOMAN WHO WAS DEAF AND DUMB.

In each ear the membrana tympani was absent, and the mucous membrane of the tympanum was very thick. The semicircular canals contained a larger quantity of otoconie than natural, and in the left ear the posterior semicircular canal was obstructed by crystals of otoconie for the distance of half a line, and the cochlea contained blood. In each ear the lamina spiralis of the cochlea near to the vestibule was so greatly hypertrophied as to fill the scala tympani and to conceal the membrana fenestræ rotundæ.

Dr. Langmore next exhibited a specimen of

CANCER OF THE OMENTUM.

The subject from which this specimen had been taken was a man, aged 55, a French cook, who for two or three years had suffered frequently from dyspepsia, with flatulence. He had had no vomiting, but constant diarrhœa, and occasional twisting pain at the umbilicus; the motions were generally liquid, not slimy, never bloody, nor black. Early in the present year he drew Dr. Langmore's attention to a tumour in the upper and left part of the abdomen. It exended from about half-an-inch below, and to the right of the umbilicus, to within one and a-half inches of the left costal cartilage, so that it was about three or four inches in diameter, somewhat moveable, not smooth on the surface, and irregular in outline. There was clear resonance all round the tumour. In September he had a severe attack of colic with obstinate constipation and sickness, which yielded to opiates and purgatives; this occurred again in October, and also in November; in the latter attack the vomiting did not yield to the remedies as before, and he died on November 17. At the autopsy the surface of the intestines did not possess the usual polished appearance, owing to a thin film of lymph over them. Some turbid fluid was in the abdominal cavity, mixed with shreds of lymph. The liver was of less than average size. On the left side of the abdomen there was a large, hard, irregularly prominent mass, presenting the usual appearances of scirhoencephaloid cancer, irregularly ovoid in shape, and uneven on the surface. In size it approached that of a child's head at birth; its upper and outer reached within an inch of the left costal cartilage, and its lower and inner border extended to the umbilicus. It rested upon, and much involved, a portion of the transverse colon; the cæcum, and ascending colon were enormously distended, the small intestines were likewise much distended, but the descending colon was small and contracted. On removing the mass it was found that the primary seat of the disease was in the large omentum, and especially its upper and left part, it lay between a coil of the ilcum, and the left portion of the arch of the colon, and in front of the latter. It also surrounded the colon, contracting its diameter, and obstructing the passage of the fæces. Some of the lymphatic glands in the mesocolon and mesentery were also cancerous. The other organs were healthy.

Dr. Langmore also showed a specimen of

APOPLECTIC CLOT FROM A GIRL AGED FOURTEEN.

F. B., aged 14, full habit, frequently suffered from headache, otherwise had enjoyed good health. The catamenia commenced two years ago, and had continued regularly; they made their last appearance, a fortnight previous to her death. On the evening of November 16th she complained of headache and drowsiness, this continued during the whole of the 17th, but being considered merely a cold, no notice was taken of it by her friends, until the morning of the 18th, when they sent for Dr. Langmore about one p.m. She was then lying in a semi-comatose state, with her hands up to her head, and when roused complained of pain there. She put out her tongue straight; the conjunctivæ were suffused, but the pupils acted well. Pulse 100, small, and rather feeble; there was no paralysis or stertorous breathing. A short time after leaving her, she attempted to get out of bed, and fell on the floor. Well marked apoplectic symptoms immediately came on, and she died in a few minutes. At the post-mortem examination the membranes of the brain were found congested, also the sinuses of the dura mater. The cerebral substance was pale throughout; but on cutting into the left lateral ventricle, a large clot was found, of about three ounces, which filled the ventricle, and extended into the substance of the left hemisphere.

Dr. Priestley exhibited, on behalf of Dr. Tyndal Robertson, of Nottingham, a specimen of

FIBROUS TUMOUR OF UTERUS REMOVED BY ENUCLEATION

The patient, a married lady aged 50, had been known to be the subject of fibrous tumour of the womb, for upwards of five years. At length the tumour descended into the vagina, and ultimately protruded through the vulva. She was by this time greatly reduced in health and the subject of profuse discharges of mixed blood and pus. At the time the enucleation was first decided on, the tumour occupied the whole vagina, and the os uteri was so high up that it could not be felt. On October 27, Mr. Hine, under whose care the patient was, had her placed under chloroform, and succeeded in getting away a mass the size of an orange. But little blood was lost, and the patient recovered well. Some days afterwards an examination detected the os uteri with the remainder of the tumour growing from its posterior lip. It was now determined to make a second attempt at removal, and to get away the tumour as close as possible to its attachment. This was done on November 17. The lady being under the influence of chloroform, the tumour was dragged down by means of hooks. After a short time, without much force being applied, the os uteri suddenly seemed to dilate and the whole mass came away. There was a smartish bleeding for a few minutes, which was easily controlled by plugging. The patient progressed most favourably until the 25th, when a rigor occurred. There was pain and swelling down the course of the femoral vein. Death, probably from pyæmia, took place on the 29th. No autopsy was allowed. The tumour was of the ordinary fibrous kind. The portion which had been within the internal cavity was the size of half an orange, and a deep constriction marked the part where it had been grasped in the cervix. During the operation it had been necessary to break down with the finger some adhesions which connected the tumour posteriorly with the adjacent parts. On examining with the finger immediately after the removal, the os uteri was found widely open and the lining membrane smooth in all parts with the exception of one spot about an inch across at the back. From this spot a nipple-shaped projection hung into the cavity of the vagina, about half-an-inch in length.

Dr. Crisp exhibited

THREE SPECIMENS FROM THE LOWER ANIMALS.

The first, a monoculous lamb with one small head, the single eye in the lower part of the forehead; a double spinal column with two bodies and eight limbs. The trachea, lungs,

heart, and liver, single. The aorta, stomach, intestinal canal, spleen, kidneys and testicles were present in each body. Second.—The thyroid glands of a Wagate cat (India) with tubercular deposit in them. Third.—The heart, liver and spleen of a Honduras turkey (M. ocellata), the first affected with acute pericarditis, with abundant deposit of lymph. The spleen and liver with tubercular deposit; the liver contained a large fibro-cartilaginous cyst (probably the remains of an echinococcus) which was closely adherent to the apex of the heart.

Dr. John Ogle showed specimens of

ENLARGEMENT OF THE LYMPHATIC GLANDS, WITH PECULIAR DEPOSITS IN THE LIVER AND SPLEEN.

A housemaid, aged 39, had been healthy until about two months previous to her death; at that time she had an attack of fever, and, when recovering, found that an enlargement existed in her left hypochondrium. This was followed by œdema of the legs, and considerable dulness on percussion was found over the left hypochondrium, which was very painful. The pulse became very frequent, the tongue red, and the general health much disordered, the face having a very cachectic appearance. Fluid was also detected in the peritoneal cavity, and the glands in the neck and groin became enlarged. Dyspnœa, and acute pain in the back came on, and finally delirium, which preceded death. At the autopsy the left pleura contained a very large quantity of turbid fluid, and the base of the right lung was rather consolidated; otherwise the thoracic viscera were natural. The lymphatic glands about the root of the aorta were enlarged; not so, however, the mediastinal or bronchial glands. The cervical, femoral, inguinal, pelvic, lumbar, and mesenteric glands were enlarged, and some of them were dark and soft, the others being of a yellowish-red colour. The thyroid gland also was enlarged. The spleen weighed four pounds, and was of a dark bluish-brown colour. On section the spleen was seen to contain several wedge-shaped masses, chiefly of a yellowish-white colour; and the liver, which was very large, also contained a large number of small masses of the same kind, none exceeding in size that of a pea. The kidneys were granular, and highly diseased. Microscopical examination showed that the main elements of all the enlarged glands were of like character, and consisted of delicate bodies of a rounded form, rather larger than the ordinary white corpuscles of the blood. Here and there, however, large sized cells or vesicles, containing large nuclei, some having three or four, were seen. Moreover, the light-coloured masses met with in the spleen and liver, presented exactly the same elements as those above described as existing in the enlarged lymphatic glands. The blood in various parts of the body was found to contain, in addition to the ordinary microscopical elements, cell formations of a peculiar kind. Thus in the blood of the splenic vein were seen numbers of round, oval, cell-like bodies of variable size, some containing, besides a delicate half-transparent substance, one, two, or even six and seven nuclear bodies. In some cases, besides the nucleus-like bodies, which contained a central nucleolus, a number of small round refracting bodies existed within, and occasionally these nucleus-like bodies were situated in the centre of more or less spindle-shaped fibres; at times portions of the walls of the large bodies, containing a number of nuclei, were very thickened. Again, the blood of the inferior vena cava contained numbers of very large transparent cell-bodies, in which were round non-nucleolated nuclei; and also numbers of nucleolated free nucleus-like bodies, as well round as oval. Dr. Ogle alluded to cases of a similer kind, in which Friedreich, of Wurzburg, had found the blood to have an "acid reaction."

Dr. Ogle also exhibited specimens from a second case of

ENLARGEMENT OF THE LYMPHATIC GLANDS THROUGHOUT THE BODY.

The case was that of a middle-aged man, who had enjoyed good health until nearly two years before death, when he first perceived a swelling, not much larger than a pea, near the angle of the lower jaw on the right side, and a few weeks later perceived a similar swelling at the corresponding part of the opposite side. Both swellings increased rapidly, but were not the seats of any pain. About one year previous to death a gland in the right axilla became enlarged, and two months later the opposite axilla became affected. Six months afterwards the glands in the groin became enlarged, and about this time pain in the umbilical region was complained of, and the abdomen was generally enlarged, the superficial veins being very visible. No distinct tumour was, however, found. Two months before death the patient was in a state of great debility and depression, and the pulse was quick and frequent. The cervical glands were all of them greatly enlarged, but none were adherent to the skin. In the axillæ the enlarged glands formed soft elastic masses, but the inguinal ones were harder. The number of inspirations was more than usually frequent; but no sign of particular thoracic disease was obtained by auscultation, etc.; slight bronchitic *râles* were, however, heard. Distension of the abdomen came on, and the bronchitic symptoms increased. The sputa becoming bloody, with apnœa, irregularity of heart's action and semi-stupor preceded death. On post-mortem examination the lymphatic glands in almost every part of the body were found enormously increased in size, and in the neck, chest, and abdomen very closely invested the large and deep vessels and nerves, being moulded on them, and not apparently interfering much with them. At one part the pneumogastric nerve was found passing through a canal of some length, formed by enlarged mediastinal glands, and at one part in the abdomen, below a united mass of enlarged lumbar and mesenteric glands, the inferior vena cava was seen greatly dilated. All these enlarged glands were found to present the same characters. Their consistence was considerable, some of them being even indurated. Their outer surface was of a lightish yellow colour, but sectional surfaces presented generally a bright red colour, and they were with ease broken down into a pulpy state. In no case had softening or suppuration taken place. The various viscera were found greatly congested, but nothing more. Both pleural cavities contained large quantities of a milky-looking fluid, and on the left side a slight amount of fibrinous exudation existed. Microscopical examination showed that the increased size of the gland was due to the presence of a material, consisting mainly of cells or corpuscles somewhat larger than pus-globules, containing almost transparent homogeneous-looking contents, and with very delicate walls. After immersion some time in spirits, their contents became opaque and rather granular, and something like a nucleus was occasionally visible. Occasionally these corpuscles were elongated at one side, forming pyriform bodies, or at times numbers were aggregated and surrounded apparently by a kind of wall, forming large oval bodies.

OBITUARY.

DR. KENNY, OF HONG KONG.

We regret much to have to notice the death, at the age of sixty years, of Dr. Bernard Kenny, of Hong Kong. Dr. Kenny was an old resident in China. In his earlier years he was a pupil of Abernethy; and on the last alteration of the charter of the English College of Surgeons, he was one of the members who were advanced to the fellowship of that College. Before going to China about fourteen years ago, Dr. Kenny passed six or seven years in India, and his long experience of tropical climates afforded him peculiar acquaintance with the diseases which are there prevalent. The first part of his residence in China was passed at Whampoa; but he soon removed to Canton, where he remained till driven out by the commencement of the war in 1856, when he lost his laboratory and valuable instruments. He then engaged in practice in Hong Kong, and was greatly esteemed as a consulting Physician, and to the last he kept himself acquainted, in a surprising manner, with the progress of Medical science. He was remarkable for his benevolence, liberality, and kind-heartedness. The Catholic missionaries in particular were much indebted to him, and this was recently acknowledged by a testimonial from the French Emperor. "In all circles," says the *China Mail*, "Dr. Kenny was a welcome visitor, from his chatty disposition, his extensive information, and unassuming demeanour; and, as in the case of the late Dr. Harland, we have to mourn the loss of one who had endeared himself to many, and who will be followed to the tomb by the blessings of those who could give him no other reward."

MEDICAL NEWS.

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 5th of January, 1860:—

Glasier, George William, Lincoln
Glenton, Frederick, Redcar, Yorkshire
Hill, William Henry, Army
Isherwood, Felix William, Clitheroe, Lancashire

The following gentlemen also on the same day passed their First Examination:—

Clift, George, Redruth, Cornwall
Davies, Henry, Carmarthen

APPOINTMENTS.

SANSOM.—A. Ernest Sansom, Esq. M.B. Lond., has been appointed Medical Registrar to the Royal Westminster Ophthalmic Hospital.

LEONARD.—Mr. Crosby Leonard was unanimously elected Surgeon to the Bristol Royal Infirmary, in place of Mr. Harrison resigned, on the 5th inst.

DEATHS.

ALLINSON.—December 3, at Dharwar, Bombay, Edward Dawson Allinson, Staff-Surgeon, aged 33.

CREMER.—December 26, at Barnes, Surrey, Richard Cremer, M.R.C.S. aged 90.

DOVE.—Lately at Tombland, Norwich, Harry Dove, M.D. aged 42.

FREEMAN.—December 31, Rowland Freeman, at Birmingham, late of Minster, Kent, aged 80.

GILLUM.—January 4, at Royal York-crescent, Clifton, Raphael Gillum, M.D. aged 90.

HAYWOOD.—December 25, John Haywood, of Flint, aged 45.

HORSFALL.—December 29, John Horsfall, at his residence, Wakefield.

KENNETT.—January 1, C. Kennett, at East Farleigh, aged 69.

SHARPE.—December 31, at Dunfermline, Dr. Francis Sharpe, R.N., of Dollar.

TAYLOR.—January 3, Samuel Taylor, of Queenshead, late House-Surgeon to the Halifax Infirmary, aged 33.

WALKER.—December 23, at Chesterfield, John Walker, formerly an Alderman of Chesterfield.

WARD.—January 5, at Bishopwearmouth, John Ward, aged 68.

WILLIAM SPENCE, Esq., F.L.S., the well-known entomologist, died on the 6th inst., in his 77th year.

THE number of emigrants from Liverpool during the past year was about 68,000.

THE Medical Profession was represented at Lord Macaulay's funeral by Sir Henry Holland, who was one of the pall-bearers.

A NEW Journal has been announced at Brussels, with an ambitious title—*Correspondant Médicale Universel.* It is destined to contain translations or reproductions of the chief articles in all the Journals of this world and the New World.

A lad, twenty years of age, died a few days ago, from the immediate effects of several bumpers of gin. Soon after swallowing them, he fell back senseless; then came on "heavy" breathing, and, in the course of a few hours, death, despite of the stomach-pump.

M. DUMERIL contends that there is much similarity between the action of woorara and of the poison of the viper. The animals bitten by a viper are immediately paralysed in motion and sensibility. He also thinks that insects which lay their eggs in the bodies of other animals have equally the property of dulling the sensibility of the parts in which they deposit them.

A FLATTERING CRITIC.—Georget on Bayle's Monography:—"This work is badly done; is six times too long; the reading of it is most fatiguing; some of the facts appear incorrect; most of the opinions given in it by the author seem to me hypothetical and improbable; his reasonings are of the weakest kind."

M. LEGROUX had under his charge a female in whom there was a tumour as large as a child's head in the right iliac fossa, non-adherent, moveable, and flattish. The woman was wasted, and died after a diarrhœa. At the autopsy M. Legroux found, two or three feet above the ileo-cæcal valve, a communication between the large and small intestine. The small intestine was much dilated above the lesion, but very contracted below. The tumour was caused by an accumulation of fæcal matter in the cæcum. There was nothing to explain the cause of death.—*L'Union Méd.*

AT the end of the tenth century it was customary to make pilgrimages to the school established at Salem by the Benedictines of Monte Cassino. Henry of Bavaria journeyed there to be operated upon for stone. The Founder, St. Benedict himself, undertook the cure of this important personage. He appeared to the Prince, and operated upon him in his sleep, and, when he awoke, put the stone in his hands.

THE SUPPLY OF FOOD, DRINK, AND PHYSIC TO LONDONERS.—"Upwards of 4000 public-houses and 1000 wine merchants minister to their deathless thirst. The bread to this enormous quantity of sack is represented by 2500 bakers, 1700 butchers, not including pork-butchers, 2600 tea-dealers and grocers, 1260 coffee-room keepers, nearly 1500 dairymen, and 1350 tobacconists. To look after the digestion of this enormous amount of food, upwards of 2400 duly licensed practitioners, surgeons, and physicians are daily running to and fro through this mighty metropolis, whose patients in due course of time and physic, are handed over to the tender mercies of 500 undertakers."

IT has been already stated that the Thermal Establishments of Piedmont have been placed at the disposal of the wounded and sick of the Franco-Sardinian army. At the battle of Valdieri the wounded on their departure hung up their crutches in the little church of Saint Jean, where Dr. Carletti has stuck up the following inscription:—"The brave Franco-Sardes wounded in the memorable war of Italian independence in 1859, having had their health almost miraculously restored by the confervie, muffe, and baths, have here deposed their crutches in perpetual commemoration of their gratitude."

MORTALITY OF CHILDREN IN THE CITY OF NEW YORK AND RURAL DISTRICTS.—It appears from the official report, that 15,756 children died in this city during 1858; viz., 8228 boys and 7528 girls; of this number 14,939 were under ten years of age, and 8568 were under one year. According to the last census the following conclusions are deducible:—If these 15,756 children had lived in the neighbouring county of Richmond, but 10,829 would have died in 1858; in Rockland county 9587, and in Putnam county 7696. If the 8568 children which died under one year of age had lived in Rockland, but 3061 would have died during the same period; in Richmond 2737; and in Putnam 2226.—*New York Journal of Medicine.*

HARVEIAN SOCIETY OF LONDON.—The following is a list of the names of gentlemen elected as Officers of the Society for the year 1860:—*President*—Henry Thompson, M.B., F.R.C.S. *Vice-Presidents*—Graily Hewitt, M.D., H. Haynes Walton, Esq., E. Headlam Greenhow, M.D., J. C. Langmore, M.B. *Treasurer*—Henry William Fuller, M.D. *Honorary Secretaries*—Weeden Cooke, Esq., Henry Charles Stewart, Esq. *Council*—William Adams, Esq., I. Baker Brown, Esq., R. H. Goolden, M.D., G. Reece, Esq., J. B. Sanderson, M.D., W. Wadham, M.D., Albert J. Bernays, M.A., Ph.D., Charles Browning, Esq., Archibald Douglas, M.D., Henry H. Harrisson, Esq., Edward S. Haviland, M.D., William Sedgwick, Esq.

ILLEGAL PRACTITIONERS.—The Committee of the Hull Medical Registration Association report that they find the name of an individual on the Register, respecting whom the Secretary had been instructed to communicate with the Registrar, when they understood that he was seeking registration. If unable to prosecute the individual alluded to, on the ground of fraudulent registration, the committee purpose doing so in consequence of his assumption of the titles of Surgeon and Doctor. They add:—"Your Secretary has been instructed to warn two individuals in this town, of their illegal assumption of Medical titles; at the same time threatening legal proceedings. The parties in question, however, immediately removed such titles from their premises, etc. Your Secretary was subsequently requested to advise them not to pretend under any circumstances to be qualified men, as the committee would certainly prosecute if any instance of the kind came under their notice. The case of a neighbouring Medical Practitioner, with an extensive practice (and

whom some of your members have been in the habit of meeting in consultation), has been laid before your committee by the Secretary. This individual is not registered, and your committee intend thoroughly to investigate the case, and if necessary, to prosecute him. Through the courtesy of the Registrar, your Secretary has been supplied with a monthly Appendix to the Register, so that the name of every individual registered within the month may be readily found."

M. POUCHET has his own meaning of the term, Spontaneous Generation. His idea of it differs from that of Fray, who pretended that he saw snails and earthworms grow in the midst of organic matters in a state of fermentation; and of Aristotle, who affirmed that eels are born out of the mud of rivers; and of Diodorus Siculus, who said that a vast many animals spring from the mud of the Nile, and that their body was complete while their posterior parts were still unformed, and adherent to the earth. M. Pouchet does not return to the theory of atoms, as imagined by Leucippus, developed by Democritus, Epicurus, and Lucretius, and adopted by all the ancients. He admits that the pretensions of the partisans of spontaneous generation have become more modest with the advance of science. "We have not now," he says, "to inquire if the same plastic force, which is in action in the organisms of animals and plants, can also under certain circumstances manifest its presence amidst the *débris* of them; or if the same law, which presides over the formation of an ovule in the tissue of its stroma can raise to the potentiality of an egg organic molecules dispersed in other places. Spontaneous generation must be considered under a very different aspect. To attribute to it the immediate creation of perfect animals, instantly arising out of a fortuitous concurrence of their elements, is to recur back to the absurdities of the ancients, and to attribute to it a power not even possessed by sexual reproduction. Spontaneous generation does not create an adult being; it proceeds by the same ways as sexual generation, which is first a spontaneous act, through which the plastic force brings together in a special organ the primitive elements of the organism. . . . . The rational Spontaneparists attribute no special action to the particles of a body, and in their view these particles are grouped together to form a body only under the empire of the same laws as those which preside over the formation of the being in ovarian generation. The primary molecules are no more capable of instantly producing an adult monad, than the ovary of a quadrumanus is of producing a fully-developed monkey."

THE LONDON MEDICAL REGISTRATION ASSOCIATION.—A meeting of the Vigilance Committee was held at the office, on Friday, the 30th ult., Dr. Wright in the chair. After some routine business, the question of the conduct of the Council of the Royal College of Surgeons of England in admitting Messrs. Horton and Meredith, of Dudley, as members of this College came under consideration. A resolution was passed to the effect "That it should be recommended to the General Committee, at their next meeting, that a letter should be forwarded by the President of the London Medical Registration Association to the President of the Medical Council, calling the attention of Sir B. C. Brodie to the course pursued by the Council of the College of Surgeons, reminding him of the provisions of clauses 20 and 21 of the New Medical Act, and pointing out the injury which would be inflicted by a continuance of such procedures on the part of the Council of the College of Surgeons." A meeting of the Committee was held at the offices of the Association, No. 5, Charing-cross, on the evening of Friday, January 6. Mr. Fergusson, F.R.S., President of the Association, in the chair. The Report of the Vigilance Committee, in reference to their proceedings during the month of December last, stated, among other matters, that it had been recommended to the Devonport Medical Registration Association, from which a complaint had been received relative to the registration of an individual who was possessed only of an Erlangen degree, granted *in absentia*, to send a strong protest to the Medical Council against the exercise of the discretionary power which permitted the name of a person no further qualified to appear upon the Medical Register. Upon the question of the conduct of the Council of the Royal College of Surgeons as to the admission of Messrs. Horton and Meredith as members being brought under notice, it was moved, seconded, and carried, "That the recommendation of the Vigilance Committee, to the effect that a communication on the subject from this body be made to the Medical Council be acted upon." It may be remembered that the Vigilance Committee recommended that a remonstrance should be forwarded to the President of the Medical Council by the President of this Association, calling attention to the course pursued by the Council of the College of Surgeons, also to Clauses 20 and 21 of the New Medical Act, and to the injury which would be inflicted by a continuance of such procedures as those which the College Council had adopted. Resolutions providing for the drawing up of this remonstrance were then passed, and the President, Mr. Fergusson, announced that he should feel it to be his duty if called upon. as the chief officer of the Association, to sign and forward to the President of the Medical Council the document in question.

A HAPPY SCOTCHMAN.—"On December 25 the Medico-Chirurgical Academy of St. Petersburg celebrated the inauguration of a monument in honour of its first President, Doctor, and Privy Councillor, James Villiers, one of the greatest administrative geniuses in the organisation of schools for Medical instruction, and to whose exertions are not only due the present flourishing state of the Academy, but the development of Medical science all over the empire. Having come here in the simple capacity of a Medical man, a graduate of the University of Aberdeen, and possessing a higher degree of scientific knowledge than had ever been attained in Russia prior to his arrival in the country, he applied himself with the whole force of his powerful mind to raise the standard of the Profession, and to establish a number of schools for the propagation of a science almost unknown. And while thus exerting himself for the good of a foreign nation, he nevertheless, during the whole of his life, not only remained a British subject, but a true son of his native country—never, however, giving the slightest occasion for doubting the sincerity of his sentiments towards his adopted land. Even this praise, high as it is, does not meet the whole of his deserts. Not satisfied with devoting his life to the prosecution of a grand aim, he carried his anxiety for the good of Russia to the time when he should no longer belong to this world. In his will he left half a million of roubles for the construction of a great St. Petersburg Hospital, to be attended by the pupils of the Medico-Chirurgical Academy. Thus he died, as he had lived, the benefactor of his race. His merits, which his contemporaries did not fail to acknowledge, have now received a lasting memorial in the shape of the statue just erected in the great court of the Imperial Medico-Chirurgical Academy. The monument represents Dr. Villiers seated on a rock, and attired in the parade uniform of a military surgeon, with a brilliant display of orders upon his breast. At his feet lies his well-known work on 'Military Pharmacy;' while the left hand holding a paper scroll, and the right grasping a pencil, show him in the attitude of penning his thoughts on the organisation of Medical Institutions in Russia. The proportions of the figure are colossal. The material is bronze. The pedestal, for which black Finland granite has been selected, is adorned with caryatides, emblematical of Hygeia, the Goddess of Health. The four sides of the pedestal contain respectively the late Doctor's coat of arms, superbly executed in bronze; a representation of the first sitting of the Academy; Villiers' activity in the field during the years 1813, 1814, and 1815; and the dedicatory inscription. Other bas-reliefs illustrate the high degree of perfection to which the Institution has attained, and the glory and honour which it is destined to impart to the whole class of Military Surgeons in Russia."—*The Vedomostee.*

[Russia is an excellent foster-mother of foreign Physicians. This is the second of its great Scotch Doctors who have well repaid their flattering reception in St. Petersburg by big bags of roubles.]

A NEW ELECTRIC PILE.—A curious combination of elements for a galvanic pile has just been communicated to the Academy of Sciences by M. Marié Davy. It had hitherto been believed that, in order to obtain a regular and powerful current, the substance intended to absorb the hydrogen and to furnish the zinc with the acid which is to dissolve it must be soluble also. M. Marié Davy shows that this need not be the case, and that it is only requisite that the substance in question be a good conductor and reducible at the same time. With this view he selects sulphate and chloride of lead, the former being quite insoluble in water, and the latter nearly so. Sulphate of lead is not much used in manufactures, and

yet is produced on a large scale for the preparation of the acetate of alumina, which is used in dyeing. Hence, it may be had cheap. Now, 33 kilogrammes of zinc, costing 25f., will reduce in the pile 144 kilogrammes of sulphate of lead, and thus produce 104 kilogrammes of lead, value 65f. There is, therefore, a difference of 40f., which will nearly cover the cost of the sulphate, so that the expense of this pile would be very inconsiderable. Its electro-motive power is not inferior to that of Daniel's battery. Chloride of lead is dearer than the sulphate, but is preferable in other respects, being a better conductor, and yielding a much stronger current. The arrangement of M. Davy's pile is the primitive one in columns. Every element consists of a tinned iron dish, having a disk of zinc soldered to the bottom outside; the inside is covered with a coating of sulphate of lead of the thickness of several millimetres. When in use, each dish is filled with water, its zinc bottom being immersed in the water of the dish immediately below. A column composed of 40 elements thus disposed will form a column of about one metre in height. When the chloride is to be used instead of the sulphate, it should be previously cast into thin laminæ, and then broken into fragments, by which means the cleaning of the pile is easier to effect. A pile of this description is actually in use at the Central Telegraph-office, and has been in operation since the 9th inst.

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 7, 1859.

BIRTHS.

Births of Boys, 1003; Girls, 1005; Total, 2008.
Average of 10 corresponding weeks, 1849–58, 1603·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	629	652	1281
Average of the ten years 1849–58	628·3	619·0	1247·3
Average corrected to increased population ..	..	..	1372
Deaths of people above 90	..	8	8
Deaths in 15 General Hospitals	48	26	74

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	2	9	8	1	7	2	2
North ..	490,396	10	4	14	8	9	2	6
Central ..	393,256	6	2	7	4	5	2	3
East	485,522	4	5	6	2	3	2	8
South ..	616,635	10	12	13	5	9	3	13
Total . ..	2,362,236	32	32	48	20	33	11	32

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·294 in.
Mean temperature	43·5
Highest point of thermometer	55·5
Lowest point of thermometer	29·5
Mean dew-point temperature	38·9
General direction of wind	S.W.
Whole amount of rain in the week	0·30
Amount of horizontal movement of air in the week	— miles.

TO CORRESPONDENTS.

We may inform our readers that M. Bernard's present Clinical Lectures will not be published otherwise than in this Journal, either in this country or in France. They are the copyright of the proprietors of this Journal.

Dr. Smyth's Case of Puerperal Convulsions shall appear.

Dr. Druitt's Paper on Fœtal Auscultation shall appear in an early number.

W. T.—It hardly seems necessary to publish price-lists of drugs in these columns, as all wholesale druggists will forward their lists on application to any gentleman who may wish to look them over.

Mr. Gray.—We quite agree with the sentiments expressed by our Correspondent, but the publication of his letter might involve both him and this Journal in legal difficulties.

A Young Surgeon's letter respecting Dr. Turnbull had better be deferred until the statement is completed. If he was practising at Gateshead as a herb-doctor during the cholera in 1853, probably some of the Practitioners of the locality may afford further particulars.

A Subscriber.—An apothecary is a legally-qualified Medical Practitioner. Therefore he can give evidence at a coroner's inquest, and claim his fee. But he cannot claim his fee as a *Surgeon* unless he hold a diploma of a College of Surgeons. He must claim as a *legally-qualified Medical Practitioner*.

NEW ELECTS OF THE COLLEGE.

A copy of a protest to the Council of the College of Surgeons from Practitioners of Cheltenham has been sent to us, signed by nine gentlemen. As others will sign, it will be well to defer publication until the protest has been sent in.

COMMUNICATIONS have been received from:—
M. CLAUDE BERNARD; Dr. WEST; Mr. BABINGTON; Mr. HENRY THOMPSON; Dr. LADD; Dr. LANKESTER; Dr. DRUITT; Dr. WOOLLASTON; Dr. SMYTH; Mr. STEWART; Dr. BAINES; Mr. COLE; Mr. TAYLOR; Mr. VINCENT; Mr. TIMES; PRESIDENT AND COUNCIL OF PHOTOGRAPHIC SOCIETY; Mr. SANSOM; and Mr. LEONARD.

APPOINTMENTS FOR THE WEEK.

January 14. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

16. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m.

17. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Owen "On Fossil Birds and Reptiles."

PATHOLOGICAL SOCIETY, 8 p.m. Council Meeting, at 7.

18. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 8 p.m.

METEOROLOGICAL SOCIETY, 7 p.m.

GEOLOGICAL SOCIETY, 8 p.m.

ETHNOLOGICAL SOCIETY, 8½ p.m.

19. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall "On Light."

HARVEIAN SOCIETY OF LONDON, 8 p.m. (Council Meeting, 7½.) Mr. Weeden Cooke "On the Successful Treatment of Gonorrhœa and Gleet without Copaiba."

ROYAL SOCIETY, 8½ p.m.

CHEMICAL SOCIETY, 8 p.m.

LINNÆAN SOCIETY, 8 p.m.

20. *Friday.*

Operations, Westminster Ophthalmic. 1½ p.m.

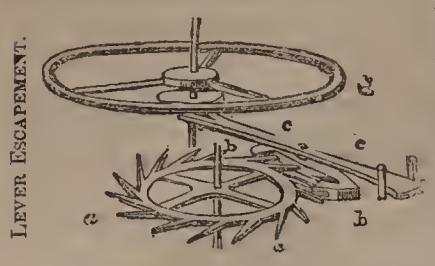
ROYAL INSTITUTION, 8 p.m. Professor Tyndall "On the Influence of Magnetic Force on the Electric Discharge."

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. Mr. C. Hunter "On the Importance of Free Respiration in certain Conditions of the Brain."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Nævus (two cases); Removal of Tumour from Breast; Removal of Growth from Tongue.



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S. V. R. 56 o.p., 17s. net Cash.—

This quotation admits of neither credit nor discount, and 1s. per gallon must be added for packages, to be allowed on their return.

HENRY BRETT and CO., Old Furnival's Distillery, Holborn.

Microscopic Glass.—Thin Glass for

Mounting Objects, in squares or circles. Slides 3 in. by 1 in., and Cells of every kind, supplied Wholesale and Retail, by

CLAUDET and HOUGHTON, 89, High Holborn, London.

To Students and others.—You will do

well to inspect the NEW STOCK of Messrs. MILLIKIN and LAWLEY, 161, Strand, adjoining King's College, where the best and most modern INSTRUMENTS may be had at very reasonable charges. Trusses Crutches, Splints, Legs, and all kinds of Surgical Appliances, made to order with precision and despatch.

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MEDICAL GLASS BOTTLES and PHIALS at the NORTH LONDON GLASS BOTTLE WORKS, ISAACS and SON (Proprietors).—London Warehouses, 24 and 25, Francis-st., Tottenham court-road, W.C.

6 and 8 oz., any shape, plain, or graduated	clear	8s.	per gross.
3 and 4 oz. ditto ditto	blue tinted	7s. 6d.	do.
½ oz. Moulded Phials	of a very superior quality.	4s. 6d.	do.
1 oz. ditto		5s. 6d.	do.
1½ oz. ditto		6s. 0d.	do.
2 oz. ditto		7s. 0d.	do.

A remittance not required till the goods are received. Packages free. Delivered free within seven miles. Post-office Orders payable to "S. Isaacs and Son," at Tottenham-court-road. Bankers: Unity Bank.

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MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington-place, Park-road. London Warehouses, 19, Bread-street-hill, near Thames-street, City, E.C., and 2, Upper Copenhagen-street, Barnsbury-road, Islington. E. and H. HARRIS and CO. Proprietors.

6 & 8 oz., any shape, plain or graduated	clear	8s.	per gross.
3 & 4 oz., do. do.	blue tinted	7s. 6d.	do.
½ oz. white moulded phials do.	of a very superior quality.	4s. 6d.	do.
1 oz. do. .. .. do.		5s. 6d.	do.
1½ oz. do. .. .. do.		6s.	do.
2 oz. do. .. .. do.		7s.	do.

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within 7 miles. Post-office orders made payable to E. and H. HARRIS and Co., at the Chief Office, London. Bankers: Union Bank of London.

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ORIGINAL LECTURES.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,

DELIVERED AT
The College of France,
DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Academy of Sciences.

Lecture III.

EXPERIMENTAL PATHOLOGY.

Necessity of a Knowledge of other Sciences in the Study of Medicine—Pathological Symptoms can be produced by Artificial Means—Can Pathological Symptoms be Explained on Physiological Principles?—The Nervous System, the Origin of all the Normal Phenomena of Life, as well as of all Pathological Action—Development of Nervous System increases as we rise in the Scale of Animal Life—A great Proportion of Diseases can be produced at pleasure, by Operating on Different Parts of the Nervous System, without the Introduction of any new Principle into the Economy—Effects Produced on a Muscle or Bone when Deprived of its Nervous Supply—Certain Morbid Phenomena, apparently incapable of being Reproduced, are nevertheless Dependent on the Nervous System, and can be called into action at the pleasure of the Physiologist—Some Diseases cannot be Imitated by Artificial Means—Will the Biologist be able one day to accomplish this Object? or must he for ever continue to recognise a special Morbid Principle, incapable of explanation?—Each Species of Animal has Diseases peculiar to itself, which cannot be Transmitted to neighbouring Species — Perverted Nutrition the Source of all Morbid Tissue—Influence of Nervous System on Nutrition—Disease not an Isolated Symptom, but a Series of Symptoms—Effect of Extirpation of Kidneys and Ligature of the Renal Arteries—Vicarious Elimination of the Urea by the Intestinal Mucous Membrane—Effect of the Cessation of this Vicarious Elimination of Urea—Extirpation of both Kidneys always followed by Death—Certain Maladies can only be produced by Agents exterior to the Body—Removal of One Kidney not Fatal, its Function being performed by the remaining one—Section of Renal Nerves always proves Fatal, by leading to Destruction of Kidneys and the Production of an Animal Poison in the Interior of the Body—Initial Proposition Established; Morbid Symptoms and Actual Diseases can be Produced by Artificial Means—Pathology a Combination of Physiology and Clinical Medicine.

Gentlemen,—In my first Lecture I made you acquainted with the course which I proposed to carry out in the study of Experimental Pathology, and I endeavoured to show you how difficult it was to enter on the study of so complex a science as that of Medicine, without having previously acquired a preliminary knowledge of other sciences less complicated in their nature; lastly, I endeavoured to combat an opinion, too generally entertained, viz. that physiological phenomena belong to an order of facts entirely foreign to those which occur in the morbid state.

We shall now enter on the study of the symptoms peculiar to the pathological state, the agents which give rise to them, and those calculated to bring about their removal; lastly, we shall produce all the phenomena of disease by artificial means, and shall then endeavour to make them disappear.

But, before entering on this subject, it is indispensable to ascertain whether everything which occurs in a state of disease can be explained on physiological grounds; or, whether disease has the peculiar property of originating, in the living being, laws altogether new, and of which we have not the slightest idea as existing in a state of health.

If, in the case of an adult in the full enjoyment of all his faculties, we ask ourselves what is the regulating agent, what the *primum mobile* of all physiological actions, we are constrained to reply that its seat is in the nervous system. It is to the nervous system that we owe both sensibility and voluntary motion, that two-fold source of all our relations with the external world; it presides over all organic functions, and it is my intention to prove to you, that while it is the origin of all the normal phenomena of life, it is also that of all pathological action.

In proportion as we ascend in the scale of animal life, we see the nervous system acquire greater development, and at the same time we observe that diseases become more frequent, more variable in their form, and more complicated in their nature. Why should this coincidence astonish us? Are not all our organs dependant directly on the nervous system? If we take, one by one, the different systems of the animal economy, it will be easy to show that all the symptoms of the diseases to which they are liable, may be produced by direct irritation of their corresponding nerves. We can even give rise, in this way, to all the anatomical lesions by which they are characterised.

What, for instance, are the principal signs of the affections of the respiratory organs? Cough, dyspnœa, increased bronchial secretion; are not these the symptoms which most frequently proclaim their existence? Now all these phenomena can be produced at will by the direct excitation of the pneumogastric or certain other nerves; we can even call into existence the anatomical lesions incidental to pleurisy and pericarditis. The causes of these morbid changes would therefore appear to be intimately connected with the nervous system. If we now turn our attention to the digestive apparatus, we shall soon be convinced that the physiologist possesses the same power relative to it, as he does in the case of the respiratory organs. By exciting the solar plexus and its efferent branches, we can determine both diarrhœa and dysentery, together with the anatomical lesions which habitually accompany them. Acute peritonitis has even been induced with all its consequences, as evidenced on opening the animal, by the presence of pus and false membrane in the peritoneal cavity.

Thus, then, a multitude of diseases may be brought into existence by a simple modification of the elements which the animal economy originally contains, without having recourse to the introduction of any new principle; and, if we were to examine the other systems of the body, results analogous in their nature would be obtained. Fever itself, that essentially Medical symptom, can be excited by a mere mechanical irritation of the nervous system, and the products of inflammation, such as pus, false membranes, and plastic exudations, may, any, or all of them, be called into existence, in a similar way. In an animal, previously enfeebled, we can produce directly pleuritis with purulent deposit, by the simple division of the great sympathetic nerve; in order, however, to ensure success in this experiment, it is absolutely necessary that the state or condition of the animal's health be previously lowered.

It is, therefore, a fact, that the perverted state of the nervous system gives rise to a great variety of diseases, not only of a general, but also of a local character: deprive a muscle or a bone of its nervous supply, and you will have, as a consequence, fatty degeneration in the one case, and rickets in the other; in fact, if you tie the nerves, which enter the nutritive foramina of a bone, you will very soon see the cells of the lamellar structure increase in size, the vessels become more numerous, and all the phenomena of rickets follow in rapid succession: we can even bring about these results on *part* of a bone, without interfering with the remainder. This experiment has been successfully carried out, in the case of the lower jaw, by M. Schiff of Berne.

But there exists in disease an immense number of other phenomena which, at first sight, it appears impossible to produce by a simple lesion of the nervous system; I allude especially to the alteration or modification of the fluids of the body, which takes place in the course of certain maladies. Now I am prepared to demonstrate that a vast number, if not all, of these morbid changes, are still to be traced to the action of the nervous system, and that they can be reproduced at pleasure by the physiologist. Among the various fluids of the body, the urine is that one the morbid changes of which have been the most carefully and completely investigated. Now you are perfectly aware, gentlemen, that albuminuria, polyuria, and diabetes, are invariably produced by excitation of definite points of the medulla oblongata, the peculiar form of the perverted urinary secretion being determined by the particular portion which is acted on: it is in the case of diabetes especially that the importance of this experimental fact is fully brought out. It was supposed that in diabetic patients the morbid state created entirely new conditions in the economy, which gave rise to the pathological production called sugar; it is now, however, admitted on all hands that these phenomena are fully explained by the mere exaggeration of a normal function, in virtue of which glycose is generated in every individual even in a state of health. It is

therefore evident that disease, in this case, is nothing more nor less than an exaggerated natural function.

There exists, however, a certain number of pathological products and morbid manifestations which we have not yet been able to imitate by the employment of artificial means. Shall we be able, at a later period, to connect these facts with those which already fall within the range of experimental physiology? Such is the scientific problem of the day. The question is, whether we shall, one day, be able to embrace pathology in its entire extent, within the compass of biological explanations, or whether we shall, in addition to all which we can imitate or explain, for ever be compelled to recognise a *special principle*, mysterious in its nature, which we must acknowledge as a morbid or vital phenomenon?

Let us take, for example, eruptive fevers, small-pox, scarlatina, and measles; these are diseases, indeed, which it is impossible for us to produce without having recourse to a special virus. Shall we, one day, be able to realise this undertaking without the intervention of the peculiar animal poison on which they seem to depend? Must we not, first of all, solve the question whether such diseases as those we have just specified can possibly exist in animals, even in those which approach most closely to the human species? Are they not in reality the exclusive property of the human organisation?

Nothing is more difficult than to produce, through the agency of the nervous system, eruptive diseases in animals, the vitality of the skin of which is essentially different from that of man. We can, nevertheless, produce ecchymosis, congestions, and glandular swellings; but it must always be borne in mind, that each particular species of animal has its own peculiar diseases, which cannot be transmitted to a neighbouring species, however closely allied they may be. Now man, in himself, presents a greater number of special diseases than all the other animals taken together.

Fortunately for physiology, such incompatibilities are rather the exception than the rule. Tubercle, cancer, and many other morbid productions, are found equally in animals and in man. Every disease which gives birth to morbid tissue is evidently a perversion of the nutritive function; now who will venture to deny the influence which the nervous system exercises over this physiological act? We must, therefore, advance resolutely in the path which lies open before us, without allowing ourselves to be disheartened or intimidated by the difficulties of our science. But we must bear in mind that a disease is not characterised by one single symptom; it consists rather of a complete series of symptoms, standing to each other in the relation of cause and effect. It is, in fact, a morbid evolution which offers a commencement, a middle, and an end; so that a skilful and practised observer, on witnessing the first stage of a disease, can predict its probable termination. This is no doubt true; disease does not consist in an isolated symptom; it is a collection of symptoms. Now these reunions of morbid phenomena, we indubitably succeed in reproducing in animals. The functions of life are modified in various ways by a variety of different agents. Poisons determine real disease which present an unbroken chain of symptoms, consequent on the introduction into the system of the toxic agent. Here, therefore, we find an entire class of diseases which can be produced at will.

But setting aside this question, of such vast dimensions, and to which we shall revert at a later part of our course, let us inquire whether, by mere surgical operations, by mere mechanical lesions, we can determine on the animals subjected to experiment, a certain number of morbid series. If you simultaneously remove the two kidneys of a dog, or simply tie the renal arteries, you immediately produce a general disturbance in the entire economy. The animal is powerless in expelling the excrementitial product which should pass off by this channel, and the whole system becomes gradually poisoned. At first the animal is not seriously affected; it continues to eat and digest its food for a certain lapse of time, which corresponds with the period of incubation in diseases; by-and-by it is attacked with vomiting and purging, shortly after which it dies.

What takes place in a case like this? Let us endeavour to explain it. During the first period the urea, which can no longer be eliminated by the kidneys, is expelled by the intestines. It is found, together with the salts of ammonia, in the animal's excrements, and even in the gastric juice. If this new mode of elimination could be prolonged indefinitely the animal would not become diseased—it would not die; but very soon the mucous membrane of the intestines, irritated by the constant contact with the ammoniacal salts, gives rise to morbid changes. On the other hand, as long as the urea is eliminated by the intestines, it does not find its way into the blood. This fact has been demonstrated experimentally by MM. Prevost and Dumas, who have not, however, succeeded in explaining it. Now, at a later period, when the mucous lining of the intestine refuses to continue this function, which is altogether foreign to it, the urea finds its way into the blood, and the animal soon expires, comatose and convulsed.

When the cessation of the urinary secretion depends on the ligature of the renal arteries, this state of things may sometimes be obviated by removing the ligatures; the self-same thing would also take place in man, if there existed an obstacle to the passage of the urine, and if it were possible to remove that obstacle; but in all cases in which the kidneys have been removed death has always supervened. The destruction of the animal has been the invariable termination of the morbid series.

Here, then, we have a disease which can be artificially produced; but there are many others, the causes of which are agents existing exterior to the body; contagious affections belong to this class. The fact has been experimentally proved in the case of peri-pneumonia of horned cattle, by the establishment of a communication between two cow-houses, the one containing healthy, the other diseased cattle. In the inclosure, which, in the first instance, contained only healthy cattle, several cases of this peculiar affection occurred in succession.

But independently of these various causes, the action of which I am far from being disposed to deny, internal accidents occur, and give origin to various affections in the economy. This has been experimentally proved; if you remove both the kidneys of an animal it dies; if you remove, however, only one kidney, the animal continues to live; the organ becomes enlarged, and plays both its own part and that of its absent fellow; a fact which can be easily ascertained by opening the animal a certain time after the operation has been performed. But if, instead of removing the kidneys, you simply make a division of their nerves, the animal dies. During the first few days which follow the operation albuminuria is produced; shortly after, inflammation of the kidneys sets up; they then mortify and become decomposed; so that, finally, they act on the economy like a septic poison, which inevitably leads to death. Such I consider to be the natural explanation of this *apparently* mysterious fact.

I now presume that I have established the initial proposition: Not only can we succeed in producing morbid symptoms in animals by artificial means, but even actual diseases, with their complete chain of results. Pathology, regarded from this point of view, combines the resources of Physiology with those derived from clinical observation.

Severe Punishment of a soi-disant Cancer-Curer at Toulouse.—One Martinez, an *officier de santé* (the inferior order of Medial Practitioners in France), was charged as a swindler before the tribunal at Toulouse, for having advertised himself as a radical curer of cancer, compelling the patient to pay him beforehand. It was proved to be his habit to work upon the fears of his patients by declaring the incurability of their disease in any other hands than his own. He stipulated for high payments, sometimes as much as 4000 francs, half of which were to be given in advance, and in his receipt for this he bargained for the payment of the remainder on the extirpation of the cancer, while the patient believed the cure to be intended. His treatment consisted in powerful caustics, which caused great pain; and, after a while, he exhibited to the patient what he called the extracted cancer, stating that the cure was in fact accomplished, cicatrisation of the wound alone remaining to be effected, and this always being a tedious process. The Court could not admit that the charge of his actually causing the death of some of his patients had been proved; but declared him to have committed various acts of swindling by persuading his dupes that he was in possession of an infallible remedy for the cure of cancer, and under the influence of chimerical hopes thus excited extracting from them various sums of money. He was sentenced to five years' imprisonment, and a fine of 1000 francs.

ORIGINAL COMMUNICATIONS.

PRACTICAL REMARKS ON FŒTAL AUSCULTATION.

By R. DRUITT,
Licentiate of the Royal College of Physicians, London.

The readers of the *Medical Times* have lately been startled by the announcement on the part of one of the most learned Physicians in the world, that the sounds of the fœtal heart cannot be heard before birth; that, if certain sounds be heard, such as are commonly described as those of the fœtal heart, there is no certainty attainable that they are what they are supposed to be; and that the commonly-described sounds are illusions, and exist only in the minds of the listeners.

I feel a strong impulse to come to the rescue of this diagnostic sign; not merely in order that the Practitioner may be induced not to abandon a mode of investigation which often yields the most important and satisfactory results, but because I had the opportunity of seeing the remarkable case referred to by Dr. Adams, and quoted of late by Dr. Ferguson, in which the sounds of the fœtal heart were thought to be heard when there really was no fœtus in utero: and, therefore, am prepared to judge of the real value of the objection which that case furnishes.

First of all, as to the facts asserted, and the reasonableness of them. To me, as to most of your readers, it is absolutely certain, that at most times, in women pregnant of a live child, especially after the fifth month, there can be heard over some part of the enlarged uterus, a small and distant, but often remarkably distinct heart-beat, varying from 140 or 150 to 180 in the minute. By a heart-beat is meant a double beat, of one louder and more pronounced, and another shorter, immediately succeeding, and less pronounced. Doubtless, there are hundreds of your readers who have heard these sounds hundreds of times; and any one who has the opportunity could easily demonstrate the fact to any number of persons not absolutely deaf. I have caused them to be heard by women and by laymen: and if the following or any other test of the fact would satisfy Dr. Adams, it could be applied easily and in public. Let a jury of Medical observers meet at the bedside of any woman in the last month of pregnancy; let one of them, first of all, privately mark with a pen the circle within which he can hear the fœtal heart, and let him mark three or four similar circles over other parts of the abdomen where he cannot hear those sounds; then let the others auscult, and each make a private note as to the sounds heard at each spot. Their agreement either in hearing nothing at any one of the places, or in fixing on the one place where the heart-sounds are heard, would follow of necessity.

Granting, however, that it may be difficult to convince A by any test, that certain sounds which are alleged to reach the ear of B, C, and D, may not be illusions, if he cannot hear them himself, let us look at the *à priori* reasonableness that such sounds may, nay must, exist, and must be heard in the case before us.

It is said to be incredible that the sounds of the fœtal heart can reach the ear through so great a mass, consisting of uterine tissue, vessels, and the limbs of the child. But, affirming as I do that they can be heard, I would remark that the thickness of uterus and parietes is not great, and not to be compared in sound-deadening qualities to a common pillow. But who doubts that the ticking of a watch can be heard under a pillow? As a fact, I can hear my own watch through the thickness of sixteen folds of blanket.

Then a question seems to be raised as to the possibility of counting so large a number as 140 or 160 double beats in a minute.

But there is really no difficulty in this. The breathing of dying children may be distinguished at 180; the pulse at 240. I have counted the heart-pulsations of a tame rat at 300, holding the creature close to my ear. The ticks of a lever watch are four to a second, and may most easily be counted at 240 per minute. It is easy to count aloud—one, two, three, four, etc.—at the rate of 480 per minute. When the piano is played rapidly, the ear with the most perfect readiness can recognise 720 sounds per minute; and, by a well-known artifice, any such series of sounds, though the lips could not frame the syllables fast enough to reckon them aloud, can yet be counted accurately, if they follow in rhythmical order, by parcelling them out into sets of 8, 10, or 12, and counting these sets, as musicians do the silent bars of a piece of concerted music.

Averring, then, that there is nothing in the sounds, or in their rapidity, which is any physical obstacle to their being heard, let me say a few words on the difficulties which occasionally present themselves; for it is quite hopeless, with this or any other diagnostic sign whatever, to expect to find a series of cases without some occasional source of embarrassment.

There is no doubt that a woman may be pregnant of a living child, and yet that at times the fœtal heart-sounds may not be discovered even by a person accustomed to the search.

For example: last week I saw a patient pregnant for the fourth time, phthisical, suffering from hæmoptysis, and labouring under acute abdominal pain, compounded of hysteria and of intestinal disorder. It was matter of some interest to discover if the child were living; for the patient alleged that it was dead, and that she felt a cold dead weight, and other symptoms, which very likely she did feel, but which, nevertheless, are no proof of the death of the fœtus. I made a careful search, but could discover nothing besides the usual placental blowing synchronous with the mother's pulse, and very loud. A second visit was equally fruitless.

But two days afterwards, I heard the fœtal heart perfectly and unmistakeably. The patient was in the seventh month; the navel not protruded; the uterine tumour rising obliquely to the right, and a little higher than the navel. Suppose a horizontal line drawn from one anterior superior spine of the ilium to the other. In this patient this horizontal line was eleven inches long; and if a point on that line had been taken, exactly one and a-half inches to the left of the linea alba, and a circle of nearly two inches diameter had been traced around, the fœtal heart could have been heard unmistakeably there, and nowhere else. The placental bruit was heard two inches higher up on the same side.

This source of confusion is often met with, particularly in the sixth month; that is, that although a live fœtus exists, its heart is not audible at certain times. In no case, then (supposing such a thing possible), must the absence of these sounds at one time of examination be taken as a proof that there is no pregnancy, or that the fœtus is not living.

Again—and this is the real difficulty—there are cases in which some sounds are heard feebly or indistinctly, so that the observer cannot testify positively that they are not heart sounds; or, again, certain other sounds may be mistaken for these.

This happened in the case referred to by Dr. Ferguson in his Introduction to Gooch (lately published by the Sydenham Society), and adduced with so much triumph by Dr. Adams, as a proof of the worthlessness of obstetric auscultation. As I saw this case, (any one who desires to read a full account of it, may find the original paper by my friend, Dr. Challice, *Lancet*, 1847, vol. ii. p. 408,) I may be permitted to observe that it was one in which a virgin girl believed herself to be pregnant, but in reality suffered from ovarian dropsy of enormous size, through which the feeble and rapid pulsations of her own heart were diffused over the abdomen. But this was altogether an exceptional case, and the error committed in that instance, now that it is known, need not be fallen into again. If the sounds heard in the abdominal tumour are not confined to a small circle; and if they do synchronise with those of the maternal heart, they will not for the future be even suspected to be fœtal.

In opposition, then, to the sceptical views of Dr. Adams, I would state these conclusions:—

That in a small number of cases the sounds of the heart of the living fœtus, though carefully searched for, may be at certain times inaudible.

That in a still smaller number of cases the observer may imagine that he hears something like the fœtal heart; but without absolute certainty. In either of these cases repeated investigation will clear up the negative result. While I affirm, thirdly,

That in all cases of pregnancy with a live child, at some times, and in by far the greater number at all times during the later months, the sounds of the fœtal heart may be heard

in a limited space, so clearly and unmistakeably, as to put the existence of a living fœtus in utero beyond all doubt.

Let me, lastly, give three words of direction to anyone who is not accustomed to make this investigation.

Of all the signs which distinguish the enlarged uterus from other tumours (though authors do not notice it), none is more valuable than the following:—The uterus, like other hollow viscera, has a regular peristaltic motion, continuous throughout pregnancy (and after delivery), and consisting in periodic contractions, which cause a moderate, but decided tension of the organ, and are followed by flaccidity and repose. No other tumour, not tympanitic, can do this; and during the fits of contraction the shape, dimensions, and outline, of the organ are unmistakeable. When about to auscultate, gently shampoo or roll the abdominal parietes over the womb, till you find it hard and resisting. That is the moment for auscultation. Be careful to put the stethoscope on the womb itself, and perpendicular to its surface thus isolated and defined; not merely in a vague way on the abdomen. Search carefully on the horizontal line on a level with the anterior superior spine of the ilium; beginning on the left side, then a little above and below; if unsuccessful go to the right side. Take care that your attitude is easy and produces no rushing noise in your ears; and if the woman be pregnant of a live child you will hear within a limited space, the heart-beat as distinctly before birth, as you can after birth, and just like it.

A wholesome scepticism is the best guarantee for the soundness of our supposed facts; and Heaven knows that few sciences need it so much as Medicine. But the auscultation of the fœtal heart is a thing so easily tested, that it is to be hoped that any doubts conjured up by your Northern correspondent will soon be laid at rest.

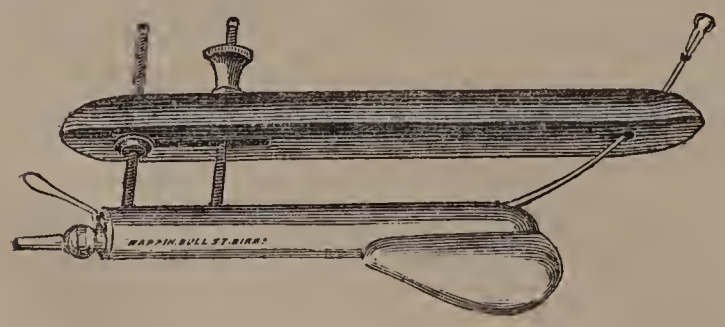
37, Hertford-street, May-fair.

NOTE ON A NEW MODIFICATION OF WUTZER'S INSTRUMENT FOR THE RADICAL CURE OF REDUCIBLE HERNIA.

By FURNEAUX JORDAN,

Assistant-Surgeon to the Queen's Hospital; Professor of Anatomy, Queen's College; Consulting Surgeon to the Eye and Ear Dispensary, Birmingham.

In Wutzer's operation, the difficulty which all Surgeons have experienced and described, is in obtaining sufficient adhesion between the invaginated cylinder of integuments and the posterior wall of the inguinal canal, and in efficiently blocking up the inner inguinal aperture. In two cases which were recently under my care at the Queen's Hospital I used the instrument here depicted with the best results.



The instrument consists of a hollow metal plug. In the interior, and along the upper wall, is a small canal for the needle; beneath the needle, and occupying the remainder of the hollow space, is a vulcanised india-rubber apparatus of a pyriform shape, the wider extremity being at the round end of the plug. At the under aspect of the tubular plug is an aperture, oval in form—one extremity being a little wider than the other—seated close to the end of the plug, and slightly encroaching on its rounded extremity. Through the aperture dilatation may be effected with air, or water, or glycerine—fluid is perhaps preferable, because, however accurate the stop-cock, probably a little air may escape—by means of a small syringe, which can be easily applied to a tube and stop-cock connected with the smaller extremity of the vulcanised tube, and fixed to the flat end of the instrument. The tube must be introduced into the hernial canal, the needle passed, and the skin-piece fixed, *before* dilatation is effected. The attempt to dilate before fixing the plug would result in the repulsion of the instrument to an extent corresponding with the degree of dilatation. The amount of fluid dilatation of the instrument, of which it is desirable to have three sizes, admits of easy measurement before it is used. The instrument may be adapted to almost every form of hernia (the cases in which I used it were direct inguinal), by bending or otherwise altering the form of the tube, or by directing the fluid dilatation at will by an aperture in any part of the plug, or by uniting both these possible methods of modification.

Its advantages are these:—The fluid dilatation posteriorly presses upon the posterior wall of the inguinal canal, and thus induces adhesion between the approximated sides of that canal and the posterial aspect of the invaginated mass of cutaneous structures. But it does more than this: *the air or fluid pressure, from its peculiar character, is exerted chiefly at and fills up the internal ring or other aperture—whatever its position, or shape, or size.*

I would suggest here that—as *continued* pressure is the most effective agent in the absorption of inflammatory exudations and the atrophy of normal structures—the pad, spica bandage, and subsequent truss, might perhaps be omitted with advantage in the after treatment of the radical cure of hernia, the patient simply wearing an efficient suspensory bandage. We want as much new and old tissue as possible in the inguinal apertures. To take great pains to excite inflammatory exudation, and then to take equal pains to disperse it, is surely a surgical paradox.

Birmingham.

CASE OF INFLAMMATION OF AN OVARY, FOLLOWED BY A CIRCUMSCRIBED TUMOUR IN THE ADJACENT TISSUES.—RECOVERY.

By EDWARD B. GRAY, M.B. Oxon., M.R.C.S.L.

House-Surgeon to the Radcliffe Infirmary.

E. G., aged 32, an anæmic, sickly-looking woman, was admitted into the Radcliffe Infirmary, under the care of Dr. Rolleston, on Nov. 10, 1859, on account of a tumour in the lower part of the right side of the abdomen, and severe pains in the calves of the legs; her general condition also being exceedingly feeble.

She had been married four months: enjoyed good health up to one month previous to admission, when she was taken with sore-throat and violent sickness. At the end of a week she menstruated normally, the sickness and sore-throat subsided, but were immediately followed by severe pain and tenderness in the lower part of the right side of the abdomen, where she felt for the first time a small moveable tumour.

This tumour, which has remained stationary in size, has been the seat of more or less pain; and, since she first noticed it, she has also suffered constant pain, with occasional cramps in one or other of the calves of her legs. On admission, it could be easily felt—just beneath the abdominal walls—as a smooth, spheroidal, moveable lump, of firm consistence, about the size of a hen's egg, in the exact situation of right ovary. Examination by the vagina could detect nothing abnormal.

She was kept quiet in bed, and, after being freely purged with castor-oil, was ordered a tonic mixture of quinine and iron, and a light nutritious diet. A few leeches were at once applied over the seat of pain, with slight temporary relief.

The pains and cramps in the legs continued, and no change was noticed in the size, form, or position of the tumour till November 18 (a month after admission), when it seemed less prominent, and lower down in the pelvis. Examination by the vagina *now* showed further the existence of another tumour, for on passing the finger of one hand behind and a little to the right of the posterior lip of the uterus, while the other hand made pressure externally on the abdominal walls, it was evident that the intervening space (*i. e.* the right half of the pelvis) was occupied by a hard globular mass,

feeling just like a sac tensely filled with fluid. Over this mass the tumour previously observed was independently and pretty freely movable.

It was thought that the tumour in the pelvis was a collection of fluid between the layers of the broad ligament; and that the tumour above it, felt through the abdominal walls, was the right ovary, much enlarged and inflamed.

She was ordered to continue her tonic mixture; also to have a large belladonna plaster across the loins, and belladonna ointment rubbed daily into the front of the abdomen.

The pain and cramps in the legs, which had all along constituted her principal suffering, immediately subsided, and, except during the following menstrual period, did not return.

By the end of a month the ovary had diminished to its natural size, and the pelvic tumour had completely disappeared—at least, no trace of it could be found on vaginal examination. As far as could be ascertained by careful watching, no discharge of the contents of the tumour took place either by the vagina or the bowel. They seemed to have been gradually reabsorbed.

She went out on December 14, relieved of all her symptoms, and greatly improved in her general health.

Remarks.—1. I would suggest the possibility of this having been a case where the ovary became inflamed by metastasis from the throat, just as we see orchitis sometimes comes on in an attack of mumps. A similar case of apparent metastasis of inflammation, from the tonsil to the ovary, was related in the *Medical Times and Gazette* for September 3, 1859, (No. 479) by Dr. James, of Braintree.

2. The inflamed (or otherwise disordered) ovary seems to have been followed by inflammation in the tissues adjoining it; just as tonsillitis is sometimes followed by retro-pharyngeal abscess. Thus we account for the formation of the tumour low down in the pelvis. What were its contents it is impossible to say: but it seems reasonable to suppose that had it been a collection of pus it probably would not have been absorbed so quickly, if at all. It was most likely an effusion of sero-albuminous fluid, which became reabsorbed before it reached the suppurative grade.

3. The case affords a good illustration of the reflex capacity of the spinal cord in disease, *i. e.* its tendency to propagate an irritation far beyond the seat to which it was originally confined. The patient has inflammation of the cellular tissue of the pelvis: coincidently with the establishment of this nucleus of irritation, she begins to complain of pains and cramps in the calves or her legs; the irritation of the pelvic mischief being conducted to the spinal cord, and in it transferred to the central termination of the great sciatic nerve, giving rise to the above-mentioned symptoms in certain parts to which this nerve is distributed.

4. In this case the immediate and marked arrest of pains and cramps in the legs, after the application of belladonna to the spine and abdomen, suggests that possibly we may have in belladonna an agent of some efficacy in checking, either wholly or partially, that proneness which we find in the spinal cord to propagate irritation reflectively beyond its original seat. The possession of such a remedy is a grand desideratum, since the secondary pains (as in the above case) not unfrequently cause more suffering than the primary disease to which (through the agency of the spinal cord) they are due. Experiment alone will tell whether belladonna has this virtue. The class of cases to give it a trial would be chorea, hysteria, epilepsy, cases of sympathetic vomiting, sympathetic pains, and other cases of this nature. The most likely plan to ensure its action would be to apply it over the spine itself, and over those cutaneous nerves which go to the spinal cord (*i. e.* over the skin of the chest or abdomen, as the case might be).

Oxford.

Combined Adjustment of Medical Fees prohibited in France.—As an additional illustration of the state of tutelage and petty tyrannical supervision exercised over all classes of persons in France, we may notice that the fixing a tariff of fees by the Medical Practitioners of Bar St. Aube, has been pronounced by the Minister of the Interior as the result of a *coalition*. The Committee of Practitioners is therefore *invited* to withdraw the tariff, under pain of a dissolution of the Aube Medical Association, the formation of which was authorised by the Préfet in June.

ON LACHRYMAL OBSTRUCTIONS TREATED ON MR. BOWMAN'S PLAN.

By T. PRIDGIN TEALE, Jun., M.A. Oxon., F.R.C.S

(Continued from p. 34.)

Where the strictured part is very limited in extent and the rest of the duct healthy, mechanical treatment by the probe alone suffices. When, however, the duct is tight and painful throughout its whole length, and still more when the mucous membrane of the nostrils is swollen and sensitive, there is usually an unhealthy condition of the surrounding tissues. Sometimes also the obstruction of the duct itself depends on irritation extending from the periosteum of neighbouring bone, and even from inflammation of the lachrymal passages of the opposite side. In such cases there is often need for auxiliary treatment both general and local, the treatment being usually more protracted, and the obstruction more liable to relapse. The canaliculi in this class are generally free from obstruction, and are often dilated, a condition which greatly facilitates the early steps of the operation. In rare cases they are strictured so that the contents of the sac cannot be pressed out through the puncta. Should this latter condition exist, an attempt may be made to dilate the narrow part of the canal with fine probes. If these attempts do not speedily succeed, the cataract-knife guided to the stricture by the grooved probe may be carefully thrust onwards, dividing its way through the stricture into the sac.

When the sac becomes distended again after the probe has been passed into the nostril, the patient should be directed to press out its contents many times daily. The sac is thereby relieved not only from distension, but also from the lodgment of irritating secretions.

It happens occasionally that the epiphora repeatedly recurs, although the largest probe, No. 8, may be passed along the nasal duct without resistance. It would seem as if there were in such cases a soft or œdematous swelling of the lining of the duct, which yielded before the probe, yet closed the passage against the flow of tears. In some cases no doubt the condition of the mucous membrane of the nose at the lower opening of the duct is the chief cause of the obstruction. In No. 15 of Table II. the interior of the nostril was swollen and ulcerated, and the probe, although passing easily along the duct, gave great pain as it reached the nostril.

When the sac has become acutely inflamed and suppuration is threatened, it may be a question what mode of treatment it is best to adopt. In Cases 13, 27, and 34, the lower canaliculus was slit up to the sac, and a full-sized probe passed down the nasal duct into the nose. Immediate relief to the suffering, and rapid subsidence of the redness and swelling were the result, and there was no formation of fistula. In Case 17 of Table II. a free incision was made through the inflamed skin into the sac. After a few days, when the swelling had considerably abated, the canal was slit up and the probe passed into the nose. The incision through the skin soon healed, leaving a hardly perceptible scar. The epiphora ceased after a few weeks' use of the probe, being liable to occasional relapse.

From these cases it would appear that immediate treatment by probing of the nasal duct may arrest threatened abscess, and also that temporary relief may be obtained to the inflamed parts by incision through the skin, without material prejudice to the result or visible scar, provided that the probing of the nasal duct be adopted soon after the relief has been obtained by incision. As a general rule, however, it may be stated that the sooner the probing of the duct can be adopted after the sac has inflamed the more rapid will be the recovery; but that it is much better to adopt this treatment before the sac has inflamed.

In further illustration of this subject, Case 15 of Table II. may be referred to. The lachrymal sac being distended, became inflamed, but not acutely, and the surrounding tissues were hardened and not much swollen. The lower canaliculus was slit up, and a probe passed into the nose. The hardness, however, continued for a few weeks, until a small abscess formed beneath the skin, but external to the sac. To avoid a scar I adopted the following treatment at the suggestion of Mr. Bowman who saw the case. A narrow-bladed knife was introduced along the slit canaliculus into the sac, and directed against its anterior wall, so that a free com-

munication was established between the sac and the abscess overlying it without causing an external wound. The patient was requested to press the contents of the abscess into the sac two or three times a-day. The incision had to be repeated at the end of a fortnight, after which the abscess disappeared.

TABLE II.—CASES IN WHICH DISTENSION OF THE SAC HAS BEEN FOLLOWED BY FISTULA.

No.	Date.	Name and Age.	Duration of Epiphora.	Duration of Treatment, and Result.	Remarks.
9	Jan. 1858	J. B. 27.	Left side—Epiphora 7 years; fistula 6 years.	Relieved. At the end of nine months the fistula, and a large ulcer of the nose resulting from it, were healed. Epiphora continued, but in a moderate degree.	As it was impossible to restore the canal of the nasal duct, the lachrymal sac was obliterated by M. Desmarres' cautery.
			Right side—Epiphora; no fistula.	Epiphora continues.	Several attempts to restore the nasal duct were made without success.
10	Feb. 1858	Mrs. B. 50.	Right side—Epiphora 8 years; fistula 1 month.	Cured. Fistula healed in a fortnight. Epiphora ceased after five months. Probes passed about once a month.	Nasal region much swollen, and the patient in feeble health. After the first two months the probe was passed by her own attendant. Bulbed probe, No. 8, passes easily on both sides.
			Left side—Epiphora 8 years; fistula 1 month.	Relieved. Fistula healed in five weeks. Occasional relapse of epiphora, requiring the probe once in two or three months.	
11	Mar. 1858	Mrs. T. 50.	Epiphora 6 months; fistula 3 months.	Cured. Fistula healed in a month, shortly after which it opened out for a few days, from the neglect of the epiphora. The epiphora ceased in about twelve months, during which the probe was used twelve times.	The nasal duct was narrow and sensitive in its whole extent, so that the passage of the probe caused much pain.
15	June 1858	Miss T. 13.	Left side—Style had been worn for a year.	Nearly well. The fistula healed up at the end of six months; but it reopens at the end of four or five weeks after the probe has been passed, from relapse of the epiphora.	The style was at once removed, and treatment by probing the nasal duct through the slit canaliculus adopted. The probe is passed once in six or eight weeks.
			Right side.	Relieved. A few months since the right sac became distended and inflamed. Canal slit up, and bulbed probes passed about eight times in six months.	A small abscess, which had formed outside the sac, was made to communicate with it by means of a knife passed along the slit canal into the interior of the sac, and incising its wall from within.
17	July, 1858	Mrs. F. 36.	Epiphora 6 years; fistula a few days.	Cured. The fistula healed in three or four days. The epiphora relapsed occasionally for a year. She has a temporary epiphora if out of health	Acute inflammation of the sac temporarily relieved by incision through the skin. When the swelling subsided, the canaliculus was slit up, and a bulbed probe was passed down the nasal duct.

Remarks on Table II.—This series illustrates several phases of fistula lacrymalis, and augurs favourably of the result of such cases when treated by this new plan. In three of them—Nos. 10, 11, and 15—the fistula was recent, having existed less than a month, and was healed up within a month of the commencement of treatment by probing. In one only did the fistula open out again, and that was shortly after it had closed, and only for a few days. Since its second closure there has been no relapse. It appears, therefore, probable that cases of moderately recent fistula and lachrymal abscess are completely under command. Case 15 is one of much interest. This patient, aged about thirteen years, had worn a style, introduced in the old method, for nearly a year. She was much disfigured by swelling of the tissues about the bridge of the nose, and by ulceration of the skin around the fistulous opening in which the style was lodged. There was also a constant pustular ophthalmia, resulting from the neighbouring irritation. The style having been removed, treatment by probing through the slit canaliculus was at once commenced, and continued for nearly a year and a-half, the probe being used at intervals varying from four to six weeks. At first the progress was slow, in consequence of the sensitive condition of the parts and the delicate health of the patient, so that the fistula did not close until the end of six months. From that period till recently the fistula has constantly been healed up for two or three weeks after each probing, and then has opened out at a small point, in consequence of the relapsing obstruction of the nasal duct. Since the last probing, however—more than two months ago—the fistula has remained closed; and, as the parts surrounding the lachrymal sac have almost recovered their natural state, it is probable that no further treatment may be required.

In Case No. 9 there was a fistula of six years' standing, which had given rise to a large sore over the sac, and on the side of the nose, the ulcerated surface being so thickened and blended with the tissues beneath as to resemble, on a small scale, the periosteal ulcer sometimes found over the tibia. Attempts were made to restore the channel of the nasal duct, but without success. The only resource left appeared to be, to obliterate the cavity of the lachrymal sac, and thus to do away with the permanent source of the fistula. Desmarres' operation was therefore adopted. The lachrymal sac having been laid open, the beaked cautery was freely applied to its lining membrane. A few weeks later, a fistulous channel still remaining, this operation was repeated. During this time the ulcerated surface, not having improved by the simple division of the fistula and its branches, was treated by several applications of caustic potash. At the end of nine months from the commencement of treatment he reported himself well; the ulcer and fistula had healed, and the overflow of tears resulting from obliteration of the sac caused little inconvenience. This case illustrates a condition in which obliteration of the lachrymal sac may be adopted with advantage, but only as a last resource after all attempts to restore the nasal duct have failed. Whether or not the plan of M. Desmarres be the best mode of accomplishing this, I am not prepared to say. It is certainly difficult to apply with accuracy a heated cautery to the bottom of a wound exposing the interior of the lachrymal sac. Possibly some caustic substance would do the work more easily and effectually. As to the value of obliteration of the sac in rare cases there cannot be much doubt. By putting an end to the ulceration and fistula connected with the tear-passages the irritable state of the conjunctiva is diminished, if not terminated. This being accomplished, the epiphora is more than half cured; since the flow of tears, being in an unirritated eye occasional, becomes only a perpetual epiphora under irritation.

(To be continued.)

UNIVERSITY OF LONDON.—The Senate of this University acting upon the representations made by some of the most eminent men of science in this country, have recently instituted degrees of "bachelor" and "doctor" of science, and have issued a series of regulations for the guidance of those who seek to become candidates for such distinctions. By these regulations it is provided that the acquirements shall tested by the matriculation examinations; that the degree of Bachelor of Science shall take rank with that of Bachelor of Arts, and will be conferred, after two consecutive examinations, at an interval of one year; and, lastly, that the degree of Doctor of Science shall be conferred only upon such candidates as have not merely given evidence of general scientific attainments, but have a very high proficiency, theoretical and practical, in some one branch of scientific knowledge. In preparing for these degrees, candidates are left to their own choice as to locality and to instructors, and by the new charter to the University candidates for its degrees in arts now enjoy the same liberty; so that such degrees are now open to everyone who can stand the test of successive examinations to which candidates are subjected.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

SAMARITAN HOSPITAL.

RECTO-VAGINAL FISTULA—SEPTUM RUPTURED AT THE CONSUMMATION OF MARRIAGE—OPERATION—CURE.

(Under the care of Mr. SPENCER WELLS.)

[From notes by Dr. BLOOMENTHAL, Resident Medical Officer.]

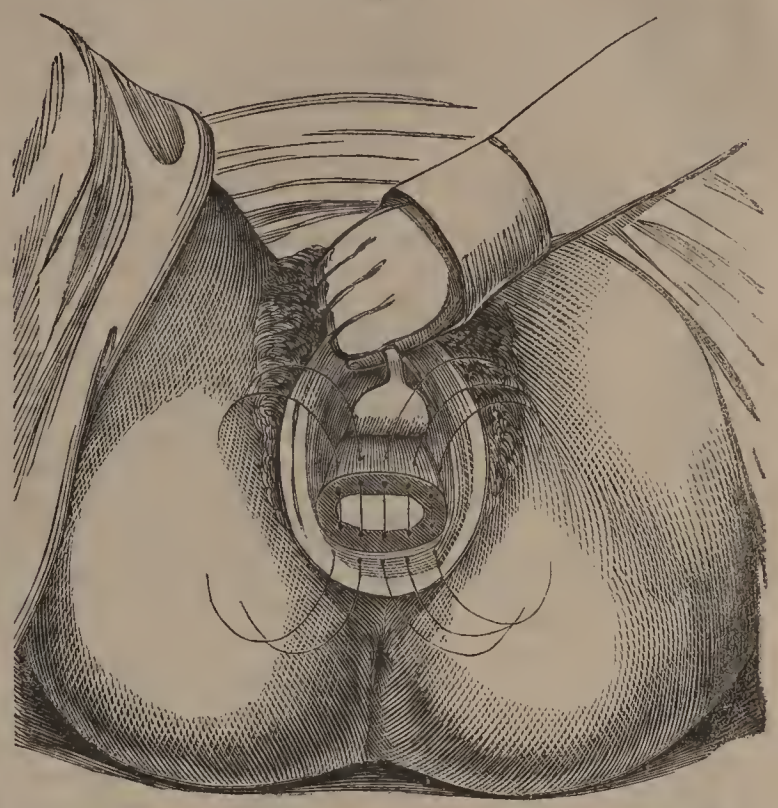
S. R., aged 26, was admitted under the care of Mr. Spencer Wells on December 7, 1859.

History.—She had been a servant, and always enjoyed good health until her marriage, four months before admission. She suffered great pain at the consummation of marriage, and bled a great deal. On the second night she suffered still more. Considerable swelling of the labia came on, and she had great pain and sensation of weight and dragging in the perineum. After a day or two she began to notice that some of the fæces passed by the vagina, and she had great pain in defecation. Latterly, the whole of the fæcal matter passed through the vagina, none by the anus, and she had very little power in retaining the evacuations, not being able to do so for more than a few minutes.

State on Admission.—On introducing the finger into the vagina it passed at once into the rectum; on introducing another finger by the anus, both fingers met in a large common cavity. It appeared at first as if the whole recto-vaginal septum had been torn away; but closer examination showed that it had merely been pushed upwards, that portion corresponding to the posterior segment of the hymen having been torn through. On passing a finger closely along the anterior wall of the vagina, the os and cervix uteri were felt to be in the normal virgin condition; the os small and nearly circular, having none of the oval laterally-elongated form of the os of a woman who has borne a child. This observation was made with great care, as it had been suggested that the patient's account might not be true, that she had possibly borne a child before marriage, and that the opening into the rectum had been the result of sloughing. But the absence of any marks of distension on the abdomen, and of cicatrices in the vagina, corroborated, like the state of the uterus, her statement. By keeping one finger on the vagina, and pressing the recto-vaginal septum downwards and forwards, the borders of the opening could be defined. Two fingers passed easily into the rectum. The lower border of the opening was just within the sphincter. On holding forwards the anterior wall of the vagina by a spatula, the opening was seen to be about the size of a shilling, but elongated laterally.

Fig. 1 will give a clear idea of the operation Mr. Wells performed on December 16.

FIG. 1.



The rectum and vagina having been thoroughly washed out by warm water, chloroform was administered, and the patient placed in the lithotomy position. Dr. Rogers kept the anterior wall of the vagina held forward by one of Jobert's spatulas, and the labia being kept aside, Mr. Wells fixing the edges of the opening by hooked forceps, carefully pared them all round. The hæmorrhoidal vessels bled very freely, and several ligatures were applied; some small vessels were also twisted. Bleeding having ceased, five sutures of iron-wire were passed very easily from before backwards, by means of Mr. Startin's tubular needle, represented in Fig. 2, so warmly recommended by Dr. Simpson in his Lecture on Vesico-Vaginal Fistula. This needle is here represented

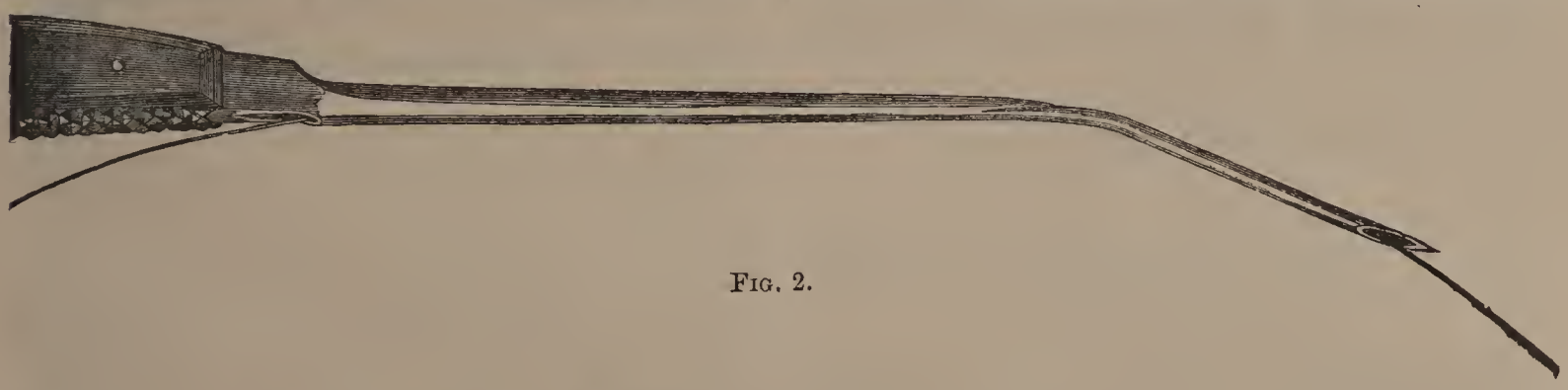
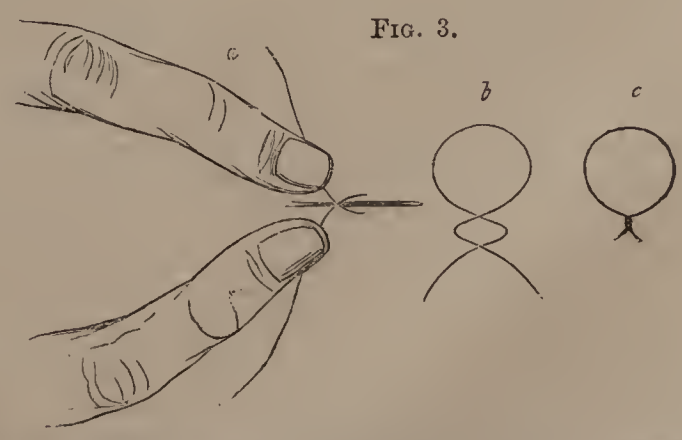


FIG. 2.

of the full size, but with only a part of the handle. A wire is shown as passed through the tube. In using this needle the wire is passed on near to the point, from the orifice close to the handle. Then the point of the needle having been passed through both edges of the opening, the wire is pushed on and the needle withdrawn, leaving the wire in the desired position. In this way, as Dr. Simpson has shown, wire sutures are passed with great ease, accuracy, and rapidity even at the bottom of deep cavities.

The wire having been passed, the edges of the opening were drawn together, and fixed by simply twisting the wires, as shown in Fig. 3; *a* showing the two fingers about to give the first twist to the wire; *b* the first loose turn, the curves separated to show the twist more distinctly; *c* the twist completed, and the ends cut off. These cuts we have had engraved in consequence of the difficulty we have seen some Surgeons experience who have attempted to *knot* instead of *twist* wire

FIG. 3.



sutures. When the two fore-fingers can be carried down to

the wound, the simple twist is all that is necessary to secure firm and accurate adjustment; but, when the opening is at any great depth, the instrument figured by Dr. Simpson in this Journal for Jan. 8, 1859, becomes very useful. It consists of two short tubes at the end of a steel rod, as shown in Fig. 4. The end of the same instrument is also shown in the next cut (Fig. 5) of the full size, as in the act of twisting the wire.

Fig. 4.

Fig. 5.

Progress of the Case.—The patient was kept in bed, small doses of opium were administered to keep the bowels confined, and the catheter was used for two days. On the fourth day Mr. Wells removed the sutures, and found the wound well united. The bowels were kept confined until the tenth day, when they were opened by enema. No fæces passed into the vagina. Two days afterwards, on using the enema, it was observed that a little fluid passed into the vagina; and, on examination, it was found that the stitch next to the left of the central one had left a small opening just large enough to admit a probe. Nitrate of silver was applied twice to the spot at intervals of two days, and the small opening entirely closed. The patient left the Hospital on January 13, the opening having been perfectly closed, the recto-vaginal septum being firm and complete, and she had full power over the fæces, which passed entirely by the anus.

Remarks.—In addition to the Surgical interest of this case, it is of some importance in its medico-legal aspect. The question raised as to the possibility of such an injury in the manner described might be raised under similar circumstances in a Court of Law, and its bearing on charges of rape is self-evident.

THE LONDON AND PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

REPORT ON THE TREATMENT OF EXTERNAL ANEURISM.

Second Group—*Continued.*

CASES IN WHICH COMPRESSION WAS TRIED, BUT DID NOT SUCCEED.

(Continued from p. 37.)

Case 36.—*Popliteal Aneurism—Trial of Compression—Ligature of Femoral Artery—Recovery.*—A. G., a factory-girl, aged 26, was admitted into the Glasgow General Infirmary, under the care of Dr. Morton, on May 19, 1859. She had a tumour, about the size of a hen's egg, presenting all the features of an aneurism, situated in the left popliteal space, on the internal aspect of the lower third of the thigh. Pulsation, which had been very distinct on admission, gradually became less perceptible, and in a few days could not be felt. Shortly after, the swelling diffused itself over a much larger extent on the inner side of the thigh, and became more fluctuating at several points. Repeated hæmorrhages having at length taken place from two small ulcers in the popliteal space, digital pressure was had recourse to on the femoral artery, and persevered in without any perceptible benefit, till it became intolerable to the patient. As the swelling was extending and the patient's health evidently suffering, a ligature was placed on the femoral artery, four inches below Poupart's ligament. The ligature fell on the sixteenth day, and the wound healed well. The aneurismal sac afterwards suppurated and gave way. There was, indeed, some reason for believing that suppuration had commenced prior to the operation. The parts eventually healed soundly. Five months have now elapsed since the patient left the Infirmary, and seven since the operation; and Dr. Morton informs us that the case may be regarded as a complete cure, as far as its surgical aspect is concerned. The girl is, however, still an inmate of the Workhouse Hospital, on account of constitutional disease, from which it is not likely that she will recover.

Case 37.—*Popliteal Aneurism—Trial of Compression Treatment for some Weeks—Secondary Ligature of the Femoral—Death four Months afterwards from Pulmonary Disease.*—A robust policeman, aged 26, was admitted into the Metropolitan Free Hospital, under the care of Mr. Childs, on account of an aneurism, which filled the right popliteal space. The man was intelligent, and very patient, and it seemed, therefore, a good case for compression treatment. By means of a clamp tourniquet, and of a padded cylinder, pressure was kept up alternately over the brim of the pelvis, and in the lower third of the thigh, and the pulsation of the tumour efficiently controlled. For the first ten days all seemed to be going on well, and the tumour diminished in size and became more solid. The pressure was not kept up quite continuously, but as often and for as long as the man could bear it. Eventually, as the tumour had again somewhat increased, the man insisted that the operation should be resorted to. About three weeks from the beginning of the pressure treatment, Mr. Childs acceded to his wish, and placed a ligature on the superficial femoral. After the operation, all did well, and the aneurism became solid. The ligature fell on the sixteenth day, and the wound afterwards healed. About the tenth day, however, the man had had a rigor, after which severe diarrhœa set in. The latter symptom continued, and passed into an aggravated form of dysentery. Subsequently, profuse expectoration, and all the signs of pulmonary disorganisation set in. The poor fellow was very ill for many weeks, but he sank very slowly, and death did not occur until four months after the operation. No autopsy was permitted. During the last month, the man's state had been exactly that of the last stage of phthisis, but as his health had previously been good, and as the ill symptoms had set in with rigors, etc., shortly after the operation, it was impossible to disconnect the cause of death with the performance of the latter. Probably the pulmonary disorganisation had been due to a state of chronic pyæmia.

Case 38.—*Popliteal Aneurism (False)—Treatment by Flexion—Subsequent Ligature of the Femoral—Hæmorrhage—Recovery—Re-admission for Bleeding from the Scar—Death from Hæmorrhage.*—W. N., aged 30, an ill-nourished man, but of temperate habits, was admitted into St. Bartholomew's Hospital on June 13, 1859, under the care of Mr. Paget. He had then noticed a swelling in his ham five weeks previously. The tumour was soft and pulsating. There was no evidence of any other disease. Flexion treatment was tried for a few days, but it was abandoned, the aneurismal tumour having enlarged, and extended a few inches lower down the calf. It was believed that either the sac of the aneurism had given way, or that inflammation had been set up in it. Mr. Paget inclined to the latter opinion, and ordered rest and cooling lotions for a few days. The femoral artery was ligatured on the 28th. The man did uninterruptedly well after the operation. The ligature came away on July 8; the œdema of the legs was much better, but the tumour was little changed; The œdema was almost gone on August 6, and there was then a feeling of fluctuation in the tumour. The wound was nearly healed on the 13th, and he was to have left the Hospital had not a little hæmorrhage (about an ounce) occurred from the upper part of the wound. He was placed on full diet, and quinine and iron were administered. He was discharged on the 23rd. On September 3 he was re-admitted, when he stated that two days before, the wound having been quite healed, the cicatrix had given way while he was moving from one room to another, and that he had lost a great quantity of blood. There had again that morning been a sudden and profuse hæmorrhage from the wound. The leg was firmly bandaged, and compresses were placed above and below the site of ligature. There was a return of the bleeding the next day; it was quickly arrested, but the man sank, and died the same night. At the autopsy, the femoral artery was found to be obliterated for about two inches below the seat

of ligature, but above it was only filled with soft and recent clot, and showed no signs of any reparative process having taken place after the separation of the ligature. The profunda was given off about seven-eighths of an inch above this spot. On examining the tumour, it was found to have no sac separable from the parts around, and was filled with coagula and bloody serum.

Third Group.

CASES IN WHICH PRIMARY LIGATURE WAS PERFORMED.

Case 39.—*Wound of the Carotid—Profuse Hæmorrhage—False Aneurism—Ligature above and below the site of Wound under circumstances of unusual difficulty—Recovery.*—A man, aged 20, was admitted into the Royal Infirmary, Edinburgh, under the care of Mr. Syme, on June 10, for traumatic aneurism of the left common carotid. The previous history was, that seven weeks before, during a brawl, he was stabbed in the neck on the left side. The wound, about an inch in length, was situated immediately over the track of the great vessels, an inch and a-half above the sterno-clavicular articulation. The wound was received in a rather dark room, about two o'clock in the morning; and he was discovered almost immediately after lying in a great quantity of blood. The hæmorrhage had by that time stopped. About four o'clock in the afternoon, while answering some questions that were being put to him by a police constable, violent hæmorrhage again occurred, and in five minutes he was all but dead. The hæmorrhage was described as *not* having occurred *per saltum*, but the blood as being of a rather red colour. He was seen by Mr. Haldane, of Ayr, twenty-five hours after the injury. He was then very pale and weak. The wound had been brought together by three sutures after the second bleeding. There was a small flat tumour, as of a clot, lying over the vessels, and to which a pretty firm impulse was communicated. The pulsation of the right carotid was very feeble. The tumour had increased rapidly during the eight days preceding admission. The following was the state of things on admission:—The aneurism, which was about the size of an orange, extended in a transverse direction from the trachea to the outer edge of the sterno-mastoid and downwards close to, or rather under, the clavicle, throbbing throughout with great force. Nearly at the centre there was a cicatrix showing where the wound had been. In the course of a few days, notwithstanding confinement to the horizontal posture and to low diet, there was a distinct enlargement of the tumour, so that it was necessary to decide without delay upon the course to be pursued. There could be no doubt, if the aneurism were allowed to proceed, it would before long prove fatal by interfering with respiration or opening inwardly, if it did not do so on the external surface. On the other hand, it was evidently impossible to tie the artery below the tumour, while an aperture could not be made into it without subjecting the patient to urgent and extreme hazard. The wound of the artery might be opposite the cicatrix, but it might also be situated at a lower point, if the knife, as was not improbable, had a downward direction, in which case it would be hardly possible to employ a ligature; and, wherever situated, it could afford little assistance in discovering the vessel, since the pressure which had been in operation for nearly two months must have so consolidated the textures as to render their recognition and separation equally difficult. There thus seemed to be not only a great risk of the hæmorrhage proving uncontrollable, but also a hardly less formidable danger of injuring the internal jugular vein. Having carefully balanced these different considerations, Mr. Syme arrived at the conclusion that it was his duty to give the patient the only chance of escape. On June 17 chloroform was administered, and the patient placed on his back, with his shoulders slightly elevated. Mr. Syme pushed a knife through the cicatrix, and followed the blade with the forefinger of his left hand, so closely as to prevent any effusion of blood. By searching through the clots and fluid contents of the sac for the wound in the artery he found that pressure at one point made the pulsation cease. Still keeping the finger steadily applied to this point, he laid the cavity freely open, both upwards and downwards, turned out the clots, and sponged away the fluid blood, so as to get a view of the bottom, which presented the smooth shining aspect of a serous membrane, without the slightest indication of either the artery or vein that could be seen or felt. In order to make the requisite dissection he next attempted to close the orifice by means of a forceps, but found that it had the form of a slit which could not thus be commanded. It was also so near the clavicle that pressure could not be employed below it, and lay on the inner or tracheal side of the vessel, so that the compression required for its closure, instead of being backwards upon the vertebræ, was outwards upon the vein. Mr. Syme therefore ran a bistoury through the skin and the sternal portion of the sterno-mastoid, so as to divide this part of the muscle with the superjacent integument, and then seized the edges of the slit in the artery, as it lay under the finger, with catch-forceps, and desired them to be held so as to draw the vessel towards the trachea. He next carefully scratched with the point of a knife until the arterial coat was brought into view at its external edge a little above the aperture, and secured the vessel in this position by a ligature. The same proceeding was repeated below the wound, and when it was completed the finger could be withdrawn without the slightest appearance of bleeding, instead of the tremendous gush which had previously attended its slightest displacement. The ligatures separated on the tenth day; and the patient, who had suffered no inconvenience since the operation, was dismissed on July 17.

Case 40.—*Diffused Iliac Aneurism — Ligature — Profuse Hæmorrhage on the Twenty-fifth Day, and immediate Death—Autopsy.*—D. McD., aged 27, a discharged soldier from a Highland regiment, came under the care of Dr. Brodie and Mr. Edwards, on July 19, 1857. He was muscular and well-formed, but of intemperate habits. Three months before he had noticed a tumour the size of an apple, pulsating in the right hypogastrium; but only within the last few days had he been troubled with pain or swelling. On the 18th the pain in the groin was very severe; and, as he was bathing the part with cold water, he felt something give way suddenly in his abdomen. The pain greatly increased, and he had a sensation of warm fluid flowing to the part. He was found by Dr. Brodie cold, almost pulseless, very faint, and apparently dying from internal hæmorrhage. He rallied, and Dr. Brodie prescribed rest, quiet, the administration of tincture of aconite, with abstinence from stimulants and animal food. There was now a distinct tumour, extending upwards from Poupart's ligament to the level of the umbilicus, with no defined limits, but very distinct pulsation. The patient complained of intense pain and distension of the abdomen. He was seen by Mr. Edwards next day, in consultation with Drs. Brodie, Coldstream, and Littlejohn. It was diagnosed to be an iliac aneurism; but, as it had not been seen before it became diffused, it was doubtful to which of the arteries it belonged. At nine p.m., he again complained of severe pain, and the tumour increased considerably in size. On the 20th the swelling extended from Poupart's ligament to the last rib, and then crossed upwards and inwards to the umbilicus, curving to the left of the middle line down again to the pubes. Mr. Edwards proceeded to operate under chloroform. The peritoneum was found covered with purple stains, like a hernial sac, was but slightly adherent to the tumour, and was separated by the fingers. It was impossible to determine the limits of the tumour, which occupied the whole right iliac fossa, and extended more to the left than was expected. Having opened this tumour, and turned out the clots, a ligature was placed on the common iliac artery. At two p.m. he was easier, had no pain. The right leg was colder than the left. 21st. He continued comfortable until two p.m., when he complained of tenderness. There was tympanitis and rapid pulse. To take two grains of calomel and half-a.grain of opium every two hours. The symptoms of peritonitis abated under this treatment. He continued improving until the 26th, when, towards evening, he became delirious and excited. This was relieved by morphia. He had been well supplied with stimulants, on account of his previous drunken habits. An attack of delirium tremens was dreaded. On July 6 the ligature came away, and he seemed in a fair way for recovery, and continued doing well until the 10th, when he became weaker, and there was a discharge of blood from the wound. On the 15th, the patient, in endeavouring to get up, had an attack of hæmorrhage from the wound, which proved fatal in about five minutes. Autopsy: The wound was healthy; the peritoneum was thickened, and of a dark

colour, more or less adherent, and here and there covered with lymph. At the point of deligation, which was about half-an-inch from the bifurcation of the aorta, the common iliac artery was divided, the two ends lying about an inch and a-half apart, but united by cellular tissue, and each end tapered to a point. On tracing the distal portion, which was firmly plugged, an aneurism as large as an orange was found upon the external iliac artery, with a rent extending nearly its whole length. The opinion of all present at the examination was that the hæmorrhage had been from the aneurism, and not from the divided artery. Mr. Edwards regretted that he had not placed a ligature beyond the aneurism as well as on its proximal side.

Case 41.—*Large Aneurism of the Carotid after an Injury—Ligature—Return of Pulsation—Rupture of the Sac—Second Operation — Repeated Hæmorrhages — Recovery.*—G. S., a baker, of intemperate habits, was admitted into the North Infirmary, Cork, under the care of Dr. Hobart, on August 28, 1857, for aneurism of the left carotid artery extending from near the chin beyond the ear, and reaching almost to the clavicle, being in this latter position more prominent and defined, projecting considerably beyond the level of the clavicle. He was stated to have received a twist of the neck in a brawl six months before, and had first noticed a swelling in his neck one morning when it was already the size of a crow's egg. He stated positively that it was then freely moveable. On September 3, Dr. Hobart ligatured the carotid. The operation was attended with great difficulty, on account of the artery having been very much displaced by the size of the tumour. The jugular vein was not seen during the operation. The incision was made at right angles to the artery and parallel to the clavicle. He continued improving until the 8th, when pulsation returned in the tumour, and, by the 11th, was localised near the ear; and here the wall of the tumour seemed to be very much thinned. On the 16th, the ligature came away, and the wound looked healthy. The prominent part near the ear looks more likely to give way. Suddenly, on the morning of the 18th, the tumour doubled in size, the man was much prostrated and appeared likely to die of suffocation. Dr. Hobart now laid the tumour freely open and scooped out the contents. There was great welling up of arterial blood, but this was quite arrested by plugging the wound at the back of the sac with the finger, and grasping its edges tightly. On examination it was found that the hæmorrhage came from an artery in the locality of the mastoid process. This was secured by ligature, and the hæmorrhage thus completely arrested. The sac was filled with lint, and a bandage applied. The man was extremely exhausted, and required wine and broth to be given freely. He continued to improve, and on October 2 went out for the day. He now had an attack of inflammation of the right tonsil, which was relieved by incision. The ligature last applied was removed on October 4. Hæmorrhage returned on the 9th and was arrested by pressure; but on the 12th it returned with such violence as to require the ligature for the third time. The cause was apparently from an ulceration from the sac into a neighbouring vessel. This was secured with some difficulty, and the hæmorrhage again completely arrested. On the 13th, he was again wonderfully recovered from the effects of the hæmorrhage, and continued almost uninterruptedly to improve until November 4, when the ligature came away. He was finally discharged, cured, on November 11. On March 16, 1858, the man was reported as quite well.

Case 42.—*Aneurism of the Subclavian—Ligature—Secondary Hæmorrhage—Death.—Abscess in the Mediastinum.*—D. K., aged 40, formerly a soldier, and now a porter, was admitted into the South Infirmary, Cork, under the care of Mr. Gregg, on July 29, 1857, for aneurism of the subclavian artery. He had had severe burning pain in the right arm and shoulder for three months, but had only noticed the tumour a fortnight before, which he said had gradually increased up to the present, and had varied its position. On examination there was found a large pulsating tumour extending from under the external two-thirds of the clavicle (which was elevated about an inch), and also filling the anterior half of the axilla. August 7.—The subclavian artery was ligatured in the third part of its course. There was considerable difficulty experienced in finding the vessel, owing to the displacement of its natural relations by the tumour. Several arterial branches required ligature before the artery could be reached. While separating the loose areolar tissue about the artery with the finger, a gurgling sound was heard, as of the suction of air either into a large vein or the pleura, but ceased almost immediately. The arm was enveloped in a flannel roller, and an opiate with calomel and tartar emetic was given at bed-time. On the 8th, symptoms of pneumonic inflammation supervened, and were combated by calomel and opium, repeated at intervals. These symptoms became more decided on the 9th and 10th. On the 11th and 12th, he improved considerably; but on the morning of the 13th, although improved in general health, pain and swelling about the patella, induced suspicion of pyæmia. At five a.m. of the 14th, he became exceedingly restless and delirious, exhibiting all the delusions of delirium tremens. He had also a chill, not amounting to a rigor, followed by heat and flushing. Pulse 112. Respiration 48, and abdominal. To take an anodyne draught of tincture of opium immediately, and to repeat it if sleep was not procured. August 14.—He slept pretty well, and the delirium had subsided. Pulse 108; respiration more regular; tongue clean. There was some slight venous bleeding from the wound. To take twenty minims of tincture of opium. August 15.—He spent a very restless night. Pulse 104; respiration hurried and laboured, apparently from distended state of the abdomen. To take an aperient of colocynth and assafœtida, and a draught of tincture of opium. He continued very restless during the day, and at half-past twelve at night, there was a sudden gush of hæmorrhage to the extent of sixteen or twenty ounces, but ceased almost immediately. Lint soaked in a saturated solution of alum was applied to the wound, and pressure was kept up by the hand on account of the oozing of some blood. At two a.m. of the 16th there was a recurrence of the hæmorrhage, but not to so great an extent. The pulse became rapid and very small, and the breathing stertorous, and he was almost in a state of insensibility. He recovered in some degree, at ten a.m., and he appeared more tranquil, though his pulse was very rapid and thready; the countenance pale and collapsed, and the tongue dry. Stimulants were administered, but he did not rally, and sank on the 17th, from exhaustion, there having been no further hæmorrhage. Autopsy twelve hours after death: The capacity of the chest was much encroached on by the liver (which was enlarged), and by the stomach and intestines, which were much distended by flatus. There was some serum in the right pleural cavity, and some engorgement at the base of the right lung, otherwise the lungs were healthy and crepitated freely. No wound of the pleura could be detected by careful examination. The pericardium was healthy. The lungs, aorta, subclavian and carotid arteries were removed for examination. On doing this a large abscess containing about six ounces of dark, badly-formed pus was discovered, extending from the internal edge of the wound downwards and backwards under the trachea and arch of the aorta to the right side of the bodies of the second and third dorsal vertebræ external to the pleural cavity. The heart, aorta, and innominata were healthy, excepting that the last presented some slight signs of atheromatous deposit. Upon opening and tracing the right subclavian, a firm coagulum was found filling the cardiac side, about an inch in length and close to the ligature, which latter had not completely cut through the artery. The coagulum was very adherent to the coats of the artery, so that it was difficult to ascertain whence the hæmorrhage proceeded. The internal mammary opened at the distal side of the ligature, and might from its free anastomosis have been the cause of the hæmorrhage. All the other arteries were perfectly normal. The tumour contained about twelve ounces of black semi-fluid, decomposing blood. A firm coagulum, about the size of a walnut, evidently of recent formation, occupied the opening of the artery into the sac, and prevented the possibility of any fluid passing from the artery into the tumour.

Case 43.—*Diffused Popliteal Aneurism—Primary Ligature of the Femoral—Recovery.*—A man, aged 30, in good health, was admitted into St. George's Hospital, under the care of Mr. Pollock, with a large diffused aneurism in the popliteal space. It was increasing rapidly, and it was therefore determined to apply a ligature immediately. The superficial femoral was tied in Scarpa's triangle in the usual manner, some little difficulty being encountered from a large gland overlying the artery. The man recovered, without a bad symptom, but the

contents of the aneurismal sac were slow in absorption, and had not wholly solidified when the man left the Hospital.

Case 44.—*Popliteal Aneurism—Primary Ligature—Recovery.*—James M'P., aged 30, a slipper-maker, of bad constitution and intemperate habits, was admitted into the New Town Dispensary, Edinburgh, June 14. He had had pain and swelling of the foot and ankle one month before, soon after which he discovered a swelling in the popliteal space the size of a pigeon's egg. This increased rapidly, and as the man was now suffering considerable pain from the pressure of the tumour, it was determined to ligature the femoral, which was done by Mr. Edwards. The ligature came away on the eighteenth day. He subsequently recovered.

Case 45.—*Axillary Aneurism—Ligature of the Subclavian—Recovery.*—A man, aged 51, of full habit, applied to Dr. Ogston, on December 31. He had felt uneasiness in his left shoulder for several months. A month before its commencement he had been dashed on the ground, and when down received on the front of his shoulder the whole weight of the person he was attempting to secure. He shortly afterwards discovered a pulsating tumour in his arm-pit. When first seen by Mr. Pirrie (in consultation) it was oval, distinctly circumscribed, and extended from the lower border of the axilla to near the clavicle, which was pushed upwards. No aneurism in the chest or abdomen was detected. He was placed for one week on low diet, and then, on January 4, Mr. Pirrie, assisted by Professors Ogston and Lizars, ligatured the subclavian where it passes over the first rib. Pulsation was immediately arrested. He did well until the fourth day, when he became confused, and subsequently delirious. It having been ascertained that he was in the habit of taking whisky, he was ordered to take a certain quantity daily. From that time he progressed favourably. The ligature came away on the seventeenth day, and no hæmorrhage afterwards occurred. There was no return of pulsation in the aneurism, which consolidated, and became considerably reduced in size.

(To be continued.)

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 402.—Arsenic as a Condiment.

Sir,—Will you allow me to enquire through the medium of your Journal, if any of your readers can give me information and reference connected with the following queries:—1. Is arsenic ever used as a condiment? 2. Is it really given to horses continuously with impunity, not to say benefit? 3. The result desired and obtained by each of the above practices. I am, &c. Quidam.

No. 403.—Obstetric Practice in Ancient Rome.

A happy conception having been arranged by the care of the *sage femme—ab initio oriendum est*—the development of the fœtus was cared for by a proper regimen:—"Brassicam comedant ad fœtus incrementum, abstinent à sale et aquâ frigidâ. Lecticis vehuntur et equabus gravibus inequitant." Then the wife hung up her girdle in the Temple of Diana, that her pregnancy may follow its natural course, and addresses invocations to Juno, *Postversa et Prorsa*, that the fœtus may take a proper position. At a later period sacrifices are made to Egeria, that the accouchement may end well, and to Juno *Fluonia*, to avert hæmorrhage. When the accouchement began, the midwife used a large number of Medical materials to aid the expulsion of the fœtus, and to dispose the genital parts favourably to this end. Besides, a number of superstitious practices were used. The woman in labour was placed on her nuptial couch, and Diana was then loudly invoked three times:—

"Quæ laborantes utero puellas
Ter vocata audis, adimisque letho."

In difficult cases Diana was invoked even seven times. No person in the house must have his legs crossed or fingers twisted, through fear of arresting the labour.

"Utque meos audit gemitus, subsedit in illa
Ante fores ara, dextroque à poplite lævum
Pressa genu, digitis inter se pectine junctis
Sustinuit nixus; tacita quoque carmina voce
Dixit; et inceptos tenuerunt carmina partus."

When the accouchement was effected, the woman delivered was placed under the protection of other divinities—"Three gods are assigned to her to protect her from the tormentings of the god Sylvanus."—*L'Union Médicale.*

No. 404.—Signs of Death.

Can any of your readers afford information with regard to the following circumstance?—A lady entering upon the ninth month of pregnancy died of pneumonia. All the other phenomena of death ensued, except that the colour of the face was unusually life-like. On the fifteenth day from that of death there was not the least cadaveric odour from the corpse, nor had its appearance much altered and it was only on the sixteenth day that the lips darkened. The temperature of the atmosphere had undergone many changes during the time mentioned, but although there had been frost for a short period the weather was in general damp and not very cold.

I am, &c. Sigma.

No. 405.—French Provincial Quackeries.

Our French brethren, it seems, have to run the game of concurrence with as a great variety of irregular Practitioners as we have to deal with in this "Island of the Blest." A country Doctor thus writes on the subject to a town friend:—"You know, for you have seen him at his work in the public squares, the Dentist with his big box and trumpet, competing with the Oculist, who will remove your cataract, etc., etc., on his cart. Next comes the Farrier, who after a few signs of the cross reversed, and some diabolical words, restores all sprains and dislocations. Sometimes he tumbles on a fracture, and then good luck to the patient. Then we have a Sister called of Charity, who reduces dislocations that never existed, and cures a fracture in nine days by the aid of an impossible apparatus. A urine-consulter cures you of your evils by simple drugs, which he makes you pay right dear for. The Sorcerer, who tells the fate of man and beast, has all sorts of bold prescriptions. I know one who made a woman suffering from ague swallow three *pediculi capitis* in the yolk of an egg. Then we have the Matron, or Sister of the School, who will bleed any living soul for a pound of butter; and the old woman with her gossip, and her *neuvaines*; and the pig butcher—*ad infinitum.* But what is most deplorable is that we find here and there men, usually well instructed Curés, who imagine, after reading some few books on Medicine, that they can treat a man like the best of us. When the patient is *in extremis*, then they send for a Doctor. It is useless reasoning with such; these gentry are deaf to reason, and begin the same thing the next day. But the greatest plague of all is the Doctor who establishes himself for fifteen days in the neighbouring town. His name and quality is learnt by flaming placards. One is Raspaillist, another Homœopath, Oculist, Auriculist, Electropath, Magnetiser, or what you like. Here a note for two or three hundred francs is required for a prescription."

No. 406.—Charm for Cutting Teeth.

"I have made your daughter a present of a wolf's tooth. I sent to Ireland for it, and set it hear in gold. They are very Luckey things; for my twoe ferst one did dye, the other bred his very ill, and none of ye Rest did, for I had one for al the rest."—*Lady Wentworth to Lord Strafford*, March 26, 1713.

No. 407.—Sir W. Scott on Calomel.

Sir W. Scott says of calomel that "It is like the assistance of an auxiliary army, just one degree more tolerable than the enemy it chases away; but calomel contemplations are not worth recording. Base feelings this same calomel gives one—mean, poor, and abject. Then it makes one 'wofully dogged and snappish,' as Dr. Rutty, the Quaker, says in his *Gurnal.*" [John Rutty, M.D., a Physician of some eminence in Dublin, died in 1775, and his executors published his very curious and absurd "Spiritual Diary and Soliloquies."]

No. 408.—Opium-Smoking.

Can any one offer an explanation of the physiological effects of opium-smoking? If the active principles of opium are not volatile, what new narcotic products result from the action of destructive heat on that substance?

Jersey. Martin M. Bull, Ext. L.R.C.P.

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SATURDAY, JANUARY 21.

CANCER-CURERS—VRIÈS AND COMPANY.

We are perfectly aware that nothing human wisdom can say will be powerful enough to banish Credulity and its complement Quackery from the face of the earth; but nevertheless we think it well to place on record, and keep before men's eyes, the lessons which experience teaches us, and to expose, as occasion may offer, the barefaced villanies practised by the genus, and the villain himself when he is, by accident, or the natural course of his career, stripped of his false clothing—the ass and fox in a lion's skin. The time is surely opportune to bid the cancer-sick of the world take warning, and give a little attention to the carcer—the rise, the elevation, and the very rapid descent of a charlatan—pourtrayed in the history of *Le Docteur Noir*. A few months ago this individual was at the pinnacle of Parisian fame as a mighty curer of cancer. The great ones of that city were his patrons. All countries of Europe forwarded their afflicted ones to his address. M. Sax blew his trumpet amazingly; and it was creditably asserted that the Imperial Court itself deigned to recognise in Dr. Vriès a benefactor of his species. Even Medical Science did not refuse to listen to the charmer, so great was his renown, and so enviable his rapid momentary progress. La Charité opened its wards to him, and M. Velpeau,—the Father-conscript of Surgeons, the author of the most learned treatise existing on Cancer,—walked the wards of his own Hospital, like a student, at the heels of this egregious vagabond, a daily witness of his tricks and trumpery leger-demain. Even his summary ejection from La Charité, when his failures had become so manifest as to render his permitted treatment of patients there a downright crime, to be charged to the account of Velpeau and the authorities: even this ejection and this failure only served to enhance his reputation. He now became a martyr. He had been treated by the Profession as in other days Harvey and Jenner were treated. The stale stage-property of Galileo, and the inevitable persecution of great men by the men of Science of their day were, of course, brought into use; and so our black hero became a meritorious victim of Science, and was enrolled on the lists of Martyrology.

And thus the Doctor had his day. Unfortunately for him, he appears to have been wanting in a quality which a Yankee Cancer-curer would call "'cuteness." Not content with the curing of cancer, he would launch out into illimitable schemes of grandeur, such as inventing a new religion, erecting a Temple of Solomon, and this over-stretching of the cords appears to have brought him down ignominiously to the ground. Thus, after a brief career as a star of the first magnitude shining in the centre of Parisian civilisation, the magician, healer, chymist, religious reformer—after attaining a fine elevation, comes down in the condition of an exploded Cremorne rocket.

We now find him standing before the Tribunal of Correctional Police; and, as is the way in France, he is made to tell his own tale.

He stated his age to be fifty-five; his profession that of a physician, and his birth-place Surinam: that in 1834 he had left his country, and had visited Holland, America, and England, to introduce foreign medicines. In England he had endeavoured to set up a new religion, had preached against the idolatry of Rome, and had proclaimed that he feared neither the poniards of the Jesuits nor the thunders of the Vatican. In London his system of Medicine had not succeeded, because there, as at Paris, he had been unfairly treated. He came to Paris in 1853 to introduce foreign medicine, and to propose means of replacing steam in locomotives. He had been put into the Debtors' Prison in the Rue de Clichy for non-payment of 500f., and had lived there in comfortable style. In a prospectus he had convoked all the architects of all nations to send in plans for a temple of Solomon, to be erected in the Champs Elysées, and had promised a prize of 2500f. for the best. One plan had been sent to him, and he had suspended it in his dining-room; but it was not a good one, and he had not paid the money. When asked where he got his diploma, he answered: "I made myself a Physician; Hippocrates had no diploma; and if the Lord himself were to return to earth to cure men, the Faculty of Medicine would prosecute Him!" When told that of the seventeen cases of cancer placed under his charge, fifteen were already dead, and the other two were dying, he gave a ready answer: "At the time I left them none were dead, and since then it is not I who have attended them." He always promised his patients a perfect cure, because "the promise of a cure gives moral force to the patient." He took his payments by instalments. For example,—he undertakes the cure of a Spanish lady for 10,000f., 3000f. down, and so on; but hearing the lady was rich, he demands 40,000f. His remedies, to which he gave the most fantastic names, and kept profoundly secret, were simply alum, sulphate of potass, opium, and so on.

Such is in brief, so far, the history of a Cancer-curing Impostor. Let us apply the moral of the tale. All who read it will surely mark the striking analogies of the case of this Vriès and other Practitioners who have professed to cure cancer by secret remedies:—Abuse of the Medical Profession, and charges of uncharitableness exercised by them against innovators. A secret remedy. Unhesitating promises of cure. Advertisements of false cures. Money down before the treatment is commenced; and to be paid by instalments—the last of the three or four instalments only coming under the "no cure no pay" trick. Exorbitant demands of money. Remarkable ignorance of Medical knowledge; and loud publications of successful cures.

Now, have not some of these things been acted here under our very eyes? Are they not being acted at this very moment? The most prominent performer of the moment in the Cancer-cure way is the Rev. Hugh Reed, who has thus found a rapid way to rise into notoriety. His own writings—a letter or two to the *Times*—fix his character as a man of Medical knowledge. It stamps him with the marks characteristic of the genus; and really, as a psychological study, he is interesting as illustrating, what we have already remarked, how closely in its proper qualities one species of the genus resembles another. Firstly, he is a victim; the public give him no repose, and the Medical Profession exhibit towards him its usual want of charity. But "*a man's conscience*," etc., conveys him superbly over these trifles, which always beset the path of great men; examples — Galileo, Hahneman, Morrison, Harvey, Vriès, Fell, and the Rev. H. Reed, of course, likewise. Next we find exemplified the other trait relating to

"The perils that environ
Him who meddles with hot iron,"

or, we might say, hot pitch. Velpeau tried the experiment with *Le Docteur Noir*, and need we remind our readers how he burnt his fingers. So also did some friends of ours in the case of a Doctor Fell—learning, thereby, how a Yankee "can fix a Yorkshire blade on a Halifax handle." And here, again, is Mr. Weeden Cooke, who certainly gets no change out of his correspondence with His Reverence. Mr. Cooke stated, per *Times*, that he had had under his charge uncured cases of Mr. Reed; whereupon, rejoinder naturally comes as follows:—

"Of Mr. Weeden Cooke I shall only say that I have a quondam patient of his who is now doing very well through my remedies, but who obtained no benefit from his treatment."

Dr. Ross, also, who touches the aforesaid article, takes nothing by his motion. On the contrary, he gives Rev. Reed an opening for informing the public—a highly-tickled audience in such a case—that he (Dr. Ross) knows not what he is writing about, and that one party only, a friend—a Dr. Cronin—possesses the full complement of the knowledge of the Reedy Cancer-Cure. Thus the cure is defended, the enemy silenced, the friend advertised, and the public applause obtained. More than this, Dr. Dulcamara improves the occasion, and tells his auditors that cancer-curing is the least of his gifts. "*Udite, O Rustici!*" *Benefattor degl' uomini, riparator de' mali*, he can (to use his own speech) "make successful attack on ovarian tumour and many other diseases which appeared to him (Dr. Ross) incurable." Dr. Dulcamara, again, holds by his secret *remedy*. Why throw pearls to swine? His adversaries are incapable of the calm appreciation of so great a truth. Even though he presented to them one raised from the dead by his remedy, still they would not believe:—

"He will also pardon my saying that I have no hopes of ever convincing him of my power of curing cancer, even were I to exhibit for his inspection many patients who had benefited by my means; and Dr. Ross, I fear, is the type of a large number of persons."

But he has his consolation:—

"Yet my motto is, '*Magna est veritas et prevalebit*,' and this gives me hopes when suffering from such fearful attacks as he has now made on me."

We sincerely trust that the moral of this tale—an old tale, alas! and often told—may be of service. It proves to demonstration a position which we have long and often maintained in this Journal, that all public Professional intercourse, direct or indirect, with quacks and quackeries, should be carefully shunned, as certain to bring injury on those who carry it on, and also on the Profession of Medicine generally. With all such things—with Homœoquackery and the rest of them—the Profession should resolutely refuse to have any kind of contact. Leave all these things to those who engender them.

Since the above lines were written, we learn that Dr. Vriès has received a moderate retribution for his iniquities—eighteen months' imprisonment and a pecuniary fine. This is the only argument against quackery which the public can appreciate. We trust the lesson may be useful to English Dupers and the English Duped.

THE COLLEGE OF SURGEONS.

We believe that if England were suddenly put under French *régime*,—if our Colleges and Corporations were filled with the nominees of Government, if freedom of speech were denied us, if our power of interference in matters concerning the Profession were extinguished, if our journals were silenced, if arbitrary wrong were possible, and remonstrance impossible or dangerous,—no class of men would be more impatient or more sturdily rebellious than those of our own ranks. But Englishmen are slow to move. Their consciousness of strength, their liberty of thought and word, their unfettered combinations, their innate faith in the ultimate supremacy of right over wrong, give a tardiness to their interference which often makes them appear tolerant of injustice. The fact of our lives being spent each in its own orbit; our habits of isolated action, and the furrowing out of peculiarities more strongly in men thus thrown upon their own resources, intensifies this disposition in the members of our Profession. At the same time, the force of any concerted operation of power based upon such energy becomes irresistible. The difficulty is to set it in motion. That once done, the task that lies before it may be looked upon as sure of completion. Week after week we have held up our beacon of danger, and sent far and wide our words of warning. So far as immediate visible effect went, the College of Surgeons might have counted upon impunity. No heed seemed to be paid to our summons. Some of our friends began to talk of indifference, and of a spirit of just conservatism of common privileges, of acquiescence in sophistical pleadings. We knew better. We had faith in the good sense and strong wills of the men to whom we explained their wrongs, and whom we called upon to help themselves. That they would not be wanting in self-loyalty was always a conviction, and is now a fact. Remonstrance with the Council of the College of Surgeons against their unjust relaxation of their rules of admission in favour of unqualified persons has now began in earnest. The movement may safely be left to its own impetus. We shall watch the effect with confidence.

We print a Protest which has this week been sent to the Council of the College by the Practitioners of Cheltenham. These gentlemen have their own special grievance, and may claim a right to general hearing. Others who are more fortunate in being free from the presence of such men as Dennis Turnbull, should come willingly to the rescue, and throw the weight of their joint remonstrance against the official infatuation and inertness of the College authorities.

Thirteen Practitioners of Cheltenham, Fellows and Members of the College, whose names we append to their Protest, have already addressed the Council on this subject, "surprised and deeply pained," they say at the reply of the Council, through the Secretary, to the remonstrance of the Practitioners of Dudley, adding,—

"We protest against the indulgence granted by the Council of the College, as subversive of its honour; as a violation of the sacred trust reposed in the College by the Charter; as an infringement on the rights and privileges of the Fellows and Members, which the College was legally and morally bound to uphold; as tending to lower the status of the Profession by the admission of uneducated persons, and as setting an evil example to other similar Institutions and Corporations to tamper with their duties on false and mischievous pretences of compassion.

"We deny that the Council has any just power to make exceptions in favour of half-educated persons, or that it has any legal right to grant diplomas to individuals who have not complied with the course of instruction which has been imperatively demanded of all other members.

"We contend that the answer of the Council is not merely unsatisfactory, but that it is frivolous and derogatory; and that it tends to nullify the wholesome enactments of the Medical Act.

"We feel the more anxious to protest against these derelictions of a Council which should be the guardian, and the embodiment of the honour of the Profession; since we have recently discovered that a petition to the Council has been numerously signed by many of the clergy, magistrates, and other inhabitants of this town, on behalf of an unqualified and totally uneducated practitioner for permission to offer himself to be examined in Surgery, etc., after only six or twelve months of Hospital education, thus seeking to induce the Council to relax the regulations respecting the course of instruction which it has hitherto insisted upon.

"We are the more stimulated to perform our duty, since the Council, on two former occasions, seems to have forgotten

what was due to its own honour, and the honour of the Fellows and Members.

"We grieve much to be compelled to set forth this protest, but we deem it is warranted on public grounds, and a sense of duty to ourselves, with a view to check any future innovation, and to guard the portals of the College against the intrusion of unworthy members; and we think it no breach of courtesy, or duty, to condemn the acts of a Council into which it may have been inadvertently betrayed through doubtful motives of lenity.

Signed by

" Dr. Allardyce, M.R.C.S.	Mr. Elcum, M.R.C.S.
Dr. Gibney, M.R.C.S.	Mr. Winterbotham, M.R.C.S.
Dr. Cannon, M.R.C.S.	W. Dalton, F.R.C.S.
Dr. Colledge, F.R.C.S.	Henry Bird, M.R.C.S.
Mr. Rumsey, F.R.C.S.	And. Spittale, M.R.C.S.
Mr. Eves, F.R.C.S.	W. Voules, M.R.C.S.
Dr. Wollaston, F.R.C.S.	

Cheltenham, January 10, 1860."

The Surgeons of Margate have also sent in the following protest:—

"Through the medium of the Medical Journals, we have been made acquainted with the fact that two persons have been admitted to the Membership of the College, without complying with the necessary curriculum as established by law. In protesting against this act of the College, we do not feel it to be necessary to enter into the subject in detail, the more so, as we thoroughly agree in the sentiments embodied in the Protest already addressed to you by our Professional brethren in Cheltenham.

Signed by

" Dr. Price, F.R.C.S.	A. Willy, M.R.C.S.
G. Y. Hunter, F.R.C.S.	W. H. Thornton, M.R.C.S.
G. H. Hoffman, M.R.C.S.	Dr. T. S. Rowe, M.R.C.S.
A. P. Owen, M.R.C.S.	Dr. G. M. Pittock, M.R.C.S.
J. Stedman, M.R.C.S.	Dr. Wm. Price, M.R.C.S."

We trust that these Protests will have their due effect on the Council. They have not been sent in at all too soon, for the evil has spread further than we are yet aware. Only this week we have received a letter from Oldham, stating that Mr. John Earnshaw, of that town, "who has never attended lectures nor Hospital practice, nor yet dissected, was some months ago admitted a Member of the Royal College of Surgeons, and within the last few days he has been appointed Certifying Surgeon to a factory district here." It is high time that a careful review were made of the College lists for the past year; and we trust this will be done by the various District Registration Associations. Local knowledge is absolutely necessary to do it with effect.

THE WEEK.

Mr. Dix the Editor of the *British Medical Journal*, and Sir Charles Hastings have been carrying on a controversy as to the financial accounts of the British Medical Association. But it seems that Sir Charles Hastings read one of Mr. Dix's letters before it was published and appended some remarks of his own. These remarks called forth a rejoinder from Mr. Dix; but this rejoinder he is not allowed to publish in the Journal of the Association to which he belongs. The letter is declined with the remark, "As Mr. Dix does not see the expediency of deferring to the Treasurer's recommendation, we regret *to be obliged to decline* inserting his letter, or any further communication touching the finances of this Journal." This is rather a singular example of the advantage members of the Association are supposed to possess in having a Journal of their own. If they write anything unpleasant to Sir Charles Hastings, their own Editor is reluctantly *obliged to decline* their letters, and their only resource is to appeal to an independent Journal. Mr. Dix in this difficulty appeals to us, and sends us a copy of his letter; but as our readers may not have seen the statements which gave rise to it, it may serve his purpose if we simply state that he questions the accuracy of the accounts rendered by the Council. The balance-sheet of 1859 set forth that the debt of the Association was under £300, whereas three years before it was near £2000, so that £1700 had been deducted from the debt in three years. On investigation Mr. Dix found that the old debt was not £2000, but only £1300; and that a printer's claim of £600 being unpaid, the remaining debt is £900 instead of £300 as stated. So that only £400, not £1700, has been deducted from the debt in the three years. Then on asking how was this £400 obtained, he finds it was an extra subscription of members, or Call Fund, which produced £640, or £240 more than the sum deducted from the debt; so that in these three years instead of the income having exceeded the expenditure, and the debt having been reduced, the natural income—or that exclusive of the Call Fund—has fallen short of the expenditure by £240, or £80 a year for the three years. Had it not been for the Call Fund, the debt would have been increased, not diminished. The Committee of Council reply to these statements, and their reply is inserted; but Mr. Dix's comments on their reply the editor is "obliged to decline." It remains to be seen whether independent members of the Association will submit to dictation of this kind; in the meantime we may give from Mr. Dix's unpublished letter two statements, each having Sir Charles Hastings' official signature, which placed side by side would astonish most accountants:—

Report of Committee.	Sir C. Hastings' Letter.
"At the beginning of 1856 the debt due to the treasurer was £1312, which in three years has been reduced to £294," being a reduction of £1018.	"On the 1st of January, 1856, the debt due to the treasurer was nearly £700." "On 1st of January, 1859, the debt due to the treasurer was reduced to less than £300," being a reduction of £400.

We congratulate our brethren of Bridgewater on the formation of a Medical Society. This Society called the "Bridgewater Infirmary Medical Society," was inaugurated on the 5th inst. The objects of the Society were well described by the President, Mr. Jacob. To extend the sphere of usefulness of the Infirmary by enabling members of the Society to witness the operations, etc. in it; and to create good feeling among Professional brethren, by bringing them into scientific contact. Dr. Acland favoured the meeting with his presence; and a very excellent address was delivered on the occasion by Mr. A. Haviland, on the subject of "Medicine and its Relations to Social Science." Societies of this kind are much wanted throughout the country, and their establishment would, we are convinced, go far towards removing many of those jealousies and animosities which too often arise among neighbouring Practitioners. By contact, each finds that the other is not half so bad a fellow as he had always pictured him to be before he knew him. We are sorry to say, that even at the present day jealousies exist so strongly in some of our country towns, that no Medical Practitioners are admitted to the wards of the Hospital in the town, excepting the Medical Officers of it. The Bridgewater Medical men, by the inaugurating of their Society, have followed some good examples, and their proceeding is well worthy of notice, as an encouragement for others to do likewise.

It is amusing and instructive to see our nearest neighbours *read* and *understand* us. *A-propos* of the Smethurst affair, we find the *Gazette Hebdomadaire* has a word or two. *Agitation*, we are told, is our natural temperament, and when we once begin we don't know when to stop, and are never at a loss for an excuse to keep it up; like the lover who finds his way into my lady's chamber under the pretence of seeking a pin. The Journalist then proceeds to describe the position of the above affair:—"In transmitting to the *lord-chief* the result of the inquiry confided to Benjamin Brodie, Sir G. Cornewal Lewis"

attacked the imperfection of science. "This reservation of Sir Lewis was a consolation to those honourable *confrères* who declared the medico-legal report unsatisfactory. The *Medical Times* loudly cries out against the arbitration of Sir Benjamin Brodie!! The *Medical Times* also takes advantage of the occasion to create a little diversion on the subject of the acquittal of Léonie Chereau; it refers with a spice of malice to the declaration of M. Tardieu about the influence which hysteria exercised over the acts of the young lady."

The noblemen and gentry of Warwickshire have subscribed upwards of £500 as a memorial of the worth of the late Mr. Smith, of Southam. Mr. Smith was the founder of an Eye Dispensary at Southam, and has been for many years known by his philanthropic efforts, and especially in reference to the establishment of Free Dispensaries.

Our readers will be most pleased to hear that Professor Owen is about to publish a collection of manuscript works of John Hunter, which were believed to be destroyed. Mr. Clift, it appears, took extensive extracts from these manuscripts before they were committed to the flames; and is supposed thereby to have saved something like one-half, and we may suppose, the most important half of them. It is from these notes of Mr. Clift that Professor Owen's publication originates.

REVIEWS.

The Mineral Springs of Vichy: a Sketch of their Chemical and Physical Characters, etc. etc. By the Author of "The Spas of Germany," etc. etc. 8vo. Pp. 243. London: 1860.

This sketch, the author tells us on his title-page, was "written after a rapid excursion from Kissingen in the summer of 1858, as a guide to English Invalids suffering from Gout, Indigestion, Acidity of the Stomach, and Gravel." The book is, therefore, *primâ facie*, and distinctly addressed to *Messieurs les Malades*, and not to *nos confrères Messieurs les Médecins*. It is, in fact, a rattling railroad gossiping *olla podrida*, which, we have no doubt, will find favour with those at whose mark it is shot. Its 243 pages will nicely interest the reader who has to traverse so many leagues between London and Vichy. The paper of it is grand, and the size of the print unexceptionable—how different from those atrocious eye-straining shilling productions, the usual railway-stall literature.

The author of "Kissingen" lamenting the fact that there existed not a work in English on the Vichy Waters, and being himself a partaker of the general ignorance, resolved that the stigma should be removed; hence his rapid journey from Kissingen, and hence his "Vichy."

What now has Vichy to offer in the way of Medical waters? And what are the diseases which its waters fit? Its mineral waters are strongly alkaline; and its most promising drinkers of waters are the gouty, flatulent, heart-burning, acid-eructation sort—the dyspeptic. Here are, then, happily brought together and well met, hot alkaline natural drinks and fashionable and unfashionable dyspeptics. The union of the two—time and place, and other things considered—gives the cure. In these few words we have the complete history of the grand Medical uses of the Waters of Vichy. The Author's title-page tells us as much.

What seems remarkable, however, in these waters is, when we compare their effects with that of so many other famed waters, that they do not boast to have the power of curing incurable diseases. Kreuznach waters, for instance, dissolve ovarian tumours, fibroid tumours of the womb, and the abnormal part of hypertrophied livers, and other like things; but Vichy's fountains have no such pretensions. They confine themselves to the stomach and its difficulties, under which head, by the way, pretty nearly all diseases which afflict the human body may, by a high stretch of pathological subtilty, be brought.

The extraordinary development which Hydrology—as the science of mineral water-drinking and bathing is now termed—has undergone of late years is very curious; and still more remarkable is it to us that those who sing the praise of the fashionable resort from whence these streams of health ooze forth and percolate, reckon, as so small an item in the curative change effected in, say, our dyspeptic bodies, the *entourage*. Fresh air, beautiful scenery, exercise, a moderate diet, removal from a grand metropolis, from mental and bodily strainings, from champagne, smoky atmospheres, sulphurous vapours, and so forth, nevertheless must, in reality, have something to say to the matter. Montaigne, who tried the round of watering-places known in his day, in search of a cure for his incurable disease, inquired when he got to Lucca, how it was that the inhabitants in and around the place never troubled themselves with its waters? "Sir," answered an old gray-haired native, "it is with us as it is with those who live hard by Loretto's fane; they make no pilgrimages to the shrine; the pilgrims all come from a distance; familiarity seems to have bred with us distrust in their efficacy, and so it is with us, living amidst these waters we have no great opinion of their utility." Perhaps our gray-haired narrator would have been nearer the mark had he said, that he and his neighbours lived in a healthy neighbourhood, and enjoyed, without swallowing waters, all those other things which the metropolitan and dyspeptic cannot possess amid his luxuries.

Be this as it may, we may safely recommend this book as containing a very useful collection of information concerning Vichy and its Waters. All that it is necessary for a non-professional searcher of health to know concerning them may assuredly be found in its pages. If he requires more, let him consult some Doctor learned in spas, and in this spa in particular.

It is reckoned by a M. Bouquet that upwards of two millions of pounds of bicarbonate of soda are annually discharged from the springs of Vichy, and about an equal weight of carbonic acid. Almost the whole of the salt is washed away into the Allier,—a paternal government, however, superintends the manufacture of pastils and a little salts.

In consequence of the amusing disturbance lately excited among the authorities, Medical and Governmental, at Vichy, by a learned French Academician, who asserted that there was no *potable* water to be had at Vichy, we turned to see what this book says; and we there find as follows:—"Fortunately plain water at that place (Vichy) happens to be particularly good." So here, as ever, Doctors differ. Let others decide. The angry account given by the French *savant* of the water served to him at his Hotel at Vichy, when we read it reminded us of the little incident described by Horace in his journey to Brundusium. At one resting-place—bearing a name which could not be brought into verse—the rascally innkeeper served Mr. Quintus with *wine* instead of *water*—water being the more precious commodity. Chap. X. of this book reminds us of what we have already said about the relative value of the mineral drink and the general hygiene as curers of our fashionable stomachs. If a man would always follow the rules there laid down, he probably would never need a journey to Vichy!

We shall conclude this notice of a very useful and amusing book with a specimen of the author's light and easy way of handling his various topics. Let us have, as we are addressing his Medical brethren, a Medical specimen; for example, his theory of gout:—"The conviction on his mind, from all this experience, has been—first, that gout is a general disorder of the blood, occasioned by a daily accretion to its constituents of an acid, the result of a defective digestion *peculiar only to certain individual stomachs*, (hence its transmission by inheritance,)which acid is conveyed to the mass of the blood with the chyle, and enters with it into the thoracic duct, conveying thus a slightly acid, instead of an alkaline fluid, which healthy chyle should be," etc.—P. 143.

Descriptive Catalogue of the Preparations in the Museum of St. Thomas's Hospital. Vols. II. and III. "Pathological Anatomy." Completed and Edited by Sydney Jones, F.R.C.S., M.B. London. 1859.

The description of the specimens given in these volumes is arranged in thirty-seven sections, each section indicated by a capital letter of the alphabet. The whole is divided into two

parts,—namely, Part I. and Part II.; but why this arbitrary division is made does not appear. Indeed, if it were not so stated in the title-page, there is no recognisable natural division of the pathological specimens other than that which the publisher has made by giving the catalogue of pathological specimens in two vols.—namely, vols. ii. and iii.; vol. i. having been already published. Wherever it has been possible, a short history of the ease has been appended to the descriptions, as well as any reference tending to increase the value of the specimens. It is also stated that three manuscript books are preserved in the Museum, and are frequently referred to for descriptions of the microscopical appearances of specimens. Now, we think that everything which can throw any light upon a specimen ought to be given in such a catalogue at length. There is nothing so tiresome and unsatisfactory as a constant reference from one book to another, when it is expected and understood that everything known about the object under examination is collected together. This is really the object of a public catalogue for a museum.

The arrangement seems to be a purely anatomical one, doubtless the one most convenient for a museum to which every year additions are likely to be made. A printed catalogue, however, for publication can be contrived, so as to give one all the advantages of an arrangement in the museum founded on principles of pathology, while the anatomical arrangement is at the same time the one adopted in practice.

As an example of this we would cite the very excellent catalogue of St. Bartholomew's Hospital prepared by Mr. Paget. In these catalogues Mr. Paget has added tables of reference to the description of each series of preparations, and by the help of such tables it is easy to find any specimen in the Museum, and to study the preparations in each series in the best order to illustrate the diseases of the part to which the particular series is devoted. Thus certain specimens, dispersed among the numerous divisions of a museum may be examined in the same order as if they had been arranged in a separate series as illustrations of general pathology. Such an arrangement, however, cannot be made the fundamental one in a catalogue devoted to the descriptions of specimens of special pathology. It would detract from the interest of an anatomical series of illustrations, the only one which is practicable in a Museum. The two arrangements, however, can be indicated with great advantage in a printed catalogue as we have seen, and in this respect the catalogue of St. Bartholomew's Hospital, compiled by Mr. Paget, may be regarded as a model. We regret to say that we cannot say so much for the plan of the catalogue of St. Thomas's Hospital Museum now before us. It is only with its plan and facilities for use that we have to do. When we look at the names of those who have described the individual specimens we are sure, from their reputation as Anatomists and Pathologists, that such descriptions are well done.

Dr. Bernays has been elected Lecturer on Chemistry at St. Thomas's Hospital Medical School.

A Batch of Centenarians.—The following is a list of the names of persons 100 years of age and upwards who have died in the United States during the year 1859:—February 5th, Philip Jessee, Virginia, age 129; 8th, Cæsar (coloured), Louisiana, 138; 16th, Aunt Candar, New Jersey, 103; 18th, Zelphy Schanck, New Jersey, 119; 18th, Nancy (a slave), Alabama, 100; 22nd, Sarah Mallory, (coloured), Virginia, 120, and Hannah Phillips, New Jersey, 118; 27th, Thomas Sweeny, Pennsylvania, 122; March 14th, Mary Shaugnessey, Massachusetts, 112; 17th, Elizabeth Carter, South Carolina, 101; 20th, Phœbe Christian (coloured), Ohio, 118; April 25th, Polly Boston, (coloured), Maryland, 109, and John Dickson, Ohio, 110; June 22nd, Virginia Ford (coloured), Washington, 120; July 14th, Anna Pope, Massachusetts, 105; 16th, Sarah W. Hughes, Mississippi, 113; August 17th, Susannah Harvey, Rhode Island, 100; 20th, James Kean, Pennsylvania, 105; 25th, William Owens, Virginia, 100; September 24th, William Sims, New York, 102; 28th, Elizabeth Gammel, Georgia, 115; October 12th, John Ultinger, Tennessee, 104; November 1st, John Wilson, Maine, 103; 17th, Phillis (a slave), 100; December 17th, George Woodhouse (coloured), Virginia, 120; 25th, Mrs. Greenly (coloured), Pennsylvania, 110.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON DILATATION OF THE STOMACH.

By M. RILLIET.

M. Rilliet, of Geneva, having met with two cases of this affection, has taken the occasion to prepare a small monograph upon the subject. With the exception of Duplay's collection of cases, published in the *Archives* in 1833, there has been nothing special written about it, although it is noticed in most treatises of pathology. It has, indeed, been too much regarded as merely appertaining to the domain of pathological anatomy, or as constituting only an unimportant epiphenomenon of a necessarily fatal disease. It may, however, be the result of a purely dynamic influence, as paralysis, or may be connected with a curable lesion, such as simple ulcer of the stomach. When it is added that dilatation of the stomach has given rise to serious errors of diagnosis, enough will have been said to show that its consideration is not devoid of practical interest. Allusion here is not intended to be made to the state of temporary dilatation met with in tympanites or bulimia.

We have no exact mensurations of the stomach in the varying conditions of emptiness and repletion; but we may consider dilatation to exist when the large curvature descends to the level of the umbilicus, and that the dilatation is very great when it reaches the pubis. Between these two extremes there may be various degrees; but what especially characterises a morbid dilatation is the ease with which it is produced, and the difficulty or impossibility there is for subsequent contraction to take place. Great dilatation of the stomach may, indeed, be produced by enormous eating; but then, in proportion as the organ gets rid of its superfluity, it resumes its normal size and position. But in the morbid condition, even when it has become quite or partly empty, it remains just as dilated, the muscular coat having in great part lost its contractile energy. In proportion to the increase of the size of the stomach the other organs undergo displacement, and analogous phenomena are observed to those which ensue upon the development of a tumour in the cavity of the abdomen. In a practical point of view, it is of importance to know that the stomach may become so dilated as to fill the entire abdomen. In proportion as the dilatation increases the cardiac and pyloric orifices approach each other, the large curvature increasing and the small one diminishing more and more.

Causes.—It is an opinion generally stated in pathological treatises, that in cases of morbid dilatation there will be almost always found considerable narrowing of the pyloric orifice; but this statement is made far too absolutely, inasmuch as dilatation may exist without any such narrowing, although, doubtless, when the tunics of the stomach have undergone changes in the vicinity of this sphincter, this suffices to favour the production of morbid dilatation. It is certain that dilatation is most frequently met with as coinciding with cancer of the pylorus; but even in this case it may be as dependent upon atrophy or destruction of the muscular tissue as upon a stricture properly so called. Dilatation of the stomach has been especially met with between the thirtieth and sixtieth year of age; and the histories of various cases show the influence which depression of the vital forces exercise in its production, and that quite independently of the presence of cancer. Injurious dietetic habits may favour its production; and it is said to be not infrequently met with in drunkards.

Symptoms.—Vomiting and the condition of the abdomen are the chief characteristics. The abundance of the vomitings is out of proportion to the amount of matters ingested; and they may contain undigested substances taken days or weeks previously. They have a special kind of rancid or putrefactive smell; and do not usually occur daily, but, as a kind of crisis, at from two to ten or fifteen days' interval. These crises increase in frequency as the disease makes progress. In some rare cases there is no vomiting at all, and in some of these the duodenum seems to replace the œsophagus, and the stomach is emptied per anum. The absence of vomiting in these exceptional

cases is probably due to the intensity and rapidity of the paralysis of the stomach, to the permeability of the pylorus, and to the prevalence of anorexia having greatly diminished the amount of ingesta. Painful, and excessively acid, eructations and regurgitations are also observed. The condition of the *abdomen* should be examined both prior and subsequent to the vomiting; when the results obtained by percussion and *ballottement*, while the stomach is in a state of repletion, will more or less disappear after it has emptied itself, and may then be reproduced by the ingestion of liquid or solid substances. When there is no vomiting the diagnosis is difficult, and error may easily arise. Excessive frequency of vomiting may, on the other hand, be also a cause of error, by reason of the absence of obvious abdominal tumour.

Duration.—Dilatation of the stomach is generally very slowly produced, and its course is that of chronic affections, terminating after several months in cachexia, the result of inanition, fever not manifesting itself. The disease may be cut shorter when there is perforation consequent on ulceration, or when the strength has become exhausted by fruitless vomiting.

Prognosis.—Although dilatation of the stomach must be regarded as incurable when dependant on cancer or upon an almost complete obliteration of the pylorus, it may disappear when it has arisen from a purely dynamic cause, or when it has arisen from not very profound lesions—always supposing that it has not reached its extreme degree.

Treatment.—In certain cases we can not only relieve this condition but prevent its recurrence. When it does not arise from a mechanical obstacle, and even then to a certain extent, the dilation is produced under the influence of dyspepsia—giving to the term dyspepsia its widest signification, as dependent upon the disturbance of the chemical or the mechanical action of the stomach, or the two actions united. This being the case, the treatment proper for dyspepsia must be put into force; and the following propositions admit of special application to the case of patients menaced with dilatation of the stomach. 1. Alimentary substances should be taken in small volume, avoiding all that are indigestible and flatulent. 2. Slow and thorough mastication and insalivation. 3. Only small quantities of fluid to be drank, and that of a tonic character, as old Burgundy, Madeira, or Sherry. 4. A sufficient period to be left between each repast, and all physical and intellectual labour to be avoided for some time after. 5. Stimulants suited to excite the secretions and movements of the stomach (as mint tea, aniseed, alkalis, pepsin,) should be had recourse to, but not abused. A bitter infusion to be habitually taken, such as calumba or quassia, to which minute doses of tinct. of nux vomica may be added. If the disease is once formed the dietetic precepts must be rigorously enforced, and especially as regards the small amount of aliment taken at a time. Any articles of food which are returned by vomiting unchanged must be suppressed and others substituted. The paralysis of the stomach may be combated by means adapted to stimulate muscular contractility, as strychnine or electricity, and by others which oppose mechanical obstacles to the dilatation, such as flannel bandages, compressive belts, and astringent plaisters.

M. Rilliet details two cases which have come under his own notice. The *first* occurred in the person of a gentleman, aged 72, who, while in good health, was seized with symptoms of dyspepsia. There were acid and gaseous regurgitations and constipation, but no vomitings. The abdomen increased in size, and after seven weeks' duration of the affection, a tumour was recognised, which nearly filled the abdomen, and was supposed to arise from the omentum. At the autopsy enormous dilatation was found, the food which had been taken for weeks being found accumulated in the stomach. There was no schirrus, but a simple ulcer existed on the level of the pylorus. The *second* patient had, from the age of twenty been a great and rapid eater, and the subject of obstinate dyspepsia. The disease to which he succumbed commenced two years after severe hepatic congestion, and lasted about ten and a-half months. At first it seemed like a gastritis; but the symptoms of dilatation were soon sufficiently marked to enable the diagnosis to be made during life. At the autopsy there was found, besides the dilatation, a stricture of the pylorus, produced by vegetations of the mucous membrane and a thickening of the submucous tissue, the result probably of the cicatrisation of a simple ulcer—the microscope having shown the absence of the characteristic elements of cancer.—*Gazette Hebdomadaire*, 1859, Nos. 17, 18, 20.

EXCERPTA MINORA.

Prevention of the Unpleasant Taste of Balsam of Copaiva.—Dr. Landerer observes that by keeping the balsam undergoes some change, conferring upon it a taste which is very repulsive to the patient. While, too, some sorts of balsam are of light yellow colour, possess a mild aromatic odour and taste, and swim when dropped on water, there are other kinds which are brown in colour, much less agreeable to the smell, are of a sharp, irritating taste, and often sink when dropped in water. He is inclined to believe that these changes depend upon the formation of a resinous acid. At all events, the addition of magnesia or prepared oyster-shell to old, thick, brown balsam, very much diminishes the disagreeableness of its taste. The addition of syrup is a still further improvement; and if immediately after taking the balsam, a cup of well-sweetened coffee be drank, the disagreeable after-taste will scarcely be perceived.—*Bachner's Repertorium*, Nov. p. 517.

Unguentum Glycerini.—Under this title Professor Simon, of Berlin, describes an ointment forming a most excellent excipient, composed of five parts of glycerine and one part of amylum. It forms a smooth butter-like substance, free of all smell, exciting no chemical action, and unaffected by temperature. It is to be preferred to similar substances: 1. For its elegance, its freedom from repulsive odour, and its not exciting erythema in irritable skins. 2. It can be kept in large quantities without undergoing change, even when chemically combined with other bodies. 3. Extracts and soluble salts may not merely be mechanically mixed with it, but may be held in a dissolved condition, the absorption being thus much facilitated. 4. As its consistence remains unchanged, it does not extend beyond the parts to which it is applied. 5. It can be removed with great facility.—*Varges' Zeitschrift*, Dec. p. 412.

Vaccination in Pertussis.—Dr. Otsolig states that the results of this treatment when tried in the Hospitals of the province of Kowno, in Russia, were: 1. Vaccination performed in the subjects of pertussis pursued its regular course. 2. It sometimes exerted an evidently beneficial effect upon the disease, shortening its course and diminishing the severity of the attacks. 3. In many cases it exerted no effect whatever. [In some cases the internal use of tannin—gr. vj. in the twenty-four hours—in combination with infusion of senna, was found of marked utility.]—*Ibid.*, p. 407.

Coffee as a Diuretic.—So long ago as 1725 Zwinger recommended coffee as a diuretic in dropsy; and the recent researches of Lehmann have shown that in persons making use of this substance the proportion of water is increased in the urine, while the urea, phosphoric acid, and the solid parts in general undergo some diminution. These latter thus remaining within the organism in a larger proportion, contribute to nutrition. When coffee is given as a diuretic it should be served without milk, as this last gives rise to flatulence, and in some persons acts as a purgative.—*Revue Médicale*, Dec. p. 753.

THE red spots sometimes observed on bread which has been exposed for some time to humidity, and which the superstition of the middle ages attributed to drops of blood, and whose appearance on the consecrated bread has many times given rise to bloody persecutions of heretics, who were thought to have thereby insulted the sanctuary, have been lately, and for the first time, examined by M. Ehrenberg, who accidentally met with them at Berlin. He considers them to be red globules, and introduces them into the system of infusoria under the name of "*monas prodigiosa.*" M. Schiff, during his residence at Berne and Frankfort, was never able to obtain these blood-spots, but he was more fortunate at Paris, where the *miracle* of bloody bread had already been observed during the middle ages.

NECESSITY FOR PUBLIC URINALS.—The *Wiener Med. Wochenschrift* states, that owing to the prohibition of "committing nuisances" in the streets, which were formerly permitted, without public urinals having been provided, affections of the urinary organs, and especially of the bladder, have increased of late years in Vienna to a surprising extent.

FOREIGN CORRESPONDENCE.

FRANCE.

PARIS, January 16, 1860.

AT the December meeting of the Royal Society of Edinburgh, Dr. Simpson read an interesting communication on a new and exceedingly simple method of arresting hæmorrhage resulting from Surgical wounds or operations, to which he has given the name of *acupressure*.

This procedure, remarkable for its simplicity, consists in passing a needle, or some sharp-pointed metallic body resembling a needle, twice through the substance of the wound, so as to bring together and close, by the middle portion of the needle, the coats of the severed arterial tube, at a distance of from one to two lines on its cardiac side ; the only part of the needle which is left exposed on the raw surface of the wound being the small middle portion of it which crosses and compresses the vessel. The sojourn of the needle in the flap requires to be but of short duration, it being regulated, however, by the supposed adequate closure of the severed artery to which it is applied. This closure generally takes place, according to Dr. Simpson, on the second, or, at farthest, on the third day, at the end of which time the edges of the wound can be approximated to the entire exclusion of anything like a foreign body, thereby affording the best chance of union by the first intention, which is so rarely observed to take place when ligatures are had recourse to. In order to produce the necessary amount of pressure, so as to permanently close the bleeding vessel, a resisting body is required for the needle to rest against. This resisting body is, according to the author of this new method, found, firstly, in the walls and tissues of the wound itself; secondly, in a bone in the neighbourhood of the bleeding artery ; and, failing these two, it may become necessary to introduce a second needle, to serve as a point against which the desired compression is to be made. Dr. Simpson is of opinion, that in the majority of cases the first of these plans will be found amply sufficient. Dr. Simpson's discovery, for such I presume we are entitled to call it, whether it becomes general in practice or not, has the rare merit of being at once simple and of easy application ; and though, up to the present time, no mention of it has been made in your columns, it begins to create some sensation on this side of the Channel. One of the rising young Hospital Surgeons of Paris, M. Foucher, Agrégé à la Faculté, has brought it before the Medical public, in the form of a faithful translation of the original paper published by Dr. Simpson, together with some interesting and highly judicious remarks of his own ; further he has conducted a series of experiments, first on the dead subject, and afterwards on animals, for the purpose of testing the merits of the method in question. These experiments, I may add, were made in the presence of Dr. Sim, of Naples, Mr. G. Stevenson Smith, of Ayr, and Dr. M'Gavin, from whom I received the following details :—The first experiment was made on the dead subject at the Hôpital la Charité, and was conducted as follows. A flap was made on the palmar surface of the forearm at the wrist, comprising the radial artery ; the extremity of the divided vessel was then compressed by means of a strong needle introduced in the following manner : the needle was first made to enter the flap at its cutaneous surface, transfixing it obliquely close to the severed artery, and a line or two towards its cardiac side. The needle was then made to cross the vessel, and its point was again pushed through the flap, so as to appear on the cutaneous surface, on the side opposite to that where it was first introduced. In order to test the efficiency of the compression, the artery was exposed at the bend of the arm, and a powerful stream of water through an excellent syringe was forced along the arterial tube. Notwithstanding the force of the current, which was infinitely greater than the natural circulation in the living subject could produce, there was perceptible at the wrist but a very slight oozing. In the second experiment, made on a living rabbit, a large incision was made across the thigh of the animal, completely dividing the femoral artery. Placing the forefinger of his left hand on the mouth of the bleeding vessel, M. Foucher introduced a long needle immediately above it, which was made to penetrate obliquely through the tissues to the outside of the artery ; it was then made to cross the vessel, so as to bridge it over, as it were ; after which the point of the needle was made to perforate the tissues around in a very oblique manner, so as to appear on the cutaneous surface. The needle was no sooner fixed in this way, than the artery, by means of the elasticity of the tissues of the limb, becoming pressed against the bone, all hæmorrhage completely ceased.

Being desirous of testing this new hæmostatic method on a larger animal, M. Foucher, in company with the above-named gentlemen, proceeded to Alfort, where he hoped he might have an opportunity of repeating the same or similar experiments on a horse. Unfortunately, however, no horse was to be had, notice not having been forwarded to the Director of the Veterinary School of this intended visit. A large Newfoundland dog was, however, placed at his disposal.

The dog having been properly secured, a large incision was made across one of his thighs, involving the femoral artery and partially dividing it, thereby giving rise to an abundant flow of blood. A strong needle, of considerable length, was pushed into the tissues of the thigh a little above the wound in the same manner as in the case of the rabbit, the object being to compress the artery against the femur ; as soon as this was effected the bleeding ceased. To prove that the arrestation of the hæmorrhage was due entirely to the mechanical obstruction produced by the needle, the latter was moved in such a way as to relieve the pressure which it exercised on the vessel against the bone, and a return of the hæmorrhage was the immediate consequence. Amputation of a limb was then performed, and the tibial artery was secured in a similar manner, and with like success.

It remains to be seen whether, in the human subject this novel and simple measure will be found a fitting and efficient substitute for those in ordinary use. In the meantime the question has been ably brought before the notice of the Profession in this capital by Dr. Foucher, and it is but natural to suppose that, on this side of the channel, at least, it will receive a speedy solution.

[We believe Dr. Simpson will give a full description of this process in an early lecture, and illustrate his account by engravings.—ED.]

GENERAL CORRESPONDENCE.

THE INDIAN MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have just had my attention drawn to a letter signed "Emeritus," which appeared in your Journal of the 26th of November, and which appears to give a somewhat too flattering account of the Indian Medical Service.

Now that the young Surgeons who have determined to enter the Army have to choose between the English and Indian Services, and have equal difficulties in making their way into either, it is important that the advantages of both should be fairly discussed and made public. I trust, therefore, that you will admit the following remarks into your valuable Journal, and will perhaps again notice this subject by an article from your own pen.

First, as regards *Pay*.—"Emeritus" has certainly overstated the rewards of the Indian Medical Service, when he says that in two or three years the Assistant-Surgeon "is certain to fall into charge of some corps, or to obtain some civil Medical employment, when his income may be raised even to £100 a-month, and will certainly be from £40 to £50." I have known Assistant-Surgeons who have been knocking about for four or five years, and have had charge of a corps only occasionally and as a temporary arrangement ; and this is, I believe, the rule in the Madras and Bombay Presidencies. For the last few years, the Assistant-Surgeons of Madras have been sent to Burmah, and been moved about there in a manner very different from what "Emeritus" would seem to wish to represent ; and those of Bombay, as is well known, have to go through a two-years' service in the Indian Navy, and to "do duty" with regiments throughout the Presidency for a long time before they are entrusted with any independent

charge. In Bengal it is somewhat different; but even in that favoured Presidency, such an income as £1200 a-year is exceedingly rare for an Assistant-Surgeon, and there are very few Surgeons even who receive it. On the contrary, the charge of a European regiment is considered a very excellent appointment in Bengal, and, as such, is reserved for the most deserving among the Surgeons; yet every English Army Surgeon, though he may be but just promoted, and of only six or seven years' standing in the Army, holds such a charge as a matter of course.

To sum up, then, I should say that for the first four or five years of his service, the Indian Assistant-Surgeon cannot reckon on doing more than live on his pay; and that, too, by strict economy alone. If he be married, or be much knocked about, he will find it difficult sometimes to "make both ends meet." A gentleman cannot live in India on less than £300 a-year, unless he abjures mess, refuses subscriptions to book-clubs and cricket-clubs, denies himself a horse, and in fact makes himself peculiar in many ways. This, it is hardly necessary to say, should never be the case with the Assistant-Surgeon of a regiment, if he wish to be on pleasant and friendly terms with his brother officers. If the Assistant-Surgeon, after his first few years of service, be placed in charge of an Irregular Corps, as is so frequently the case in Bengal, then his income, though increased, has probably to bear an augmented expenditure. For a small mess is more expensive than a large one; and, though there may be only two or three officers besides himself, there is a mess to keep up, and probably its attendant book-club, and other such institutions.

So, also, when the Assistant-Surgeon is appointed to a civil station, where the income may be good (though it is by no means generally so), the expense of several needful horses, and of the hospitality which is a necessity almost of such a position as that of Civil-Surgeon, frequently counterbalance the increase of pay. "Emeritus" has known an Assistant-Surgeon "in the receipt of £5000 a-year;" and evidently wishes us to suppose it a common thing for Assistant-Surgeons to draw "from £1000 to £1500 a-year of pay and allowances." This appears to me to be decidedly too favourable a view, and I cannot believe there is another Assistant-Surgeon in the whole Indian Army, besides him who is the friend of "Emeritus," that receives anything like £5000 a-year, or even half that amount. Nor are there many, I will venture to affirm, even of the old Indian Assistant-Surgeons of sixteen years' service—men who might, had they been in the English army, have attained the rank of Deputy-Inspector General,—who are in the receipt of £1500, or even £1000 per annum. I have understood that the best appointment in India for an Assistant-Surgeon was the Civil-Surgeoncy of Lucknow, and that it was bestowed on the gentleman who held it at the time the Mutiny broke out, for distinguished services in Burmah; and yet that appointment was worth less than £1500 a-year.

It is true that there are Medical Professorships at the Presidency, for distinguished Surgeons and Assistant-Surgeons to look forward to; but the pay of these appointments is not considerable, and unless they lead to practice (which they often fail in doing), they cannot be regarded as very great prizes. The expense of living at the Presidency is always considerable, and greatly diminishes the attractions of these moderately-paid College appointments. "Emeritus" is more happy in his remarks about rewards for special scientific knowledge in India; and in the appointments to Botanic Gardens and Woods and Forests, etc., etc., the Indian Service has the advantage of the English. There are, however, but very few of these appointments. I cannot agree with your correspondent when he says that, in the Army Service, reward for purely Professional merit "is never thought of." "The object of its officers (*i. e.*, the officers of the Army Medical Department) seems not to be reputation as skilful Doctors, but as brave soldiers." Now, Sir, the principle of selection for ability and merit, has been carried out of late to a great extent in the English Army Medical Department, and many men have been promoted to situations on the Army Board and to other positions, on Professional grounds alone. Of course, in both the English and Indian Armies, essentially Military-Medical as their officers must be, other claims (as those of service in the field) are often put in and allowed, when appointments are contended for; but this is the case not more in the one Army than in the other. Certainly in India, the man who has passed with honour through a campaign is always considered to have a good claim for an appointment, however Professional it be; and the practical application of this has been made lately, in more than one instance to my knowledge, in the Indian Medical Service. I cannot, therefore, think the remarks of "Emeritus" on this head perfectly satisfactory.

Nor do his observations about the appointment of English Army Surgeons or Assistant-Surgeons convey quite correctly the true state of the case. The Army Surgeon, who, as I have already said, may have charge of his regiment in India (worth fully £1000 a-year) after six or seven years' service, has, besides many staff-appointments, both in India, in the Colonies, and at home to look to; and even Assistant-Surgeons in her Majesty's English Army frequently hold such charges while serving in India. There are at present somewhere about seventy Surgeons and Assistant-Surgeons holding staff-appointments in Bengal alone; and at some of the Hill Stations in India English Army Medical officers have held appointments for years past. According to "Emeritus'" own admission, the Army Surgeon has private practice sometimes open to him in the Colonies, by which "he may realise, perhaps, a few hundreds a-year at the utmost." It certainly very rarely happens that the Indian Surgeon can do so well as this; for "a few hundreds a-year" are not easily to be had even in the "Gorgeous East."

The pay of the English Army Assistant-Surgeon in India is the same as that of the Indian Assistant-Surgeon; but the latter has many more deductions, on account of funds, etc., to meet. I have shown that, as a rule, the Indian Assistant-Surgeon does not obtain a permanent charge for four or five years, *i.e.*, till nearly the period at which the English Assistant-Surgeon attains his promotion, and with it charge of a regiment. The pay of the Army Assistant-Surgeon is augmented in India, because partly of the expense of living, and partly of the climate there; and though small enough, certainly, yet, as your correspondent must allow (for he says "no subaltern—bachelor—has any business to spend more than £20 a-month") it is sufficient for all his wants. Besides the staff-appointment open to English Army Assistant-Surgeons in India, these officers frequently obtain charge of a wing of their regiment; and I have even known of an Assistant-Surgeon holding Medical charge of his regiment for many months, and drawing more pay than the great majority of Indian Assistant-Surgeons.

I have thus, Sir, thrown together the remarks which have been suggested by the letter of "Emeritus," on the subject of pay, emoluments, and Professional rewards, for English and Indian Army Surgeons. While, not denying the benefits of the Indian Service, I wish to correct some of the observations of your correspondent, which I cannot but think calculated to mislead; and, should you favour me by inserting this letter in your columns, I may have other remarks to make on the promotion, furlough, pensions, etc., of the two Services.

I am, &c.

FAIRPLAY.

MEDICAL CHARITIES.

LETTER FROM MR. T. CHAMBERS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have read with much interest your excellent article on the above subject.

Having passed two years as dresser in one of our large London Hospitals, I have had numerous opportunities of witnessing the unblushing impositions daily practised upon our Medical Charities.

Every day may be seen some among the out-patients (males) adorned in chains, rings, studs, and other external signs of well-to-do tradesmen.

Many of the female applicants for free advice and medicines, are even more extravagant in their external decorations,—silks, satins, flowers, ribands, velvets, and other fashionable articles of female vanity, may be seen among the multitudes who daily crowd the out-patient departments of our large Hospitals.

Now there are, at least, three great evils inseparable from this indiscriminate charity, viz.:—

1st. The great loss of valuable time to the Assistant-Physicians and Surgeons, who are daily called upon to devote

three, four, and in some cases five hours, to the discharge of their Hospital duties.

2nd. The great loss of time to the legitimate claimants of public charity, viz. poor men and women, who have large families depending upon their daily exertions for bread. To this class of persons, the loss of two, three, or four hours, twice or three times a-week, is a very serious consideration; indeed, this loss will, in many cases, more than counterbalance the advantages they receive.

3rd. The misapplication of public charity.

How are these evils to be controlled?

I would respectfully suggest the addition of a "foot-note," to our Hospital-tickets, or recommendations. Something after the following character, viz.:—

"Take Notice that all persons able to pay for advice, medicines, etc., are cautioned against making use of this ticket, or recommendation, as by so doing they would render themselves liable to be treated as Rogues and Vagabonds, viz. imprisoned with hard labour."

I am, &c. Thomas Chambers, M.R.C.S.E. etc.

42, Grove-road, St. John's-wood.

INTUSSUSCEPTION.

Letter from Dr. J. W. Cousins.

[To the Editor of the Medical Times and Gazette.]

Sir,—Perhaps a notice of the following curious post-mortem appearance may be interesting to some of your readers.

In examining the body of a patient who died in this Hospital a few days since, from phthisis ingrafted upon bronchitis and emphysema, I found intussusception in seven or eight parts of the jejunum and ileum. The intermediate portions of intestine were moderately distended with flatus, and the whole canal was somewhat congested, but without any trace of obstruction or inflammation. The mucous membrane was entirely free from ulceration, and the mesentery quite healthy.

I can offer no explanation of this appearance; no doubt it occurred a short time before death during the final and perhaps irregular movements of the intestine.

I am, &c. John Ward Cousins, M.D. Lond.,
Resident Medical Officer.

Hospital for Diseases of the Chest,
Victoria-park, January 17.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 10, 1860.

F. C. Skey, Esq., President, in the Chair.

A paper, by E. J. Tilt, M.D., M.R.C.P., was read,

ON THE INFLUENCE OF TROPICAL CLIMATES ON THE RISE AND PROGRESS OF INFLAMMATORY AFFECTIONS OF THE WOMB.

The scantiness of our information upon this point was first noticed by Dr. Tilt, whose attention had been drawn to it by having had to attend, during the last ten years, patients invalided by uterine inflammation, in the East or West Indies, in China, and Brazil. Proceeding to investigate the etiology of uterine disease amongst Europeans in tropical climates, Dr. Tilt took India as an example, and pointed out how, even if the menstrual function had been previously regular in young women going out to India, it became irregular from travelling and the sea-voyage; how, without passing through a period of repose, on arriving in India, and before the menstrual function had had time to "right itself," these emigrants were launched into the fatigues and gaieties of society, often marrying at too early an age, and even before menstruation had become regular. Dr. Tilt observed that, little accustomed to the heat of India, the inexperienced European often imprudently exposed herself, during the menstrual period, to the raw, chilly night air, or to the north-wester, or made too frequent a use of cold water at that time. The pathology of tropical climates was represented as being principally abdominal—Europeans becoming occasionally subject to liver disease and dysentery, which tend to produce uterine inflammation, even when they occur in temperate climates. The frequent liability of the European to some form of intermittent or remittent fever was insisted on, as well as the fact that these affections sought out the weakest organ, increasing its tendency to congestion and inflammation. Another cause of uterine inflammation was found in that anæmia and intense debility which usually followed a prolonged residence in a tropical climate. The progress of inflammation of the womb in Europeans during their residence in tropical climates, was described as unusually rapid, owing to the patients remaining subject to those climatorial influences which had produced the disease. The pathological conditions of those who return to Europe from the tropics on account of uterine disease were next inquired into. The inflammatory lesions, as well as the general symptoms, were represented as unusually severe, considering the duration of the complaint. It was stated that, even after their return to England, the march of uterine inflammation is often complicated by partially subdued tropical complaints, such as ague, remittent fever, liver derangements, and chronic dysentery. These complications were spoken of as interfering with the treatment of the case, and protracting it much beyond its usual duration—the uterine inflammation requiring surgical treatment, in accordance with the principles laid down in the author's and in Dr. H. Bennett's work on "Uterine Inflammation," without, however, neglecting to take into serious account those complications which frequently arise, or that deep-rooted debility which seems to be sometimes the only reason why the patient will not rally, although judiciously treated. Dr. Tilt concluded by observing that he had sometimes seen young women taken to India in whom the menstrual flow was so irregular as to preclude the possibility of health being long preserved in a tropical climate; that he had attended patients whose health had been ruined by too long a stay in India, after uterine disease had become severe; and others who, having returned to India before they were quite cured of an inflammatory affection of the womb, were soon obliged to come home on account of a severe relapse of the uterine complaint; and this led him to recommend the following practical rules relative to the prevention of uterine inflammation amongst Europeans in tropical climates:—1. Those in whom the menstrual flow is habitually morbid in a temperate climate should not settle in a tropical region. 2. Those who have frequently suffered from inflammatory uterine affections in a temperate climate should not settle in a tropical region. 3. Those who become severely afflicted with uterine disease in a tropical climate should remove to a temperate one. 4. Those who come to Europe for the cure of any inflammatory affection of the womb from a tropical region should not return to it until some months after the uterine affection has been cured.

Sir James Murray said there was a preparation of iron, not of a stimulating character, which he had for many years found serviceable for uterine injections—viz., the oxyphosphate of iron. It was precipitated from a solution of red oxide of iron and muriatic acid, by means of phosphate of soda. When the precipitate was well washed with distilled water, and brought to a pasty consistence, like starch, it was rubbed up with mucilage, for the purpose of detaining it where it was to be lodged, and also to blunt any acrimony or ulcerations existing in the passages. He believed that it might be occasionally absorbed; for he had observed that females returning from India and other hot countries, reduced to the utmost extremity of debility by these excoriations and ulcerations, had very much improved under the treatment; and even in cancerous cases which were incurable the ease produced by the application was almost incredible. One great hindrance to a cure in many of the cases was the use, in hot climates, of a villainous substitute for magnesia, which contained either no magnesia or only sulphate of magnesia—the patients needing an appeasing remedy instead of a drastic purgative. The culprits, he thought, ought to be prosecuted for such an injurious substitution.

A paper, by J. Webster, M.D., F.R.S., was read, giving

BRIEF NOTES OF A VIST TO THE LEPER HOSPITAL AT GRANADA.

The author having recently visited the ancient Leper Hospital, founded at Granada by Ferdinand and Isabella upwards of 350 years ago, brought before the Society some facts respecting that institution which he thought interesting. When inspected, last September, Dr. Webster found 53 inmates, 39 being male, with 14 female patients, and thereby showing the greater frequency of lepra amongst the former than the latter sex, which has always been a characteristic feature of that malady. It affected persons of every age, from a girl in her fourteenth year to others who had passed their climacteric. The disease also exhibited various conditions, some inmates being recent sufferers, while others had arrived at the last stages; the face, neck, and arms appearing the parts usually attacked. In advanced cases the malady even assumed a cancerous aspect, parts of the face, nose, and mouth then becoming ulcerated, so as to produce a hideous expression. Several were bed-ridden, and some like a mass of bodily corruption. One remarkable symptom Dr. Webster specially noticed, even in those quite helpless—viz., almost invariably they seemed happy and contented with their sad condition, the inmates generally being merry, singing and enjoying themselves, either when idle or occupied in their work-rooms. This characteristic, the director told Dr. Webster, was common among leprous patients; and also that many were lascivious in their conversation, and would be so in conduct, were great care not taken to keep both sexes separate, the *libido inexplebilis* noticed by ancient authors being a prominent pathognomic phase of true leprosy. The author next alluded to the districts where this disease oftenest prevailed in Spain, and stated it was most common on the south-eastern coasts of the Mediterranean, but very rarely in the interior. The disease would also appear to be increasing among the Spanish population, more victims being now recognised than formerly, 284 lepers having been ascertained as alive during 1851 in only nine provinces. Contrasted with England, this fact is remarkable, since leprosy is now very rarely met with among natives who have never left Great Britain, but where the malady throughout more ancient times was so frequent. The last instance of true lepra in England with which the author was cognizant, as being really indigenous, was one under Dr. Addison, at Guy's Hospital, and reported by Dr. Wilks. This patient had lived twelve years in Croydon and London, after leaving Cork, his native city, but never visited any other country; notwithstanding which he was attacked with the malady, as shown by a drawing exhibited to the meeting through Dr. Wilks' kindness, which Dr. Webster said exactly resembled similar cases seen at the Granada Leper Hospital. The author next adverted to the causes which seemed to produce leprosy. Hereditary tendency, he thought, did not appear to have any influence; being born and living in districts where leprosy prevailed appeared much more powerful, especially when dwelling in insalubrious localities. Defective diet, filth, and poverty, also conduced to its production. In short, the author stated that lepra, in his opinion, was analogous to cretinism, goître, pellagra, or ague, and might be very fairly classed in the category of endemic diseases. Subsequently, Dr. Webster remarked that lepra rarely, if ever, attacked the middle classes or persons removed from poverty, and that it was almost entirely confined to maritime districts or among a marine population. Respecting the treatment of leprosy adopted at the Granada Hospital, the author reported that very little benefit followed any plan pursued, as the disease generally proved fatal after its continuance from eight to ten years, and in spite of any remedy employed. Attention to diet, cleanliness, frequent bathing, proper clothing, the judicious employment of patients in manual occupations, according to their physical strength and individual capacity, by remaining much in the shady court-yards or adjacent gardens of the institution, where an open, pure air could be breathed, and aided by recreations, good effects towards alleviating the sad condition of inmates might, however, be obtained. In fact, the system pursued resembled, as the author added, that commonly followed at well-regulated lunatic asylums. After making other remarks, Dr. Webster concluded his communication with the following inferences, based upon previous statements, which he thought might be legitimately deduced:—1. Leprosy chiefly affects the male sex, as it has always done heretofore. 2. All ages are liable to its attacks after puberty. 3. The malady is not infectious, in the strict sense of that designation. 4. It seems to be endemic. 5. Occurs only amongst the lower ranks of society at present. 6. Residents on the sea-coast are its chief victims. 7. The principal apparent causes are—putrid, indigestible aliment, poverty, filth, occupying insalubrious dwellings in marshy, miasmatous soils, and a humid, variable, marine atmosphere; while it may be communicated by inoculation. 8. The disease is incurable, and all medical treatment proves unavailing. 9. Lastly, although true leprosy is now nearly extinct, having almost disappeared from every other European country excepting Norway, it still prevails to a considerable extent in Spain, especially among poverty-stricken natives, living on, or near, the southern Mediterranean shores of that peninsula.

Mr. Acton said his experience did not confirm Dr. Webster's opinion that the disease was easily recognisable. The ancient writers themselves gave no means by which they could diagnose leprosy. In most of the cases seen in this country a large portion of the face was removed by ulceration, and it was very difficult to say what the disease actually was. He had seen many cases from Jamaica, called "yaws;" but it would be very difficult, without knowing where they came from, to say whether they were cases of yaws, or of what was called "sibbens" in Scotland, or "button-scurvy" in Ireland, or cases of cachectic disease such as prevailed among the poorer classes in this country. He suggested that the happiness of the leprous patients described by Dr. Webster was due to the excellent provision made for their comfort, as contrasted with the wretched circumstances in which they were previously living; and that their lasciviousness might be the result of their comparative idleness. He believed that many cases, in Spain and elsewhere, called leprosy, were in reality syphilis; and it was very difficult, in the advanced stages of the latter disease, to say whether it was tertiary syphilis or leprosy. Dr. Livingstone stated that syphilis made great ravages among the African natives, but only towards the sea-shore. In the cases of leprosy that had come under his (Mr. Acton's) notice there was no fear of infection. By the more modern writers on the subject the contagiousness of the disease was not more dreaded than that of tertiary syphilis; but formerly the regulations of Lepers' Hospitals forbad any communication with the patients except by means of sticks. With regard to treatment, he was sorry to hear that so little could be done. Certainly the modern treatment of cancer, lupus, and syphilis, had effected a marked improvement in the cases, not so much by the use of any particular remedy, as by various remedies according to the state of the patient.

Mr. Holmes Coote said the disease had fallen under his notice in the borders of Asiatic Turkey, and one of his colleagues in the Crimean war, Dr. Rolleston, had visited the leper-huts in the neighbourhood of Jerusalem, where the malady existed, as described in the Old Testament. Dr. Rolleston's description led him (Mr. Holmes Coote) to examine carefully the cases brought under his notice, and he believed that the disease often existed, but was overlooked, in small and poor communities badly supplied with food. As far as he had seen, there was a broad distinction between the leprosy of the ancients and syphilis. Dr. Rolleston found a great fear of infection among the people, but he went fearlessly among them. In many cases the face and palate were affected, and sometimes the fingers fell off, leaving scars behind, and the uvula was destroyed. He had seen a few cases in this country in which the same destructive ulceration took place. When such symptoms presented themselves a ready solution was generally offered. If a patient had his soft palate destroyed, he was told that he had syphilis. If he denied it, he was told that it must have come from his father and mother; and if that were not so, the patient was not believed. Leprosy, he believed, would be found to prevail in small communities badly fed; as civilisation advanced the disease would become more rare, and would be entirely banished by the observance of proper hygienic rules.

Dr. Tilt said he visited, with Dr. B. Thompson, the Leper Hospitals at Damascus, in 1847, where he saw about a dozen miserable creatures, looking like the worst cases met with in scrofulous or syphilitic wards; having large ulcerations on the face, the lower eye-lid everted, the bridge of the nose

broken down, and the bones of the palate destroyed. Dr. Thompson drew his attention to the several stages of the complaint. In the first, the skin was of a fiery red and itchy; in the second, it assumed a furfuraceous, whitened appearance; and in the third it was tubercular. In some of the cases the fingers had dropped off, nothing remaining but the cicatrix. The patients were not secluded, but were allowed to move about among a population of 200,000. They did not come from the sea-coast, but nearly all from the neighbourhood of Nablous. Dr. Thompson informed him that he had found iodide of potassium the best remedial agent.

Dr. Meryon regretted that the author had not gone into the more peculiar symptoms of the disease, with a view to determine how far it might differ from syphilis. Dr. Friend had gone into the question, and, after a very long research, had come to the conclusion that syphilis was undoubtedly different from the lepra, which existed previous to the voyage of Columbus; who, on his return, was said to have introduced syphilis into this country.

Dr. Priestley said he had seen three cases at least in the Edinburgh Infirmary, two of which were under the care of Professor Syme. One case was that of a young man, residing in a fishing village on the north coast of Scotland, who had the tubercular form of the disease distinctly marked. In the second case—that of a young woman—one of the fingers was first attacked with a circular patch of ulceration, which extended, and gradually surrounded the finger. The hand was amputated, but the disease afterwards broke out higher up; the arm was then amputated, and, the disease still extending, a third amputation was contemplated when he last saw the patient. The third case was a private patient of Dr. Simpson. There were no tubercles on the face, but there were nodular tuberosities on the fingers, which spread on the ulnar side of the arm as far as the elbow, without ulceration.

Dr. Webster had no doubt that many cases said to be leprosy were syphilis. Persons who had never left this country rarely, if ever, had the disease. There could be no doubt that poverty of living, especially a lack of animal food, tended very much to develop it. The smallness of the number of lepers seen by Dr. Tilt at Damascus was favourable to his view of the effect of proximity to the sea-coast on the disease. The number would doubtless have been greater had the hospitals been situated near the sea-shore. Medical men in Spain who had investigated the subject believed that the disease was increasing. Formerly all ranks of society were attacked by it, but the malady was now almost entirely confined to the poorer classes. After a certain stage he believed it to be incurable.

The Society then adjourned.

THE PATHOLOGICAL SOCIETY.

Tuesday, January 3, 1860.

Mr. R. Fergusson, President, in the Chair.

Mr. Fergusson showed a specimen of

PEDUNCULATED TUMOUR REMOVED BY TORSION.

He remarked that it was rather of Surgical than of Pathological interest. It consisted of a pedunculated tumour, which had been removed from the groin of a young woman. Mr. Fergusson wished to draw the attention of the Society to the plan by which the tumour had been got away. It had been simply twisted on itself. On the ninth day it fell off. He had often adopted this plan in the removal of pedunculated growths. There were certain patients who obstinately refused to submit to any operation. To such the Surgeon might conscientiously state that he would neither use knife, ligature, or caustic, and yet that he would get rid of the tumour. By simply turning the tumour over on its neck, and securing it in that position by plaster or bandage, and then giving it another turn a few days later, it would be certain very shortly to drop off.

Mr. Holmes showed a specimen of

A KIDNEY WHICH HAD BEEN RUPTURED MORE THAN A YEAR BEFORE DEATH.

The patient, a groom, had been admitted into St. George's Hospital a year and a-half ago, having been kicked by a horse. He then presented all the symptoms of ruptured kidney, and had collapse, hæmaturia, etc. He recovered. Eighteen months afterwards he was re-admitted with advanced renal disease, and died. At the autopsy a distinct cicatrix was found still perceptible in the substance of the injured kidney. The cellular tissue about the kidney was much indurated, and there was still the remains of a decolorised blood-clot, both in and about the organ.

Mr. Holmes also showed a preparation from

A CASE OF IMPERFORATE ANUS.

It was from a female child, who had been under the care of Mr. Athol Johnson. The anus admitted a finger, but ended at about half-an-inch above in a *cul-de-sac*. A fluctuating bag could be felt above the bowel, which was supposed to be the upper part of the bowel. An attempt was made to puncture this; but instead of meconium, only a serous fluid was obtained, evidently from the peritoneal cavity. It was not judged well to make any further attempt in this direction. Mr. Johnson accordingly opened the colon in the left loin. The child lived a few days, and then sank. At the autopsy it was found that the imperforate tract of bowel was about half-an-inch long. The trocar had passed from the anus, and only just missed the rectum above the imperforate part. The colon had been but slightly distended, which perhaps partly accounted for the ill-success of the puncture from the anus.

Mr. Curling showed specimens of

UNDEVELOPED TESTES.

A remarkably tall man had been throughout life almost hairless as regards the pubes, chin, and whiskers. On the pubes were a few downy hairs. Both testes were found quite undeveloped, and although quite normal in structure had not advanced beyond the state of early childhood. The man had never shown any signs of virility. He had been perfect in intellect.

A discussion followed as to the connexion between idiotcy and undeveloped testes.

Dr. Little stated that at the Idiot Asylum examples of excess of sexual appetite were more common than of deficiency, and were the source of much trouble to the resident officers.

Dr. Little showed specimens from

ADVANCED RHEUMATIC CHANGES IN THE JOINTS.

They had been taken from the elbow and wrist-joints of an old woman, who had long been the subject of rheumatism. Many of the fingers had been dislocated by the deposits about them. In life all the middle joints had been extended, and all the others flexed, a condition quite different from that usually observed in spasmodic affections. It appeared that all the muscles had tended to shorten themselves. The wrists and elbows were fixed by deposit about the extremities of their composing bones.

A Queer Conclusion.—The Physician of the Bicêtre, M. Moreau, in his famous work just published, tells us, among many other strange things, this one: "The organic conditions most favourable for the development of the faculties are those which give origin to delirium. Transcendental capacities, or intellectual aptitudes, derive their origin from an extra-physiological condition of the organs of thought, and from this point of view we may consider genius as a neurosis. The axiom of 'a sane mind in a sane body' is false. The deterioration of the physical man is a condition of the perfection of the moral man. The human intelligence is never nearer to its fall than when it is elevated to its highest grandeur. The causes of its fall are also the causes of its grandeur." Again he asserts:—"Most individuals endowed with a superior intellect, or even merely placed above the common level of intelligence, reckon among their ancestors and members of their family, lunatics, etc."

University of Tubingen.—On the retirement of Dr. Christian Gmelin from the post of Ordinary Professor of Chemistry in the Medical Faculty of the University of Tubingen, Dr. Strecker, of Christiania, has been invited to fill the post. Dr. Schlossberger has been appointed Extraordinary Professor of Chemistry.

MEDICAL NEWS.

THE Competitive Examination for Assistant-Surgeoncies in the Army took place on January 9, and was conducted by

Busk, George, F.R.S.
Hooker, Dr. F.R.S.
Paget, James, F.R.S.
Parkes, Dr. E. A., F.R.C.P.

The following twenty-seven gentlemen were successful, and their names are placed in order of merit:—

Bruen, A.	Wales, J.
Falwasser, F.	Ashly, J. F.
Waters, R., M.D.	Gaussen, J. R., M.B.
Hamilton, J. B M.B.	Poucer, J. L.
Tomlinson, E. D.	Stafford, P. W.
Chappell, J. G., M.D.	White, T. H., M.D.
Fagan, M. J.	Hill, W. H.
Cherry, W.	Quinlan, T.
Maunsell, S. E.	Owen, O.
Smith, E. W.	Ferguson, J.
Traile, W., M.D.	Baulton, E. J.
Avent, N.	Stevenson, J.
Burke, M. J.	Mill, G. E.
Robinson, W. C.	

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 12th of January, 1860:—

Catt, Alfred, Brighton
Collins, John Boniface, Yapton, Sussex
Irvine, John William, Galgate, Lancaster
Jessop, Thomas Richard, Brighouse
Jones, Thomas, Brecon, South Wales
Starke, Anthony George Hayden, Honiton, Devonshire
Thomson, Walter Trevelyan, Guisbro', Yorkshire

The following gentlemen also on the same day passed their First Examination:—

Stillwell, James, London
Waterson, John, Birmingham

DEATHS.

AYRE.—January 15, at Hull, Joseph Ayre, M.D.
BLACKALL.—January 10, at Southernhay, Exeter, John Blackall, M.D., aged 81.
BORLAND.—January 4, at Newington-place, Kennington-road, Archibald Borland, M.B., aged 64.
COULTHRED.—January 12, 4, at Mornington-crescent, James Coulthred, R.N., aged 73.
DAVIES.—January 17, at Stepney, John Davies, aged 77.
EDMAN.—December 10, at Colon, near Santa Martha, British Columbia, of yellow fever, George Allatt Edman, M.R.C.S., etc., Assistant-Surgeon Essex Rifles; Medical Officer R.M.S.P. Co.'s ship *Solent*, aged 42.
GOODWIN.—October 17, at Glennie's Creek, near Scone, New South Wales, John Goodwin, M.D., a native of Glasgow, Scotland, aged 60.
HUGO.—January 8, at Bideford, Charles Hugo, formerly of Taunton, Surgeon to the 1st Somerset Militia, aged 75.
LORIMER.—December 28, at Carzield House, Kirkmahoe, William Lorimer, late Surgeon of the 49th Regiment of Foot.
MORRIS.—January 13, at Peckham House, Surrey, Samuel Morris, aged 30.
OCHILTREE.—December 27, at Seaton Sluice, Charles Ochiltree, aged 73. He had been in practice upwards of half-a-century.
ROSMAN.—December 25, at Brooklyn, New York, Robert Rosman, M.D., aged 52.
WRIGHT.—December 7, at Adelaide, Edward Wright, M.D., aged 70.

CRIMINAL LUNATICS in this country cost about £22,000 per annum.

THE EMPEROR NAPOLEON has sent a gold medal to the ladies of Brescia, as an acknowledgment of their attention to the wounded.

PROFESSOR LIEBIG, who some time ago broke his leg, is again confined to his bed by a further injury of the broken limb.

THE ROYAL COLLEGE OF SURGEONS.—From February 1, the Library of the College will be open from eleven, a.m., until five, p.m., daily.

ROYAL INFIRMARY FOR CHILDREN AND WOMEN, WATERLOO-ROAD.—The annual meeting of governors and subscribers of this Institution took place on the 18th inst. in the board-room of the Infirmary.

THEINE must have some considerable influence on the social and physical condition of the people of England. In 1838, with a population of 15,000,000, we consumed about 35,000,000lbs. of tea; in 1858, with a population of nearly 18,000,000, we consumed 81,000,000lbs. of the article.

SUB-NITRATE OF BISMUTH is, M. Velpeau says, of great service in erythematous affections of the skin; there does not exist a better astringent or resolvent; it is also precious in certain affections of the conjunctiva, because it does not irritate.

THE CHAIR OF SURGERY IN GLASGOW UNIVERSITY.—The following are the names of the candidates for the Professorship of Surgery now vacant in Glasgow University, by the death of the late Professor Lawrie, viz.:—Dr. Corbett, Glasgow; Mr. Edwards, Edinburgh; Dr. Fleming, Glasgow; Mr. Lister, Edinburgh; Dr. Lyon, Glasgow; Dr. M'Leod, Glasgow; and Dr. E. Watson, Glasgow.

BY a recent decision of the Emperor Alexander, the principal Medical Officers of the Russian Navy, are to be sent abroad for two years. During that time, they are to visit not only the most celebrated Hospitals in Europe, but also the principal ports of France, England, and Holland, in order to study the organization of the European fleets, as regards hygienic and Medical arrangements, the food of the men in barracks, and on board ships, the nature of their occupation, etc.

CONCOURS FOR RAILWAY-DOCTORS IN GERMANY.—The Directory of the new Franco-Austrian State Railway Company has offered for competition fifty well-paid posts of railway-surgeons, and there were 251 candidates. It is stated that merit and services already rendered to Medicine were the sole points for guidance in the choice, which seems chiefly to have been determined by Dr. Keller, the principal Medical officer of the Company.

THE love of the populace for deception in matters especially of a semi-scientific nature, is a notorious truism; and the world will have to advance many a long stride of enlightenment before the vulgar thirst for the article is abated. The recent words of Professor Huxley well apply here: "The question is only to be settled by the painstaking, truth-loving investigation of skilful naturalists. It is the duty of the general public to await the result in patience; and above all things to discourage, as they would any other crimes, the attempt to enlist the prejudices of the ignorant, or the uncharitableness of the bigoted, on either side of the controversy.

A TRIBUTE TO MEDICAL MEN.—I must say out my say about them, if I only do so once in my life. They are, according to my experience, the most humane, tender, and considerate men we have. Everywhere they go about consoling, healing, amending; I have never met in any class such tenderness for the poor, and such active benevolence towards them, as amongst Medical men. This is not a peculiarity of this age. When you study the memoirs of past times, you always find that there were eminent Medical men in whom all their patients greatly confided, and who were foremost in all the good works of their day. The names of Mead, Heberden, Arbuthnot, Jenner, and Hunter, will at once occur to you. Then as to the extent of their pursuits, there are no men who are less limited in that respect. They go on observing, seeking, and imbibing information from all quarters to the end of their lives. I will give you a curious instance, which I believe to be not a singular one, of their width of pursuits. I went to consult one of the most eminent physicians of the day. Among other things that he advised me was to give my mind very much to country pursuits. Taking up the *Gardener's Chronicle*, he said, "I study this every week; it is a great pleasure to me." "Well, but you have no garden," I replied. "No," he said, "but I like to know what is going on in gardening, and I read this regularly!" It is not only in studies connected with Nature that Medical men are unremitting. They take the greatest interest in human affairs generally; and no kind of knowledge seems to come amiss to them. They have, therefore, all the happiness which is to be found from having a very wide circuit of interest in the affairs of the world, both physical and moral.—*Friends in Council*, vol. ii. p. 54, New Series.

MORTALITY OF THE PROFESSIONS.—The average age of the clergy who have passed their 50th year is 74·04 years; that of the Physician, 72·95 years. "If comparison is made, however," says the *Edinburgh Review*, "between the highest grades of the two Professions, between Archbishops and

Bishops, and Baronets who have filled the posts of Physicians and Surgeons to the Sovereign, the latter have the advantage by four years; and in both cases the lawyer lags behind in the race with clergymen and Physicians—with the latter, in his ordinary rank, by a few days only, and with the class of Medical Baronets, as compared with Judges, upwards of four years: how much hard study, alternated with tawny port, has to do with the difference, we should hardly like to say."

Something New in the Way of Royal Visits.—On Monday last her Majesty and their Royal Highnesses the Prince Consort and Prince of Wales visited the Windsor Royal Dispensary and Infirmary. The Queen was attended by the Lord and Lady in Waiting, and the Prince Consort by Colonel Francis Henry Seymour. The visit being of a private character, the only officials present were the Hon. Secretary (the Rev. J. A. Miller), the House-Surgeon (Mr. Gooch) and the Matron (Miss Walton), by whom the Royal party were received and conducted through the wards and other apartments connected with this valuable institution. Her Majesty and the Prince made full inquiries as to the number of patients, their treatment, etc., and on leaving expressed themselves much satisfied with the whole arrangements of the establishment.

The Fate of the "Black Doctor."—At the recent trial of Vriès, the "Black Doctor," before the Correctional Tribunal of the Seine, the whole history of this impudent quack is laid open, which should, at least, prove a warning in future to Hospital authorities how they opened their doors to such adventurers, and consigned the unfortunate patients entrusted to their care to their iniquitous procedures. It is also obvious enough, that in spite of the strict regulations in France, a quack, unfurnished with any diploma, may openly practise upon the credulity of the public just as easily as here; for the title of Doctor was one of pure assumption upon his part. The sums Vriès received were sometimes enormous; and being paid in advance, on promise of cure, he could only very rarely be compelled to refund any portion of his spoils on the death of his victim.

Charitable Establishments of Paris.—In the report of the Préfet of the Seine, the following figures occur:—"Every variety of disease, infirmity, and misery, occurs in such an agglomeration of individuals, and call for as many different forms of assistance. During the year 1860, 7172 beds will have to be provided for patients; 7838 for the infirm and aged; 2195 for the insane; 600 for the orphans: making altogether 17,814 beds. In the Hospices and Hospitals for the ensuing year, 5,924,046 days of sickness or infirmity are anticipated. Besides these, 1600 insane, for whom there is not room in Paris, have to be maintained in the provincial Asylums; while 14,422 orphans or foundlings are placed with private persons or in the agricultural colonies of France and Algeria; without mentioning 6900 other children who are under the surveillance of the Department of Public Charity. To complete the picture of the unfortunates, whose relief it is the duty of this department to see to, we must add 69,424 indigent persons at the *Bureaux de Bienfaisance;* besides 20,000 somewhat less indigent, looked after at their own homes. These are within the boundaries of ancient Paris, to which have to be added in the surrounding zone, 35,000 necessitous persons, receiving either provisions or Medical attendance. To succour so much calamity calls for a considerable staff. At the central office of Public Charity, there are 362 *employés.* In the sixteen Hospitals and thirteen Hospices, there are 38 almoners, 91 Physicians, 42 Surgeons, 18 *Pharmaciens,* 222 pupils, 1515 *employés* in the wards, and 952 *employés* for general services. In the *Bureaux de Bienfaisance,* there are 235 Physicians, 97 midwives, 110 *employés*—making a total of 3682 individuals devoted to the service of the poor."

City Graveyards.—There is room for a good deal of discussion as to the soundness of the views advocated by Dr. Letheby in the following paragraph from his last report:—"The graveyards of the city have likewise received attention; there are eighty-three of them in all, belonging to the several parishes, and they cover a superficial area of about 47,572 square yards. In most cases the level of the soil is much above the surface of the neighbouring ground. The height varies from a few inches to many feet, and the average elevation is about 24 inches. This is due to the gradual accumulation of human remains; and some notion may be formed of the extent of it by considering that a surface 47,572 square yards with 24 inches of soil upon it represents a mass of rather more than 856,000 cubic feet. All this is matter rank with the remnants of graves, and it contains nearly 36,000 tons of human remains. Years and years must go by before this can pass through its appointed changes, and be once more the constituents of the living body or the harmless elements of a mineral compound. Till then it will be hazardous in the extreme to disturb the ground to any depth. I urge this upon your consideration because it has been proposed on more than one occasion to utilize the burial-grounds of the city, and to make them the subject of building speculations. In point of fact, the same influences which have operated in bringing the graveyards of the metropolis into their present condition, and in using the sanctuary for a charnel-house, may again act without concern for the living or respect for the dead in turning to a profitable account the unused burial-places of the city. But it is my duty to warn you that this cannot be done with impunity. Public safety requires that the soil of these places shall remain untouched for years to come. It is, indeed, no light matter to expose so rank a mass of festering rottenness to the action of the air. The time has been when such a thing has caused a pestilence, and who would rashly risk it now? That which gives importance to the subject at the present time, is a proposition, seriously entertained by the clergy, to amalgamate the city benefices. If this is done there is every prospect of the destruction of many of the city churches, and then the ground on which they stand, as well as that of the adjoining graveyards, will soon be used for building sites. It is not part of my business to discuss this matter further than it relates to the public health; but in that respect I am bound to tell you that the proposition is fraught with the greatest danger; for if it should lead to the occupation of the ground, as I have said, it would not only be dangerous to the community to lay bare the putrid remains of the dead, but it would be more dangerous to those who might dwell in the houses built upon soil charged with so much corruption. But, besides this, the graveyards are nearly the only open places in the city, and bad as they are in one respect, they are as good in another. They let in the light and air to purify the stagnant atmosphere of the streets, and we cannot afford to lose them as the great aids to ventilation. Already they have begun to look cheerful with the care which has been bestowed upon them, and if this is encouraged, and the growth of vegetation promoted, there may yet be the green spots and the pleasant places in this great wilderness of industry. Thus, and thus only, shall we fulfil the sanitary requirements of the case."

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 14, 1859.

BIRTHS.

Births of Boys, 985; Girls, 953; Total, 1938.
Average of 10 corresponding weeks, 1849–58, 1644·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	672	672	1344
Average of the ten years 1849-58	601·4	611·8	1213·2
Average corrected to increased population..	..	..	1334
Deaths of people above 90	..	..	9
Deaths in 15 General Hospitals	41	26	67

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	3	6	18	1	3	1	3
North ..	490,396	9	4	13	3	6	4	5
Central ..	393,256	8	..	6	..	5	4	5
East	485,522	8	7	8	2	11	3	10
South ..	616,635	13	6	17	1	6	3	10
Total . ..	2,362,236	41	23	62	7	31	15	33

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·032 in.
Mean temperature	37·9
Highest point of thermometer	46·0
Lowest point of thermometer	30·3
Mean dew-point temperature	36·2
General direction of wind	S.W. & S.E.
Whole amount of rain in the week	0·07
Amount of horizontal movement of air in the week	— miles.

TO CORRESPONDENTS.

Dr. Rolleston's paper on the Cerebellum shall appear in an early number.

Mr. Reid.—The paper containing the account of the prosecution of Mr. Hovill has not arrived.

F. F.—The regulations of either College can be obtained on application to the Secretary. The title of Doctor is awarded to Licentiates by courtesy, not assumed by right.

G. H.—The letter shall appear next week. We never insert letters from anonymous writers unless, as in some exceptional cases, they are sent by some well-known correspondent. In every case the name of the writer should be given in confidence.

Bartholomew.—1. Yes, if he charged for his visits only, not for his medicines. 2. Army Assistant-Surgeons must have both a Medical and a Surgical qualification. The Licence of the Apothecaries' Company is regarded as a Medical qualification.

Erratum.—Dr. Hare's paper on Moveable Kidneys, page 32, line 11, *for* "supports" *read* "support."

Macaulay's Funeral.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—You state that the Medical Profession was represented at Lord Macaulay's funeral by Sir Henry Holland. Sir Henry Holland attended as a personal friend of Lord Macaulay's. The respective families are also connected by marriage. The Profession was represented at that melancholy ceremony by the President of the College of Physicians, and by the President of the College of Surgeons. I am, &c.

London, January 14, 1860. Sydney Jones.

Centenarians.

The sister of Dr. Baillie, Miss Agnes Baillie, is still alive, and living at Hampstead, in her hundredth year. Dr. Webster has written to the *Athenæum* stating that he has a copy of the certificate of her birth on September 24, 1755. There is also an old soldier in Chelsea Hospital, who will be 105 on March 4 next.

Division of the Spinal Nerves—A New Remedy in Hysteria.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—On Monday last, I was called to see a lady who had recently returned from Scotland, where she had resided twelve months, and been under the care of a Physician. This patient had long suffered from hysteria, the leading symptoms of which were pain along the spine, and inability to walk. To relieve the pain she informed me that the said Physician proposed to cut the spinal nerves, and for that purpose made an incision nearly two inches in length in the loin, while she was insensible from chloroform. I saw the cicatrices. This affording no relief, two similar incisions were made along the sides of the spine in the dorsal region, where two cicatrices still remain. No good resulting from these operations, incisions were then made into the os uteri, and various substances were passed up into the vagina. The patient has come to England to try the effects of Homœopathy and Mesmerism. Can you or any of your readers tell us anything about such a plan of dividing nerves or muscles as a cure for hysterical hyperæsthesia? I am, &c.

January 16, 1860. Neurotomos.

Poor-Law Medical Reform.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Mr. Richard Griffin, with his usual tenacity of purpose, is still pertinaciously endeavouring to solve the mystery of my *nom de plume*, and with goose-quill laid in rest by way of lance, vigorously does he charge down upon that flitting *nominis umbra* "Paul Jones."

Although I cannot see what all this has to do with the merits of the case, to set his mind at rest I make him this promise—some day he shall know all about it. Moreover, he can expedite this much-desired event by adopting my suggestions. Whenever he is inclined to set about this in earnest, he will find himself supported by the weighty influence of my real name, by own personal subscription, and by my strenuous exertions to obtain accessions to our ranks. In this last particular I am sanguine of much success, and would gladly undertake the organisation of a local branch.

But, says Mr. Griffin, "all that he (Paul Jones) now advocates has been already done." Sir, I feel that it would be uncourteous to contradict him, or to press upon him more closely the difference between his proceedings and my propositions.

Accepting, then, his own explanation "that I have been asleep for the last two or three years," and have now, as he expresses it, "ardently awoke," I have a right to ask him—When and where are "the regular meetings," what the "regular and definite subscriptions," who are "the elected office-bearers," what are the "laws and regulations," what the "settled plan of action," where are the "local branches," and who "the local secretaries," which I spoke of in my last letter as the characteristics of a real Association?

Allow me to thank your Correspondent "A. P. O." for his complimentary notice. It appears that he too, like me, has been hibernating, and did not know that "all I now advocate has been already done."

January 17, 1860. I am, &c. Paul Jones.

Dennis Turnbull.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—You, as well as your Cheltenham correspondent desire information respecting "Dr. Turnbull, M.D., F.R.M.S.," and I will, as shortly as possible, give a history of his previous life.

When a lad he worked as a pitman, at Team and at Sheriff-hill collieries. He afterwards was employed in preparing grease and paint for the railway carriages at the Gateshead station, and kept account of the stores, at the same time dabbling in herbs. His next appearance was in a small shop in the High-street, Gateshead, as a provision dealer and herbalist, keeping a vapour-bath for the benefit of his patients; and practised as an American herbal Doctor during the cholera epidemic of 1853, with what success he will no doubt remember.

He may have acquired his pharmacy in the coal-pits and his physiology at the railway workshops, but he has not told where he has got his anatomy and surgery to make him bold enough to offer himself for examination, even under easy terms, at the Royal College of Surgeons.

I do not condemn the man because he has been a pitman and a labourer at the works of the Gateshead railway-station, but for his assumption of titles, the possession of which he has not proved.

How much more ought to be condemned the three Medical men who have signed his memorial. I say nothing of the clergy, the most gullible of the gulled, and the J.P.'s; but it would be a question with me whether I would sooner admit Dennis Turnbull to be a Member of the College, or strike off the list the M.R.C.S.'s who have given their sanction to him.

January 10. I am, &c. A Gateshead Surgeon.

COMMUNICATIONS have been received from:—

Dr. Simpson; M. Claude Bernard; Dr. Carpenter; Dr. West; Dr. Conolly; Dr. Robert Lee; Dr. Druitt; Dr. Wright; Mr. Sydney Jones; Dr. Kirkes; Mr. Dix; Dr. Halford; Mr. Ayre; Dr. Ranke, Munich; Mr. Greenhow; Mr. Self; Mr. Fletcher; Mr. Wheatley; Mr. Hamilton; Mr. Vincent; Mr. Barlow; Mr. Reed; Dr. Smyth; Dr. Doig; Dr. McWilliam; Mr. Reid; Mr. Blackmore.

APPOINTMENTS FOR THE WEEK.

January 21. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

23. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Dr. Gibb "On the Sanguinaria Canadensis: its History, Composition, Properties, and Medical Uses."

Entomological Society, 8 p.m. Anniversary.

24. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 3 p.m. Professor Owen "On Fossil Birds and Reptiles."

Zoological Society, 4 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. Mr. L. Bowles "On Stertor." Mr. Henry Lee "On Secondary Syphilitic Inoculation."

25. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Hunterian Society, 8 p.m.

Meteorological Society, 7 p.m.

Geological Society, 8 p.m.

Ethnological Society, 8½ p.m.

26. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Institution, 3 p.m. Professor Tyndall "On Light."

Royal Society, 8½ p.m.

27. *Friday.*

Operations, Westminster Ophthalmic. 1½ p.m.

Royal Institution, 8 p.m. Professor Owen "On the Cerebral Classification of the Class Mammalia."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Nævus; Polypus of Nose; Varicose Veins; Removal of Deformity of Nose. By Mr. Bowman—Varicose Veins; Extirpation of Eyeball.

DR. SIMPSON'S
CLINICAL LECTURES ON THE DISEASES OF WOMEN.

Twenty-six of these Lectures have appeared in the two Volumes for 1859, of the MEDICAL TIMES and GAZETTE, Illustrated by Sixty-eight Engravings.

LECTURE 1.—On Vesico-Vaginal Fistula.
2.—On the Treatment of Vesico-Vaginal Fistula (*with eighteen engravings*).
3.—On the Pathology, Symptoms, and Diagnosis of Cancer of the Uterus (*with four engravings*).
4.—On the Palliative Treatment of Cancer of the Uterus (*with three engravings*).
5.—On the Surgical Treatment of Cancer of the Uterus (*with seven engravings*).
6.—On the Treatment of Carcinoma of the Uterus and Mamma by Caustics (*with three engravings*).
7.—On Dysmenorrhœa (*with four engravings*).
8.—On the Treatment of Dysmenorrhœa (*with seven engravings*).
9.—On Closures, Contractions, and Fissures of the Vagina and their Treatment.
10.—On Urethral Caruncles—Neuromata of the Vulva—Hyperæsthesia and Neuralgia of the Vulva (*with three engravings*).
11.—On Abscess of the Labia Pudendi, and the various forms of Vulvitis.
12.—On the Causes of Death after Surgical Operations and Injuries.
LECTURE 13.—Tho Causes and Symptoms of Surgical Fever (*with three engravings*).
14.—The Preventive and Curative Treatment of Surgical Fever.
15.—The Symptoms, Diagnosis, and Pathology of Phlegmasia Dolens.
16.—The Treatment of Phlegmasia Dolens (*with an engraving*).
17.—On Coccyodynia and the Diseases and Deformities of the Coccyx (*with six engravings*).
18.—On Pelvic Cellulitis.
19.—On the Treatment of Pelvic Cellulitis (*with an engraving*).
20.—On Peri-uterine or Pelvic Hæmatoma, and Varix of the Pudendal Veins (*with two engravings*).
21.—On Spurious Pregnancy, its Symptoms and Diagnosis.
22.—On the Pathology and Treatment of Spurious Pregnancy.
23.—On the Pathology of Ovarian Dropsy (*with two engravings*).
24.—The Symptoms and Diagnosis of Ovarian Dropsy (*with two engravings*).
25.—The Differential Diagnosis and Medical Treatment of Ovarian Dropsy (*with two engravings*).
26.—Thc Surgical Treatment of Ovarian Disease.

THE COURSE WILL BE CONTINUED THROUGH THE TWO VOLUMES FOR 1860,

INCLUDING

OCCASIONAL CLINICAL LECTURES ON CASES IN OBSTETRIC SURGERY.
CRANIOCLASM—A NEW FORM OF CRANIOTOMY.
FIBROID TUMOURS AND POLYPI OF THE UTERUS.
INFLAMMATORY AFFECTIONS OF THE UTERUS AND VAGINA.
DISPLACEMENTS OF THE UTERUS.
DISEASES OF MENSTRUATION.
PHYSICAL DIAGNOSIS OF DISEASES OF THE UTERUS, OVARIES, ETC.
SURGICAL OPERATIONS ON THE VAGINA AND PERINEUM.

ALSO, A COURSE OF LECTURES

ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED DURING THE PRESENT WINTER SESSION,

(*Specially reported for this Journal, and corrected by the Lecturer,*)

BY PROFESSOR CLAUDE BERNARD,

Member of the Institute of France, Professor of General Physiology at the Faculty of Sciences.

AND OCCASIONAL LECTURES

BY

EMINENT LONDON TEACHERS.

In the same Volumes,

A SERIES OF PAPERS WILL APPEAR,

BY DR. CONOLLY,

ENTITLED

RECOLLECTIONS OF VARIETIES OF INSANITY.

THEY WILL COMPRISE:

I. RECOLLECTIONS OF HANWELL. | II. CONSULTATIONS.

Each Paper in the Second Part will treat on some Group of Affections, as—

JUVENILE INSANITY,
SENILE INSANITY,
VARIETIES OF INSANITY WITH PARALYSIS,
UTERINE AND OVARIAN CASES.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXVIII.

ON OVARIAN DROPSY.—INJECTION OF IODINE.

Gentlemen,—At the close of my last Lecture I was speaking of the plan of treating dropsical disease of the ovary, by forming a fistulous communication between the interior of the cyst and a mucous or cutaneous surface. You must permit me now to make a few additional observations on this subject, before I pass on to the discussion of the use of iodine or other irritating injections into ovarian cysts.

The proposal to cure cystic tumours of the ovary by making a permanent opening or fistula into the cyst, is not a new one; for it was proposed by Celsus long ago to leave a metallic tube in the perforating wound made in the operation of tapping, with the view of permitting the fluid to drain afterwards away as it was secreted. It is a mode of treatment that would doubtless be pursued oftener at the present day, if we only had at command more certain diagnostic means of ascertaining, before having recourse to it, that the ovarian tumour at the place selected for tapping and leaving in the metallic tube, was so bound to the anterior abdominal walls by old adhesive inflammation, as, by amalgamating, as it were, together the abdominal wall and the contiguous part of the ovarian cyst, to prevent any great risk of peritonitis, or of effusion into the peritoneal cavity, from the operation. Or, again, if we possessed any sure and comparatively safe means—which, as yet, we have not—of previously producing artificially the required adhesions between the front of the cyst and the abdominal walls, the plan laid down by Celsus would be more frequently followed. Probably it may yet be found that the very form of tube which he suggests—a metallic tube—may, when left in, with adequate precautions, not be found so dangerous as many now suppose; and that, while its presence led to the effusion and formation of the desired adhesions, it at the same time established, in the least perilous manner, the fistulous communication which it was wished to form.

Fistulous communications between the interior of an ovarian dropsy and the exterior of the body, have, within the present century, been repeatedly attempted to be established in another way—namely, by tapping the principal ovarian cyst or cysts through the vaginal canal; and then, by means of a tube or catheter left in for some time, forming a canal in that dependent direction by which the ovarian fluid could subsequently escape, and the tumour become collapsed and contracted. Naumann, Recamier, Nonat, Ant. Dubois, Arnott, Ogden, Bishop, and others, seem all to have operated upon this principle, and some of them with successful results. This surgical mode of treating ovarian dropsies was adopted and practised by the late celebrated Professor Kiwisch, of Wurzburg, and is much bepraised by himself and his still more distinguished successor, Professor Scanzoni. They, I repeat, withdraw the fluid contained in the tumour, by puncturing the principal cyst or cysts through the roof of the vagina, and leaving either the canula or some other tube in the wound to produce a permanent fistula in that dependent direction. To enlarge, when necessary, the wound in the wall of the cyst, so as to facilitate the escape of the fluid, and obviate in some measure its tendency to close up, Scanzoni makes use of a knife with a long stalk, made to pass through the canula, and having a small projecting cutting extremity attached to it. (See Figs. 1, 2, 3.) Inflammation has frequently resulted from this operation, so severe in some cases as to end fatally. In others, after all risk of the inflammation has subsided, frequent injections of tepid water have been made into the cavity of the cyst, to clear out the inflammatory products, and other noxious matters that are sometimes found to accumulate in the interior of ovarian cysts that have been opened. Great success has been reported to have attended the operation in

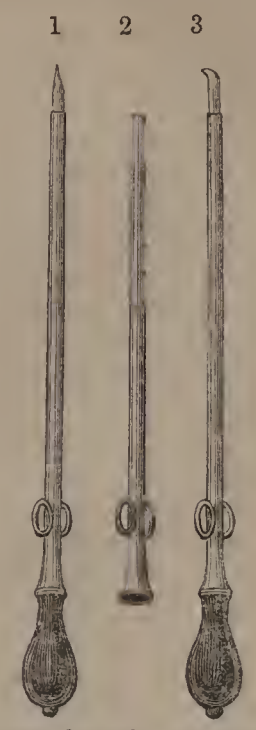

Fig. 1.—Scanzoni's trocar and canula for tapping ovarian cysts through the roof of the vagina.
Fig. 2.—The canula or tube which is left in the wound.
Fig. 3.—Bistoury for dilating the opening made by the trocar.

the hands of Scanzoni, who is said to have cured eight out of fourteen patients affected with ovarian dropsy by this kind of treatment. His cases were, no doubt, selected cases, and very properly so; for Dr. West who, so far as I know, is one of the few who have practised this form of operation in this country, tells us that in two out of the three cases in which he operated, such a formidable degree of inflammation was lighted up that the life of the patient was placed in imminent danger. Recamier, Michon, and others, have lost their patients from peritonitis. Still the great proportion of successful results that have been reported in Germany, as having resulted from this method of surgical treatment, ought assuredly to have caused it to be more frequently adopted, were it not that in the majority of cases there exists a great obstacle to the possibility of tapping safely and easily per vaginam in the large extent of solid or semi-solid tissue that is usually found at the lowest part of an ovarian tumour. For, as I have already told you, while one or more of the cysts in the highest part of the tumour go on filling and enlarging upwards, the mass of cysts in the lowest part, where the tumour is subjected to pressure remain small and undeveloped, so that it feels almost solid at the part reached through the vaginal vault; and the perforating instrument would have to penetrate through a thick layer of nearly solid tissue ere it arrived at the cavity of the cyst that requires to be evacuated. It is at this part of the tumour, moreover, that nearly all the vessels which contribute to its nourishment enter it, and in thrusting an instrument into the tumour in this situation, we run some risk of wounding some of these vessels, many of which are of very considerable size. It is as yet impossible, however, finally to determine the real or relative value of this operative procedure; but I have little doubt that in some selected cases it will yet be found to be the most appropriate means of treatment, and particularly in those instances of ovarian dropsy in which the diseased mass presses down upon the roof of the vagina, and is felt very distinctly fluctuating there, on making a vaginal examination. At present, certainly, the prejudices of the Profession are all against it; but prejudices are but very uncertain indices of the value or worthlessness of any kind of operation, and are always liable to be suddenly overturned. An operative procedure which the members of the Profession at one moment dread and decry, may be ardently adopted and advocated the next. Who would have thought, for example, but a few years ago, that we should be treating hernia by passing needles through the neck of the sac, and leaving foreign bodies, in the form of metallic ligatures, in that situation for six or seven days, with the view of producing adhesive inflammation? The experience of M. Gerdy and

others proves that silk or organic ligatures used for the same purpose, is often attended with danger and death. Before we were made fully alive to the value of that peculiar characteristic of metallic wires, which permits of their continued contact with the various structures of the body without exciting any dangerous degree of inflammation, we were all afraid of intromitting with the peritoneum by the introduction into it of any kind of ligature or suture; and the man who would have been so bold as to leave a metallic or any other stitch in the neck of a hernial sac would have been held to be foolhardy, and the operation would have been considered hazardous. Few would have believed it possible that such an operation could have been performed successfully; and yet we have Rothmund telling us that he has performed it now in some twelve or thirteen hundred cases in succession, without once having a fatal issue. Such considerations may keep us from too rashly throwing aside or condemning a newly-proposed mode of treatment in any kind of disease. But, on the other hand, it would appear that it is not always safe to follow out too far any new principle of cure. Thus, seeing the perfect safety with which iron and other metallic wires could be introduced through the peritoneum, for the cure of hernia, I imagined that this property might be made use of for the cure of hydrocele. Accordingly in two cases of that disease, procured for me by Dr. James Young, I introduced a number of iron wires into the cavity of the tunica vaginalis testis, by passing a long curved needle in a fixed handle into the sac at a dependent part, and after the point of the instrument had emerged near the summit, passing through the eye of it three or four iron threads, which were left in the interior of the sac as the needle was withdrawn. In both cases the fluid drained away by the side of these seton-wires, which were allowed to remain for two or three days, and by their presence there they excited such a degree of adhesive inflammation as led to the complete obliteration of the cavity. The result, so far, was perfectly satisfactory; but when the operation came to be tried by others, it was found that the wire seton sometimes—perhaps by its angles physically injuring and irritating the parts it fretted against—caused an unnecessarily and undesirably excessive degree of inflammation, which has sometimes gone on to suppuration; so that now I suspect Surgeons will be obliged to content themselves still with the old mode of treating hydrocele by the injection of tincture of iodine into the evacuated cavity of the distended sac. And this leads me to speak of another mode of treatment to which we often have recourse for the cure of ovarian dropsy, viz.:—

V. Injection of Iodine and other Stimulating Substances into the Interior of the Evacuated Cyst.

Seeing how unsatisfactory the results of simple tapping proved for the treatment of ovarian dropsy, and how unsafe some of the other more radical measures were, obstetric and surgical Practitioners have attempted to produce a cure by the application of substances to the lining membrane of the cyst, which should either have the effect of depriving it of its secreting property, or lead to an obliterative inflammation in the cavity. They have attempted, in short, to apply to ovarian cysts the same principles of treatment which have been found to answer so well for the cure of hydrocele. Thus Denman, Bell, Hamilton, and others thought to cure ovarian dropsy by injecting a weak solution of sulphate of zinc into the cavity of the cyst when emptied of its fluid; but the injecting of this substance was never apparently followed by any good result. Injections of port wine were also found to be too irritating and dangerous. Indeed, this whole method of practice proved so unsuccessful at first, and so dangerous, that the idea of injecting alteratives and stimulants into the interior of ovarian cysts was for a time abandoned, until it was again revived in consequence of the striking effect which the injection of a tincture of iodine was found to have in preventing the reaccumulation of fluids in evacuated cysts or cavities, and in consequence of the great degree of safety with which such iodine injections were attended. You know that in the case of hydrocele, where the serous covering of the tunica vaginalis has become morbidly affected, so that it continues to secrete an excessive quantity of watery fluid into that serous cavity, the application of tincture of iodine to the morbidly-affected membrane has usually the power of altering its action so that it ceases to furnish the diseased secretion, and sometimes leads to the obliteration of the cavity. The peculiar property of this remedy in changing the action of secreting surfaces was first applied, so far as I am aware, in 1846, to the cure of ovarian dropsy, by Dr. Alison, of Indiana; who had recourse to the injection of tincture of iodine into the cavity of a cyst that he had several times evacuated, and which, after a lengthened period, became obliterated. In 1851 the iodine injection was used here at my suggestion, upon a patient of mine. It was for some time doubtful whether the cyst was truly ovarian, or merely in the region of the ovary. The subsequent history of the patient, who is still living, and enjoying a great share of good health, despite of the presence of a new series of ovarian cysts, has proved the case to be of ovarian origin. Since that period I have used iodine injections after tapping, in a great number of instances of ovarian dropsy.

M. Velpeau was probably the first, however, to suggest the application of iodine injections to the cure of ordinary ovarian dropsies. He proposed this use of iodine in 1843. M. Boinet has carried out the practice so extensively and systematically in France, as to entitle him to the credit of having introduced it to the notice of the Profession in that country, and raised the proceeding there to the rank of a recognised operation. So much has been said both for and against the injecting of the preparations of iodine into ovarian sacs, that before we proceed to discuss the cases for which it is adapted and the *modus operandi*, it will be well for us to consider what we are likely to have as

1. *The Results of the Operation.*—Injection of tincture of iodine, or of some of the other preparations of that drug, has been had recourse to now in a great number of cases of ovarian disease of every variety. Unfortunately, however, the results of these numerous operations have not been given to the world in a form which renders them available for a statistical analysis, or which would enable us to estimate precisely the relative value of this as compared with other Surgical methods of treating cystic tumours of the ovary. I have myself thrown iodine injections into ovarian cysts forty or fifty times at least; but I have no memoranda to enable me to show you the result in an exact tabular form. Our minds are all constituted very differently, and I regret to say, that for myself I have no power or disposition for the daily detail and annotation of any long series of individual cases and operations like this. The only statistical data of any value or extent that I am acquainted with in regard to this subject were brought forward by M. Velpeau on the occasion of a discussion regarding the treatment of ovarian dropsy by means of iodine injections raised in the French Academy, by M. Barth, a few years ago. According to these statistics, out of 130 patients who were operated upon, 30 died, 64 were cured, and 36 were temporarily ameliorated. In 20 out of the 30 patients who died, however, the operation was not confined to the simple injection of iodine into the interior of the evacuated cyst or cysts. The injection in these twenty cases was only had recourse to as auxiliary to a much more formidable form of operation, of which I have already spoken, that, viz., where the canula used in the tapping of a cyst, or some other tube instead, is left for a lengthened period in the wound with the view of keeping up a connexion between the interior of the cavity and the external surface of the body so long as the morbid fluid continued to be secreted. Deducting, then, these cases, as not bearing directly on the point at issue, we have 110 cases and 10 deaths. In other words, the mortality from tapping and the injection of iodine into ovarian cysts, according to these data, is 1 death out of every 11 cases of the operation—a rate of mortality which, if we may rely on other statistics, is not greater than that attendant on the operation of tapping alone, especially when performed, as we have seen, for the first time; and which will appear all the more wonderful if you recollect, that in the case of the ten patients where this mode of the operation did eventuate fatally, death did not always follow from the first injection, for some of them had been tapped and injected several times ere they finally succumbed. That the operation when performed in properly-selected cases, is a comparatively harmless one, I can testify as the result of my own experience. For out of the forty or fifty cases in which I have had recourse to it, I have seen only one where death ensued as a result of the iodine injection. In the case I refer to, I went to some distance in the country to operate on the patient. The cyst was of enormous size; and the patient tapped for the first time after the cyst had been evacuated and injected with

tincture of iodine: symptoms of collapse came on, and the patient died six or eight hours afterwards. In such a case it is difficult to say how far the fatal result was due to the injection, or to the mere operation of tapping. For, let me again remind you, simple evacuation of a large ovarian sac has sometimes been followed by as sudden and speedy death in the way of collapse. Perhaps the comparative freedom from danger with which I have found this operation of injecting ovarian cysts with iodine to be attended is due to the circumstance that, since the occurrence of the preceding case, I avoid, as a rule, having recourse to it in all first tappings. However this may be, it is but right that I should tell you that the operation does not apparently always prove so innocuous. Thus Scanzoni records that he has had recourse to it only in four cases, and that all his four patients died. How he came to have such disastrous results I cannot in the least comprehend; and I feel convinced that had he but persevered with the operation in properly-selected cases, he would ultimately have come to form a very different opinion in regard to its value in the treatment of ovarian dropsy from that he at present holds. But while I can entirely corroborate Velpeau and Boinet in their statement as to the usual safety of the operation, I am by no means sure that Velpeau's statistics give us a correct idea as to its relative success. When he tells us that cures are produced in the proportion of more than one-half of all the patients operated on, I think the statement is too strong; and I believe that if a longer period had elapsed between the date of the operations and the time of their publication, it would most probably have been found that a greater number of relapses had occurred than his statistics indicate. That a cure of ovarian dropsy may, and frequently does, result from the evacuation of the dropsical cyst or cysts, and the subsequent injection of iodine into the cavity, is a point proved by the experience of numerous operators. I have myself seen cures accomplished in this way in a number of cases of several years' duration at least; but the proportion of ultimately and permanently successful cases I should estimate at about only one-third of all the cases operated on. In very many cases, again, where the tumour does afterwards reappear, I am certain that its growth has been for a time checked and most decidedly delayed by the iodine injection. That this has happened, for example, in a patient at present in the Hospital, I think no one can reasonably doubt. The patient I refer to is an unmarried female, sixty-one years of age, who was under my care five years ago with a large multilocular cystic tumour of the left ovary. One of the cysts, which was at that period very large and fluctuating, was evacuated of a great quantity of fluid, and some tincture of iodine was injected. The patient had no bad symptoms of any kind afterwards. The progress of the disease seemed for the time to be checked, and the tumour continued to preserve its diminished bulk for nearly two years. By that time, however, it had begun again perceptibly to enlarge, and continued gradually to grow till its great size became a source of discomfort and distress. In the month of July last she, therefore, presented herself again at the Hospital; but as the enlargement of the tumour seemed to depend on the simultaneous growth, and almost equal development of a great number of small cells, none of which outstripped the others much in size and prominence; and as the evacuation of one or two more of these small sacs produced but slight and temporary relief to the patient, she was advised to return home for some months, in the hope that in the gradual growth of the several cells, some of the septa would give way, and lead to the formation of a single large cyst, which might then be emptied with some prospect of success. The fluid, I may state, that was then drawn off was perfectly clear, and had evidently accumulated in a previously uninjured cyst, thus showing that the large cyst that had been previously tapped and injected five years previously had, in all probability, become completely obliterated. In the month of October the patient returned, and, as her symptoms had become urgent, I tapped one of the most prominent cysts, and drew off a quantity of fluid, which was still perfectly clear, and injected about five ounces of tincture of iodine into the cavity of the evacuated cyst, but without producing any good result. The patient fevered slightly, and had a threatening of inflammation in the ovarian cavity. The application of a large blister, however, proved sufficient to check it, and the patient soon recovered; but with the abdomen little, if at all reduced in size, so that about six weeks afterwards it was found necessary again to have recourse to tapping. On this occasion about 140 ounces of an opalescent fluid was drawn off, which was tinged with a pale violet or greenish hue—a pretty sure indication that the fluid had simply reaccumulated in the cyst that had previously been emptied and injected with iodine. The patient has recovered well from this last operation. I think there can be little doubt, however, that in the first instance, when the patient was tapped and injected five years ago, the operation then performed obliterated the very large cyst which existed at that time, and had the good effect of staying the growth of the disease, and preventing its progress during that long period. In such a case as that I have no hesitation in saying, that had no application of iodine been made to the interior of the evacuated cyst, it would have refilled rapidly; the tumour would in a short time have regained its original size, and the patient would very likely have returned to the Hospital in five or six months, instead of keeping comparatively well for five long years. And I have seen various instances of a similar kind where the injection of iodine into the interior of an evacuated cyst has had the good effect of retarding for a considerable period the growth of the tumour, when it has failed in effecting a permanent and perfect cure. Sometimes, however, the injection of iodine seems to be utterly without effect. Why it should be so I cannot tell, but it frequently enough happens that the fluid re-accumulates in the cavity of a cyst that has been injected with iodine, just as rapidly to all appearance as if it had been simply tapped. It may be that in such a case the irritant is not applied properly to every part of the lining membrane of the cyst, and such is probably the true explanation of those failures which sometimes occur in cases where iodureted injections are made into cysts of unusually large dimensions. Such cysts are almost peculiar to unilocular tumours; and perhaps the explanation of the failure in cases of the comparatively small cysts of multilocular growths, such as we have an example of in the patient of whom I spoke a minute or two ago, is to be sought for on the other hand in the irregularities produced in its interior by the intruding cysts around it which prevent the opposed surfaces from coming accurately into apposition, and so prevent all chance of obliteration of the cavity. We may thus have, as a result of the injection of some preparation of iodine into a evacuated ovarian cyst, either,—1st, A complete cure of the disease; or, 2nd, A temporary arrest of its progress; or, 3rd, In a small proportion of cases there may be no amelioration of the patient's condition. In regard to the class of cases where the operation proves powerless for good it becomes a fair subject of inquiry to examine whether it is ever attended with injurious consequences. Now, as I have already stated, upon this point my experience, so far as it goes, tends to show that the operation is not attended with any great degree of danger. Much has been said and written as to the evil effects likely to ensue from the escape of some of the injected fluid into the peritoneal cavity, and there cannot be two opinions as to the necessity of adopting every precaution for the avoidance of such an accident. But, after all, it is questionable whether the danger from this source be always so great as it has been represented, for it would appear that when, through some carelessness in the manipulation, iodine is allowed to come in contact with the peritoneum, the irritation it produces is purely local, and does not lead to the development of a general peritonitis. Inflammation is sometimes set up, however, in the interior of the cyst as a consequence of the operation; but never, with perhaps one single exception, did the inflammation go on to such a degree as seriously to endanger the life of the patient out of the many cases where I have had recourse to it. In the exceptional case to which I allude an accident occurred such as I took occasion in my last lecture to warn you against. The canula was too sharp at the point, and injured some of the blood-vessels ramifying in the lining membrane of the sac, as was evidenced by the escape of blood along with the amber-coloured fluid with which the cyst was filled. The patient was very weak, and I had some hesitation in injecting anything into the emptied sac; but as the blood still continued to escape after the fluid was all evacuated, and there seemed to be no other means of arresting its flow, I injected six ounces of the tincture of iodine. Usually, as I shall explain to you immediately, I allow the iodine again to escape after it has been fairly applied to all the inner surface of the cyst; but in this instance the iodine probably produced coagulation of the blood and got

commingled with it, for not more than a few drops could be made to run back through the canula. Such clotted masses naturally acted as foreign bodies in the interior of the cavity, and lighted up a degree of inflammation that kept the patient for many weeks in a precarious condition; but she ultimately recovered, and the sac has become gradually refilled. In only one single case, as I have said, have I seen death apparently ensue from the operation; and in that case the fatal effect seemed due to the shock of the operation. Death, as I have said, was produced by a kind of collapse, such as occasionally occurs after excision of the cervix uteri, perineal section in the male, etc.; and whether that be attributable to the injection of iodine, or was a result of the tapping, as we know it sometimes is, I am unable to determine. I have never, then, seen iodurettted injections excite a fatal inflammation in the case of ovarian disease; nor have I been able to satisfy myself in any instance that this operation has tended in any way to promote the growth of the tumour, or to accelerate the ordinary fatal issue; and I believe that this testimony will be corroborated by all Practitioners who, in performing the operation, are sufficiently careful in studying the kind of cases requiring the operation.

(To be continued.)

LECTURES

ON

EXPERIMENTAL PATHOLOGY

AND

OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

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Lecture IV.

OPERATIVE PHYSIOLOGY.—ON DIGESTION.

Summary—Order to be followed in this Course—On Vivisections; when, and by whom first Practised—Physiologists usually taxed with Cruelty to Animals; the Reproach Unfounded—Use of Anæsthetics in Physiological Experiments; how far consistent with the Objects of Scientific Research—On the Digestive Functions—History of the Progress of Science—Various Opinions entertained on this subject by the Ancients—Experiments of Réaumur and Spallanzani on Digestion; Discovery of the Gastric Juice—The Existence of this Fluid denied by Montègre and other Observers—Experimental Labours of Tiedemann and Gmelin, Leuret and Lassaigne; the Gastric Juice Re-discovered—Dr. Beaumont's celebrated Case—Experiments of Eberlé, Blondlot, Bidder, and Schmidt, etc. etc.—Our Present Knowledge of the Digestive Functions almost entiraly Founded on the Properties of the Digestive Fluids—On Saliva; Various Kinds of this Fluid—Necessity of Obtaining it Pure in each separate Case—Discovery of the Parotidian Duct in the Horse; its Consequences—Each Salivary Gland has its own peculiar Secretion, which must be studied separately.

Gentlemen,—Before undertaking in your presence, a series of experiments upon living animals, we shall commence by exhibiting a general view of the order to be followed in this course, and the subjects which it is our purpose to treat.

The digestive apparatus is the first to which we shall direct our attention: we shall afterwards examine, in succession, all the other systems of the economy, and repeat before you the principal experiments on which our knowledge of their functions is established.

You therefore perceive, that it is a series of vivisections which we intend to perform in your presence. This method of investigating the laws of life is not a novelty in science. Galen is said to have been the first observer who employed it; so that the practice of vivisections is contemporaneous with the very birth of Physiology. In the hands of the earliest observers, nothing could be easier than the process imagined: they were satisfied with extirpating an organ, in order to establish its action by the disturbances which its removal occasioned in the economy. In the present state of science, so imperfect a method of investigation would be altogether unsatisfactory: it has now become indispensable to fix beforehand the object of our researches, and to pursue, by means of a logical chain of experiments, some definite end, without neglecting, however, the unforeseen phenomena which may occur in the course of our operations.

But, before proceeding to the practical study of our subject, an important question presents itself on the very threshhold. Is man justified in torturing innocent animals for the mere purpose of extending the domain of scientific knowledge? Many philosophers think not; and you have all heard of the Quaker who crossed the Atlantic for the purpose of expostulating with Magendie on the cruelty of his experiments. In this respect, physiologists have been ably defended by Legallois. If man is the lord of the creation, and has the right to make animals serve for food, has he not, *à fortiori*, the right to use them for the purpose of acquiring knowledge? The progress of an art, which alleviates the sufferings of humanity is, after all, the final object of all our endeavours; we are, therefore, no more guilty of cruelty in having recourse to vivisections, than is the Surgeon who amputates a limb, in order to save the life of his patient.

In order not to inflict unnecessary suffering on dumb animals, we may, however, have recourse to anæsthetics, exactly as in the case of man; these agents having at the same time, the property of suspending for a moment all the animal movements, render the operator's part a matter of less difficulty; we shall, therefore, frequently have recourse to them; but in certain experiments it becomes altogether impossible to do so, on account of the great perturbations which the inhalation of chloroform creates in several important functions of the economy.

Domestic animals are those which principally serve for our experiments; they are more easily obtained. The dog, the cat, the rabbit, the guinea-pig, the horse and ass, are almost exclusively employed in vivisections. Among the lower animals, the frog is generally found the most convenient for the purpose.

In order to maintain the animal invariably in the same posture while undergoing an experiment, artificial means with a view to restraining its movements cannot be dispensed with. Veterinary Surgeons have long been familiar with their use, and various contrivances for this purpose have been invented by MM. Blondlot, Pirogoff, Schwann, and others. The easiest and most expeditious way is to operate on a table perforated with numerous holes, through which cords are passed; the animal is then tied down, so as to render all motion impossible. Such was the *modus faciendi* adopted by De Graaf, in his experiments on the canine tribe; he used also to open the windpipe, in order not to be annoyed with their cries. We generally succeed in obtaining the same result by dividing the recurrent nerve.

Before proceeding directly to the performance of the experiments which we have announced, we shall give you a short historical sketch of those progressive steps of the human mind, which in every separate department of physiology, have brought the science to its actual state. We shall, of course, commence with the digestive functions.

The earliest opinion which we find expressed on this subject belongs to Hippocrates. He believed in a *coction* of food in the stomach. Although not founded on actual experiment, this notion would appear to have been suggested by the peculiar state in which all cold-blooded animals, and the hybernating species among mammals, are found in winter; it was supposed that during the cold season, they had not sufficient vital heat to accomplish the coction of their food. At a later period, a sort of *putrid de composition* was supposed to take place within the stomach, an idea which no doubt originated in the noisome smell of some birds of prey after their repast. It is, besides, a well-known fact, that in some of these species which feed on carrion, a certain degree of putrefaction does, indeed, precede the digestive process.

Sylvius, and at a later period Van Helmont, admitted that after every meal a small portion of semi-digested food remained in the stomach, and was of use in leavening (so to speak) the newly-introduced substances: viewed in this light, digestion appeared to be a sort of fermentation. Without discussing the theory in itself, the fact is true with respect to certain animals—the rabbit, for instance; but in the dog, and other carnivora, things take place in an entirely different manner.

Towards the same period, the theory of a dissolution of aliments in the stomach, through the agency of some peculiar fluid, was gradually gaining ground; it was even admitted by

Vallisnieri, that in the ostrich this fluid was powerful enough to dissolve iron: we see, in fact, that voracious bird swallow at times small fragments of metal, and it was supposed they were dissolved in the stomach. At the same time, other observers having discovered stones in the gizzard of various birds, thought themselves entitled to regard digestion in the light of a simple act of trituration, thus reducing it to a mere mechanical process.

In the midst of all this confusion, Réaumur has the honour of having introduced experiment (in 1753) into the study of the digestive functions: he may, therefore, not inaptly be called the father of this interesting branch of Physiology.

Desirous to ascertain whether, as had been advanced, digestion is a simple mechanical process, or whether chemical action takes a part in it, he made an experiment for the purpose of solving the difficulty. Having approximately calculated the triturating powers of the gizzard, in those animals which are provided with one, and those of the stomach in others, he introduced into the latter organ solid tubes, open at both ends, and filled with various kinds of alimentary substances; a small grating at each extremity prevented these substances from passing into the stomach, without impeding the entrance of the gastric juice. These metallic tubes offering a degree of resistance which did not allow them to be compressed, the triturating powers of the stomach were thus set at defiance; and if, under such circumstances, digestion still took place, the liquids contained in the gastric cavity could alone be considered as the agents by which the result was obtained. The experiment having been tried on birds, Réaumur discovered, that when not previously ground, the various kinds of grain underwent no change whatever; while animal food, in a short space of time, was entirely dissolved.

He then endeavoured to obtain a certain quantity of gastric juice, and having noticed that certain birds of prey (the buzzard, for instance) were in the habit of rejecting the feathers, beak, and claws of those which they devoured, he made them swallow small pieces of sponge, which were shortly rejected, after being impregnated with gastric juice. In this manner he was enabled to procure a certain quantity of this fluid, and to investigate its properties; its reaction, he states, to be acid; and to its action he attributes entirely the dissolution of food. He even succeeded in imitating artificially the digestive process by dissolving various substances in this menstruum.

Spallanzani, in 1767, renewed the experiments of Réaumur, and even went beyond them. The results obtained by his predecessor he confirms in all particulars except one: the gastric juice, in his opinion, far from being acid, is generally neutral in its character, or even decidedly alkaline. Spallanzani had not, however, distinctly stated the chemical composition of this fluid; and there reigned until lately great uncertainty on this point. Professors Dumas, of Montpellier, and Chaussier, of Paris, admitted that, adapting itself to the nature of the substances which it digests, the stomach secretes a liquid variable in its composition, sometimes acid, sometimes neutral or alkaline, but always calculated to dissolve the substances upon which it is called to act.

But the results of Réaumur and Spallanzani's experiments were completely denied by Montègre, who, in a paper read before the French Academy of Sciences in 1812, endeavoured to establish that the gastric juice was a mere fiction, and that saliva was the only agent employed by Nature in digestion. Possessing as he did the power of vomiting at will, he frequently rejected his food in an imperfect state of assimilation: he thus discovered that during the first stage of digestion, its reaction was alkaline, and that it became acid towards the end of the process. He afterwards endeavoured, by mere insalivation, to reproduce the results of Réaumur and Spallanzani's experiments, and proved, that a certain quantity of bread being saturated with alkaline saliva, an alkaline mixture was obtained, which became acid in a short space of time. In this manner the contradictory results obtained by different observers were seemingly accounted for; and the hypothesis of a dissolution in the stomach being thus laid aside, heat, electricity, and various other agents were brought in to account for the digestive phenomena.

The Academy of Sciences having, in 1825, proposed as a prize question, the Study of the Agents concerned in the Digestive Process, this appeal was fully answered; and the remarkable labours of Tiedemann and Gmelin, Leuret and Lassaigne, proved that the gastric juice did really exist; that its normal reaction was acid, and its chemical composition almost invariably identical; and that saliva, mucus, and several other secretions, also played an accessory part in the digestive process.

Almost at the same moment an event was taking place which has exercised on the progress of science an almost unbounded influence. We allude to the well-known case, reported by Dr. Beaumont. A young Canadian having had the anterior wall of the stomach perforated by a bullet, Dr. Beaumont, considering the importance of a similar fact in regard to science, thought proper to follow his patient, step by step, for a number of years, with untiring perseverance, and wrote the daily journal of his life—a proceeding which doubly deserves our attention: in the first place, on account of the numerous facts it has brought to our knowledge, and in the second, as exhibiting the perfect coincidence of results obtained in brutes with those observed in man. We were informed, in 1856, that the patient was still alive, and continued to ply his trade, notwithstanding his infirmity.

In 1834 the remarkable work of Professor Eberlé, of Wurzburg, was published—a book containing a large amount of highly interesting and entirely new matter, but, unfortunately, mixed up with several egregious errors. Eberlé not only succeeded in artificially imitating digestion, he even prepared gastric juice in large quantities, by chemically combining its various elements.

Lastly, M. Blondlot's highly interesting treatise appeared in 1842. The author is the first physiologist who succeeded in artificially reproducing the accident observed by Dr. Beaumont; he produced gastric fistulæ on dogs, and was thus enabled to collect large quantities of gastric juice, and study all its various properties; in this manner a great scientific progress was achieved.

But the properties of the gastric juice, however interesting, must not be exclusively studied; in order to understand the question thoroughly, all the liquids which play a part in the digestive process must be successively examined. A large number of modern authors have undertaken the task, and Bidder and Schmidt appear to have been the most successful among them; the properties of the digestive fluids are, therefore, at present, far better understood than the mechanical phenomena which concur in digestion. In this latter respect our knowledge is far from being extensive.

We shall, therefore, commence our experiments by examining successively the liquids which are concerned in digestion: saliva, bile, the gastric juice, and all the liquids secreted within the intestinal tube, must be successively reviewed. In order correctly to ascertain their properties, it becomes indispensable to obtain each of them in a state of perfect purity; we shall, therefore, endeavour, above all, to describe with the utmost accuracy, the operative process which enables us to attain to this result.

Saliva is, of all these various fluids, the first we intend to examine. Nothing appears, at first sight, easier than to obtain large quantities of it, by mere expuition. But saliva, when thus obtained, is a compound fluid, which arises from a vast number of different sources. In order to investigate with perfect accuracy its properties, and the source in which it originates, each of the salivary glands must be successively examined.

De Graaf—who, of all the physiologists of the seventeenth century, appears to have performed the largest number of vivisections—published a work, containing several plates, in which he gives an account of the experiments he had undertaken with the view of obtaining pancreatic juice. In one of his plates, representing a dog, on which an operation had been performed for that purpose, a tube is seen, introduced into the ductus Stenonis, and connected with a small glass case. It would appear, therefore, that the author had made an attempt to obtain pure parotidian saliva, although the experiment is not mentioned in the text.

In 1784, Hapen de Lachenay, Professor at the Veterinary School of Paris (a), discovered the parotidian duct in the horse, and opened it in order to collect the liquid which the gland produces. He easily ascertained its properties, and found them to be entirely different from those of the compound

(a) Now the School of Alfort.

fluid which escapes from the animal's mouth. Since that time, several cases having occurred in practice, which enabled Physicians to collect pure parotidian saliva in man, it was universally acknowledged that there existed two varieties of saliva—the one produced by the parotid gland, this was supposed to be pure saliva; the other a compound fluid, to be obtained by expuition. The distinction was recognised by Tiedemann and Gmelin, and it was long believed that the other salivary glands secreted a liquid identical with that of the parotid. It was only in 1847 that I was enabled, by direct experiments, to ascertain that the secretion of the submaxillary gland was a totally different fluid; and since then, a variety of experiments have revealed the different properties of each separate kind of saliva. We now possess, in the case of each gland, an operative process specially adapted to the purpose of obtaining its products.

As to the compound saliva, the knowledge of whose properties offers, in its turn, the highest importance to the physiologist, it may be easily obtained by expuition, provided the observer has been previously fasting for a certain length of time. Magendie and Rayer have obtained large quantities of it in the horse, by making the animal chew bran previously immersed in boiling water, and thus deprived of all its soluble parts.

Human saliva has been, of course, the principal object of our studies: that of the dog, the horse, the sheep, the ox, the rabbit, and of nearly all the domestic animals, has been afterwards examined.

We shall content ourselves with performing the experiment on a carnivorous and a herbivorous animal, in order to convince you of the vast difference which exists between the saliva of different species; but we shall not only study the chemical properties of this fluid, the experimental history of its secretion shall be unrolled at full length before you. What are the agents which stimulate its production? What substances are eliminated by the salivary glands? and what bodies absorbed by their internal surface? Such are a few of the questions it is our purpose to treat.

ORIGINAL COMMUNICATIONS.

CASE OF

AMPUTATION OF THE RIGHT FOREARM AT THE LOWER THIRD,

IN WHICH THE TENDONS WERE DRAWN DOWN, AND DIVIDED, AN INCH ABOVE THEIR TERMINATION IN THE FLAPS.

By HUGH CROSKERY,

Honorary Member of the Surgical Society of Ireland, etc., late Assistant-Surgeon, R.N.

W.H., aged 13, had his hand crushed in a "negro mill," on the 27th of October, 1858, and when I saw him the day following reaction had taken place, and the limb was very painful. On removing the dressings, I found the soft parts of the wrist, palm, and dorsum of the hand frightfully contused and lacerated; the carpo-metacarpal joints disarticulated, and open; and many of the bones fractured and spiculated. It was very evident that amputation was the only resource; and accordingly I removed the limb as near the wrist-joint as the lacerated soft parts would allow me, about four-and-twenty hours after the occurrence of the accident. Having placed the boy under the influence of chloroform, I made a semilunar incision on the back of the forearm, and, having dissected back the flap, I entered the knife on the flexor side; and, having transfixed the limb, I cut outwards, and made a corresponding flap to that on the extensor side. The interosseous parts were then divided, and the bones sawn through. As the anæsthetic influence of the chloroform was not fully kept up during the operation, owing to the want of Professional assistance—a want which I and others feel much in the mountain districts of Jamaica—the boy struggled a good deal, and the consequence was that some of the tendons of the inner flap were cut longer than the others, and required shortening. I knew that if I allowed them to remain as they were they would afterwards interfere with the healing process, either by traction on the flaps, into which they projected, or by creating a source of irritation, by suppurating and sloughing; accordingly, it occurred to me that if I drew them out of their sheaths, and divided them higher up, it would, at any rate, prevent the former accident, if I did not preclude the possibility of the occurrence of the latter. Each tendon that could be seen was then drawn down and divided, at least an inch above its termination in the flap. The flaps were then drawn together by a few interrupted sutures, and the stump was dressed with wetted lint.

Oct. 29.—Slept comfortably during the night, and says he feels quite easy.

Twelve o'clock noon.—There appears to be a little oozing; but, on the removal of the lint, and the application of cold, the hæmorrhage, which amounted only to a few drops, was at once arrested. The nurse says he ate heartily of broiled chicken at breakfast. As the removal of the lint caused him a little pain, I gave him six minims of laudanum to quiet him.

Eight o'clock, p.m.—Feverish; skin hot and dry; complains of much pain at the end of the stump. The removal of one of the ligatures, which was exercising a good deal of tension, and was evidently the cause of the mischief, gave him great relief. To have a powder, consisting of five grains of hydrarg. cum cretâ, and ten grains of rhubarb; ten drops of laudanum as an opiate; and a cold lotion to be applied to the stump during the night.

30th, 7 o'clock, a.m.—Slept well; the bowels have been moved twice copiously; and the stump is easy; cold lotion to be continued.

Eight o'clock, p.m.—Progressing favourably; ate heartily to-day; the opiate at night as before.

31st.—Healthy suppuration has set in, and the stump looks well; light dressings to be applied, and straps of adhesive plaster between the ligatures.

Nov. 1.—Slept well last night, and is quite lively to-day. To have a draught of rhubarb as the bowels have not been moved. The opiate at night as usual.

2nd.—Bowels moved twice. Healthy granulations are springing up, and the ligatures which approximated the flaps, have all come away, union having taken place in the latter to a large extent. The bones are well covered, and there has been no suppuration or sloughing of the tendons, as sometimes takes place after this operation. The immunity from this I certainly ascribe to the fact of my having drawn out the tendons, and divided them further up, before bringing the edges of the flaps together. Sir Astley Cooper recommends that amputation should always be performed at the upper third; but, surely it should be the order of the surgeon to save as much of a maimed limb as possible, and the success which has followed the plan adopted in this case, shall guide me, at least, hereafter in amputations of the forearm; and when I shall again be called on to operate on a crushed or maimed limb, the division of tendons shall not, in my mind, be an objection to the removal of the limb as far down as the injured parts will allow me.

3rd.—The boy sleeps well and eats well, and, altogether, is doing very favourably.

4th.—The ligatures on the vessels came away to-day.

8th.—This is now the eleventh day since the operation, and the wound has almost healed, leaving a healthy granulating surface, with a fine purple edge, which is daily closing in. The boy is moving about every day with his arm in a sling, has a good appetite, is quite lively, and sleeps now without his opiate.

It is only waste of time to describe further the daily progress of the case; suffice it to say, that the stump healed up in three weeks, and that the boy has now a useful limb.

Remarks.—Many Surgeons of celebrity—including Petit, Larrey, Cooper, and Liston—are opposed to the removal of the forearm at the lower third; while others, again, equally eminent, as Fergusson and Velpeau, advocate the propriety of this operation. Monsieur Robert, in a memoir addressed to the Academy of Sciences, would make one believe that amputation near the extremities of limbs, where tendinous structures are divided, are invariably followed by suppuration within the sheaths of the tendons "from the retraction of the latter, and consequently the introduction of fluid or air into their sheaths, according to the medium in which the operation is performed." To guard against this, he recommends that a ligature should be placed around the tendon and its sheath, so that its edges may be brought together, and obliteration of the cavity insured. In this case, however, not only did I not follow Monsieur Robert's directions, but I drew out the

tendons, and cut them off higher up, and that, too, with a result the most satisfactory. An even and regulated pressure, with a carefully applied bandage, produced an immediate obliteration of the cavities left by the retraction of the tendons; and the rapidity with which the healing process advanced, without any of the untoward circumstances enumerated by Monsieur Robert occurring, is a fact certainly very encouraging, and tends to show that his experiments, which were performed on the lower animals, and demonstrated in the dead subject, although interesting, do not lead to any practical result. I have made these remarks with some degree of diffidence, inasmuch, I know that I am young in the Profession, and that I have been obliged, in elucidating my views, to condemn the conclusions arrived at by Monsieur Robert. Surely, if a poor fellow meets with a severe accident by which, as in this case, his right hand is rendered useless, and amputation is the only resource, the limb should be removed as low down as possible, in order to permit of the adaptation of a hook or an artificial hand? and, surely, the success which followed the plan adopted in this instance speaks for itself, and is worthy of further trial.

Mullet Hall, Chapelton, Jamaica.

CASE OF BRONZE SKIN DISEASE.

By R. T. LEEMING, M.R.C.S.

On January 13, 1858, I was requested to visit Mrs. A——, aged 47, residing at the foot of one of the Westmoreland mountains, the wife of a respectable farmer. She had been gradually declining for two years, and at this time her skin was of quite a bronze colour all over the body; the face and back of the hands much darker than the parts of the body covered with clothing. The abdomen and chest had many very dark spots of a peculiar shape, comet-like, having a dark head with a tail gradually shaded off, varying in size from a quarter of an inch in length, here and there in clusters, a few on the arms.

Symptoms.—General debility, loss of appetite, flesh, and strength, pain across the lumbar region, extending to the right groin; pulse, 80, soft and weak; bowels rather confined, urine natural, both in quantity and quality.

Treatment.—Alterative aperients with quinine and iron; appetite improved. Porter, mutton, beef, and eggs ordered. There was general improvement except in the appearance of the colour of the skin. In the autumn of the same year she had a relapse, but improved with sarsaparilla and nitric acid. In the spring of 1859 she became worse and gradually declined and died on the 8th of November,—there being no particular symptom besides general debility, except a severe attack of shivering about three weeks before she died.

Post-Mortem Examination.—The skin presented the same morbid colour which constituted such a conspicuous feature during the whole progress of the disease. A few patches of fat were observed on the muscles of the chest, but the body in general was much emaciated.

The Chest.—The pleura on both sides adherent: the adhesions being of long standing; firmer on the right. Lungs hepatised in their upper portions, and infiltrated with tubercular deposit, the right apex in a more advanced stage of disease, many of the larger masses of tubercle being softened and the surrounding tissue on the point of disintegration. Heart small, pale and covered with fat, a slight coagulum in the right ventricle. On microscopical examination the muscular tissue was found to be in a state of fatty degeneration.

Abdomen.—Stomach empty, the mucous membrane pale and healthy. Liver normal. Gall-bladder full, no obstruction. Spleen slightly congested, with a few scattered tubercles. Pancreas small, hard, and nodular, full of tubercular deposit and pus, contained in rather firm yellow capsules. Right kidney healthy, covered with fat, the supra-renal capsule broken up, the greatest part having disappeared, only a small portion being left in contact with the kidney; its place occupied by a circumscribed collection of pus, in the midst of which was a mass of softened tubercle, about the size of a filbert. Left kidney healthy, imbedded in fat. The supra-renal capsule in the same condition as the right, but the disease was not quite so far advanced.

Kendal, Westmoreland.

ON LACHRYMAL OBSTRUCTIONS TREATED ON MR. BOWMAN'S PLAN.

By T. PRIDGIN TEALE, Jun., M.A. Oxon., F.R.C.S.

(Concluded from p. 60.)

Table III.—CASES IN WHICH THE LACHRYMAL SAC IS NOT DISTENDED, AND THERE IS NO FISTULA.

No.	Date.	Name and Age.	Duration of Epiphora.	Duration of Treatment, and Result.	Remarks.
5	Nov. 1857	J. B. 23.	Right side—since childhood.	Cured in five months. Probes used at first once a week; afterwards once a fortnight.	At first Bowman's style was used, being introduced through the canaliculus, and left in the nasal duct for a few hours. Afterwards bulbed probes were passed, but not allowed to remain.
			Left side.	Cured in five months.	
6	Nov. 1857	J. T.	..	After probe No. 6 had been once passed into the nostril, he refused further treatment, fearing the pain.	The punctum being everted, was slit up. As the epiphora continued, the probe was afterwards passed down the nasal duct.
12	April 1858	Mr. T.	Right side—several years.	Cured. Probes used during two months.	At first small probes were used; afterwards larger ones. The nasal ducts were very sensitive.
			Left side—several years.	At the end of two months he ceased to attend, although the epiphora continued. Treatment of this eye has been recently resumed.	
14	May, 1858	G. T. 10.	1 year.	Relieved. Probe passed once only. The eye waters occasionally, but so slightly that the probe has not again been required.	The punctum, being strictured, was slit up. After a few months, as there remained a decided epiphora, a probe was passed into the nose.
16	June 1858	Miss B.	Right and left.	Probes passed during five months. The epiphora ceased for about two months, and then relapsed, and has not again been treated.	The nasal ducts very tight and very sensitive.
20	Feb 4 1859	Miss R.	2 years.	Still under treatment. Epiphora ceases for four or five weeks after each use of the probes, and then relapses. Probes passed eight times in ten months.	Nasal duct very sensitive, but not very tight. Bulbed probe, No. 8, passes easily.
24	May, 1859	Mrs. G.	2 or 3 years. Right side and left side.	Relieved. No. 6 probe has been passed about once a month. The epiphora still relapses. Probe passed about eight times in seven months.	Nasal ducts very narrow throughout.
28	June 1859	Mrs. C.	Several years.	Cured at the end of five weeks. Probes passed three times.	The everted punctum was first slit up. This failing to cure the epiphora, the nasal duct was treated by bulbed probes.
30	July, 1859	J. C. Esq.	Several years.	Relieved. Still under treatment. Bulbed probes Nos. 6 and 8 passed four times in five months.	The whole nasal duct tight and very tender. At the last visit a cat-gut bougie was passed and allowed to remain half-an-hour. No irritation followed it. He can now blow air through the lachrymal passages.

Remarks on Table III.—The cases under this head strongly contrast with those in Table I., and require a guarded prognosis as to the result and duration of the treatment, and more than usual care in each stage of its progress.

The following are their general characters:—The lachrymal

sac is not distended, its walls being collapsed or perhaps thickened so that there is little or no space to contain the tears. The nasal duct is contracted throughout its whole length, and very sensitive when traversed by the probe. Not unfrequently the canaliculi are strictured either at some point or in their whole extent. Hence the introduction of the probe is difficult, as its progress is arrested at almost every stage. The treatment of these cases is also generally slow,—and the probing has to be repeated at intervals for many weeks, or perhaps months. On the other hand, there is not, as in Class No. I., any tendency to acute inflammation of the sac, and, therefore, no danger of abscess or fistula. The only evil is the epiphora, which appears to be excessive or moderate in proportion to the amount of irritation of the lachrymal canaliculi. When these canals are strictured at the puncta, there is usually a quiescent state of their lining membrane, and in consequence a less constant flow of tears. It moreover not unfrequently happens that a patient feeling partial relief of the epiphora from division of the inflamed lachrymal canal, refuses to submit to further treatment through dread of the pain which is caused by probing the nasal duct in this particular class of cases. From the foregoing considerations the following question may arise,—Seeing that such cases are not liable to abscess and fistula, and that the epiphora is often much reduced by slitting up the lachrymal canals, is it desirable to urge a patient to endure the pain generally entailed by treatment of the nasal duct? Perhaps in certain cases, where the patient is sensitive and timid it may be well to desist from further treatment, and rest contented with the partial relief. In most, however, I should be inclined to persevere, being convinced that the instances are rare in which a perfect cure may not be obtained.

In this list there are nine cases, showing the following results. Three are cured, having ceased to require treatment for several months. Of these, No. 5 had suffered from epiphora of both eyes for more than fifteen years. There was hardly a trace of cavity, either of lachrymal sac or nasal duct. He reported himself well at the end of five months, both ducts admitting bulbed probe No. 8. No. 12 was under treatment two or three months, and then ceased to attend. The epiphora of the right side was cured, that on the left continued. Case 28 was cured after being five weeks under care.

Three cases, Nos. 20, 24, 30, are still under treatment, the epiphora not having yet ceased to relapse. I have no doubt of their ending well, as in all three a full-sized probe can now be passed into the nostril. In one of them, No. 30, where the nasal duct is particularly tight and painful, I have used, with very good effect, a mode of treatment from which it seems likely that much assistance may be obtained in this and other cases. After the bulbed probe No. 6 had been passed and withdrawn, a cat-gut bougie of the same size was introduced with ease along the nasal duct. At the end of half-an-hour the cat-gut was removed, having swollen to the size of probe No. 8. For rapid dilatation of the duct this plan seems preferable to leaving a metal probe for some time in the duct which cannot exert a perfectly uniform pressure throughout the narrow and tortuous canal.

The remaining three cases may be considered unsuccessful; not through failure of the principle of the treatment, but because, from dread of the pain caused by the probe, and from the annoyance from the epiphora not being excessive, the patients discontinued the treatment. In all three a full-sized probe could be passed into the nose, and one of them, Case 16, was free from epiphora for a month or two after being under my care.

Conclusion.—From the evidence in favour of this plan of treatment of epiphora brought forward by Mr. Bowman, confirmed as it has been by an interesting series of cases published by Mr. Vose Solomon, as well as by those which I now relate, and from the fact that it has been adopted by Graefe, Arlt, Donders, and Desmarres, it may be regarded as established that the old use of the style is no longer requisite for the treatment of any form of lachrymal obstruction. Although a course of treatment which sometimes extends over months may appear prolonged, it is still short compared with all former modes; and the delay is of little consequence, if we consider that, even in the most tedious cases, it involves merely an occasional use of the probe, which confers an immunity from epiphora more or less complete in the intervals.

Leeds.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

LIGATURE OF THE CAROTID FOR HÆMORRHAGE FROM THE TONSIL—RECOVERY—SUBSEQUENT SOFTENING OF THE BRAIN—DEATH—AUTOPSY.

(Under the care of Mr. STANLEY.)

Most of our readers will recollect a case which we reported a few weeks ago, in which Mr. Stanley had performed ligature of the left common carotid, on account of profuse hæmorrhage, after puncture of an abscess in the tonsil. The operation was performed on October 24, and our narrative brought the case down to December 2, at which date the wound was almost healed, and the man was about the ward, and so nearly well that he was very anxious to leave the Hospital. Up to that time no cerebral symptoms had shown themselves, and it was fair to mention the case as one of recovery. Since then, however, the case has progressed in a different direction, and has ended in an unexpected manner. We now resume the narrative, being, as before, indebted to Mr. Rogers, Mr. Stanley's house-surgeon, for its details.

On December 3 he was still improving in health, but the wound looked pale and discharging more. A probe passed into the wound did not penetrate far, but caused exquisite pain. He was now allowed to go about the ward all day. On the 9th the wound was still discharging, and was as tender as ever. The man looked pale and feeble, though he states that he feels very well. A tonic was ordered, and he improved again, until December 20. After straining efforts at stool, his bowels being constipated, he felt blood trickling down from the wound. This was readily arrested by cold water, etc., and altogether was not more than an ounce. He was rather nervous for a while, but afterwards went off to sleep. The next day (21st) he began to complain of headache and of sickness. The pain in the head increased, and the stomach became irritable, and he vomited everything he took. He was more peevish, sullen, and irritable. Hydrargyrum cum cretâ was ordered, and six leeches were applied to the head. He was relieved by the leeches, but the vomiting again returned, and the pain in the head was as bad as ever. The pulse was very feeble and irregular, the urine thick and muddy, bowels constipated, tongue furred. He was chilly, and complained of rigors. The vomiting continued. At two p.m. on the 24th he was seized with hemiplegia, and became quite insensible. His pupils were widely dilated, the mouth was drawn somewhat to the left side, and the right orbicularis palpebrarum was paralysed, as were also the right arm and the right leg. He died at six p.m.

Autopsy, Forty-five Hours after Death.—A small abscess was found in the anterior part of the left hemisphere of the brain, and three or four in the posterior part, one of which was much larger and deeper than the others. The substance of the brain, on the right side, was firm, and rather pale, though studded here and there with vascular points. On the left it was, in front, firm and resistent to the knife, but soft and broken down posteriorly. There was also an earthy, yellowish tint about the whole surface of the left lobe. The dura mater was natural. The internal carotid artery in the skull was of rather a large size. The examination of the neck was commenced by an incision in the mesial line, and another along the ramus of the jaw, and a careful dissection of the parts was made. On arriving at the artery—which had been ligatured above the omohyoid muscle—a purulent fluid exuded; at first it was thought from the cellular coat, but as was afterwards seen from the substance of the vessel itself. The coats were greatly thickened, both above and below the seat of ligature, and leading into the substance of the artery was a fistulous opening. On cutting into the vessel a dark thin bloody fluid escaped, and on laying open the vessel lower down, there were clots of very dark soft coagulated blood with fibrinous deposits. These extended as low as the origin of the vessel in the thorax. Below the ligature, also, there was some soft broken-down and purulent fibrinous matter; above them was a clot, but not of firm consistence. Purulent matter was also found

extending as far as the division of the artery. The pneumogastric was greatly thickened, and vascular The only vessel found given off to the tonsil was the tonsillar. The internal jugular was sound. The internal carotid had not been wounded. The remains of an abscess were found close to the tonsil.

KING'S COLLEGE HOSPITAL.

EPITHELIAL CANCER OF TONGUE—REMOVAL OF THE DISEASED MASS.

(Under the care of Mr. FERGUSSON.)
[Reported by Mr. MASON, House Surgeon.]

T. H., aged 48, married, a bootmaker, was admitted on November 23, 1859. The patient resides in London, and states that he has always enjoyed good health until about twelve years ago, when he observed a crack extending in the transverse direction across his tongue. He then sought Medical advice, used lotions, ointments, and various other applications, without deriving any benefit for the fissure. It got much more painful so that deglutition was very much impeded. Nearly four months ago he noticed that a growth the size of a nut had formed on the right side of the tongue at its edge, and this seems to have increased in size up to the time of his admission into the Hospital.

On admission, the patient is described as a sallow-looking man, having an anxious expression of countenance. On examining the tongue, which the patient can with difficulty protrude, a hard growth, with ragged edges and involving nearly the half of the right side of the organ, is found; this, he says, occasionally bleeds; he cannot masticate his food, but lives entirely on slops and wine. The glands in the neck are not affected. His appetite remains good. There is no history of similar disease in his family.

On Saturday, November 20, Mr. Fergusson determined to remove the diseased mass: no chloroform was administered. The patient having been seated on a chair, Mr. Fergusson grasped the growth with the vulsellum forceps, and excised it with a scalpel, the incision having been carried from before backwards. The hæmorrhage, which was not considerable, was soon arrested by ligatures and the actual cautery. Enemata of brandy and beef-tea were ordered to be administered every six hours. The patient had no bad symptom after the operation, and was discharged greatly benefited, December 9, 1859.

On January 12, 1860, the patient presented himself to Mr. Fergusson, on account of some return of the disease, although he thinks that since the removal of the growth his health has improved considerably. On Saturday, January 12, Mr. Fergusson excised the new growth, which was evidently extending backwards. The hæmorrhage was not so great as on the former occasion, no vessel requiring ligature. The patient is going on as well as can be wished; his appetite is good, and he sleeps well.

HYPNOTISM, says the *Gaz. Hebd.*, occupies the attention of foreigners, but singularly enough not of the English, who are satisfied with observing how we make use of a curiosity which has come from their country. It seems to flourish in Italy and Savoy.

AN INTELLIGENT PATIENT.—Dr. Gouriet is consulted by a woman 32 years old, and amongst other remedies advises the use of a pessary. Being of a modest nature, she desires a few days' reflection, before the instrument is introduced. "Three days afterwards, she sends for me in a great hurry, I found her in bed, suffering under a burning fever, continual vomiting, impossibility of passing her motions, terrible pains about the anus and vulva, and around her stomach. She told me, that she had followed my advice with the assistance of a matron. The introduction of the pessary caused her great pain, and took half-an-hour. One woman pulled at her feet, and two pressed on her loins, after a time, thanks to the pressure, she at last got it. It was done at the edge of the bed, and under her petticoats, *so that nothing was seen.* The Doctor, after some searching, found the pessary in the woman's rectum."—*Gaz. des Hôp.*

THE LONDON AND PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

REPORT ON THE TREATMENT OF EXTERNAL ANEURISM.

THIRD GROUP—*Continued.*

CASES IN WHICH PRIMARY LIGATURE WAS PERFORMED.

(Continued from p. 65.)

Case 46.—*False Aneurism of the Brachial after Venesection—Ligature of the Brachial—Recovery.*—J. B., aged 52, admitted into the County of Londonderry Infirmary, on May 7, under the care of Dr. Thomas Babington. He stated that he had had an attack of pleurisy, for which he was bled in the right arm by a blacksmith, on Sunday, March 30, and again in the left arm on the following day. He had observed a considerable swelling, of a dark colour, about the size of a hen's egg, in the situation of the wound in the right arm, for which the blacksmith desired him to apply a poultice of stir-about, which he did. Three weeks after he began to use the arm, and in two days sowed several acres with flax-seed. He afterwards found his hand painful, and sought for Medical advice. On admission there was found at the bend of the arm, in the neighbourhood of the median vein, and the brachial artery, a pulsating tumour of considerable size, the pulsation being visible to the eye. On applying the stethoscope a distinct aneurismal whiz was readily detected. It appeared pretty firm, as if partially filled with fibrin. On firmly compressing the brachial artery against the humerus—above the bend of the arm—all circulation in the tumour stops, the pulsation ceases, no sounds are detected by the stethoscope, and the swelling is diminished in size. Dr. Babington wished to treat the case by compression, but the patient refused to submit as his arm had already been tightly bandaged. Dr. Babington, therefore, finding that compression of the artery above the bend of the elbow effectually checked all circulation, determined to tie the artery in this position. The operation was performed on May 12. On tightening the ligature, the pulsation in the tumour ceased immediately, and the radial could not be felt at the wrist. The patient complained of considerable pain in his arm, hand, and fingers, and said they felt heavy, and as if asleep. The arm was rolled in flannel. May 13.—Slept well; there is no pain of any consequence, and no pulsation can be detected in the tumour, and but small and indistinct pulsation in the radial at the wrist. The temperature was two or three degrees lower than that of the opposite hand. 26th.—The pulsation has never returned in the tumour. The ligature came away ten days after the operation. To be discharged, the wound having quite healed. June 25.—The patient called to-day to show his arm. The tumour is nearly all absorbed, being about the size of a small marble. He has perfect use of his arm, and has no pain or uneasiness of any kind.

Case 47.—*Right Popliteal Aneurism—Ligature of the Femoral—Recovery.—Left Popliteal Aneurism—Ligature of the Femoral—Recovery.*—D. McC. aged 26, was admitted into the Manchester Workhouse Hospital, on May 31, 1856, under the care of Mr. Evans Thomas. He had lately been employed as a porter, having to carry heavy weights, frequently as much as two or three hundred-weight to the top of buildings ten stories high. He had frequently carried on his back four or five hundred-weight from one part of the town to the other, a distance of three miles or more. He stated that he had had good health until the last six weeks, when he began to have stiffness in the right knee, which got worse especially at night. After a time the leg began to swell. He kept at work until within a week of his admission, since which time he had had the most agonising pain in the knee. There was a soft undefined pulsating tumour filling the popliteal space, and a distinct thrill was communicated to the ham. When the stethoscope was applied a loud bruit was audible. Firm compression on the femoral artery stopped all pulsation and lessened the tumour The radial and anterior tibial arteries appeared to be healthy.

There was considerable œdema of the leg and foot, and the cutaneous veins of the leg were in a varicose state. The integument covering the ham and the upper part of the leg was tense and livid. His intellect was rather defective. On June 1 the femoral artery was ligatured; he did well; the wound healed by the first intention. June 28.—Gone out to-day with his cart. He was readmitted January 19, 1857. He had followed his occupation as a carter, and had had good health until ten days ago, when he felt the same sort of pain in the left knee which he formerly felt in the right. An aneurism was detected in the popliteal space of the left leg. He would not submit to the operation until February 6. The femoral artery was then ligatured. He again did well, and was discharged on March 1 to follow his employment. March 17.—Has followed his business uninterruptedly since the beginning of the month.

Case 48.—*Popliteal Aneurism—Cardiac Disease—Ligature of the Femoral—Recovery.*—T. M., aged 60, a fish-hawker, but lately a porter, a man of temperate habits, was admitted into the Manchester Workhouse Hospital, on January 24, 1857, under the care of Mr. Evans Thomas. He had kept at work until six weeks before, since which time he had not been able to work, on account of pain and stiffness in the knee. He then found a swelling behind the knee. *Notes at the Date of Admission*:—"He complains of no pain except in the left knee and ham; the latter presents at its lower two-thirds an elastic diffused pulsating tumour; the surrounding parts are not discoloured, but the integuments about the ankle are in a state of œdema; the left knee measures fourteen inches and a-quarter, the right thirteen inches and a-quarter. On examining the chest, a systolic bruit is heard over the base of the heart, and over the scrobiculus cordis, but is not heard over the carotid. The left lobe of the liver seems to be enlarged, and tender on pressure; and when the ear is applied over it, a bruit is heard, but no impulse. There is a bruit over the apex of the heart; none behind over the angle of the scapula. Pulse 88; intermits two or three beats in a minute. There is no difference in the pulsation of the radial arteries." The femoral artery was ligatured on June 27; the vessel was exposed four inches below Poupart's ligament. In passing the needle beneath the vessel it penetrated the artery. Profuse hæmorrhage followed, which was commanded by pressure over the pubis. The wound was enlarged upwards and downwards, and the vessel secured above and below the laceration. The coats of the vessel cracked, but no further hæmorrhage followed, and the pulsation in the ham ceased. He made a good recovery.

Case 49.—*Pulsating Tumour in the Right Tonsil—Hæmorrhages—Ligature of the Common Carotid—Recovery.*—M. W., aged 27, was admitted into the Lock Hospital, Glasgow, on April 8, under the care of Dr. Donald Dewar. At the time of admission she was found to be under the influence of mercury. There was great ptyalism and swelling of the parotid glands and tissues around the angle of the jaw. A large swelling was also found occupying the situation of the right tonsil; it was at first supposed to be an abscess. The syphilitic symptoms and all the external swellings gradually disappeared, but the internal tumour continued steadily to increase, and on three several occasions profuse hæmorrhage took place. On more minute examination, distinct pulsation could be felt in the tumour. A consultation was held, and the nature of the case agreed on: it was determined to place a ligature on the common carotid. This was accordingly done on June 2 by Dr. Dewar, and immediately after all pulsation ceased in the tumour. On the morning of the fourteenth day after the operation the ligature came away. The notes taken at that date state: "No hæmorrhage has taken place either from the wound or the tumour since the date of the operation. The wound is now nearly closed, and the tumour consolidated; it is steadily diminishing in size, and is now more than one-third less in size than it was before the operation. Her general health before the operation was much impaired, but is now improving." Dr. Dewar informs us that the woman ultimately made a perfect recovery, and is at the present time in good health. It is now seven months since the operation, and all trace of the tumour has disappeared.

Case 50.—*Large Popliteal Aneurism—Failure to effect obliteration by Ligature of the Femoral—Subsequent Amputation, Six Months after the Ligature—Death.*—F. D., aged 24, a quarry-man, was admitted into the Liverpool Royal Infirmary, on February 28, 1857, under the care of Mr. E. R. Bickersteth. He had only noticed the swelling ten days before admission, and did not leave work for a few days. There was considerable pain, swelling of the leg, and stiffness of the knee. It filled the whole ham, and bulged outwards over the lower third of the inner aspect of the thigh: it was unusually firm and tense; pulsation, though detected, was indistinct; and the integument was discoloured by ecchymosis. After a week's complete rest, as there was no improvement, Mr. Bickersteth determined to ligature the femoral artery. Immediate relief was experienced; the tumour became softer and smaller; no untoward event occurred, and the only peculiarity observed was that the contents of the aneurism instead of consolidating, became more fluid, so that fluctuation was very perceptible throughout the whole mass, and remained so as long as he stayed in the Hospital. On April 2 the ligature separated; and on the 17th he left the house, as he thought, cured. The tumour, though much smaller, had not, however, disappeared, and its contents remained fluid. When seen six weeks after, the tumour was larger, and pulsation was again perceptible. He had returned to work, contrary to recommendation. He was not seen again until his readmission on October 27. He had persisted in keeping at work for several days in the week, till eight days before, when the tumour rapidly increased, and the pain became so severe that he could not bend the knee, or bear the least weight on the limb. On re-admission his condition was recorded as follows: He appears to be suffering from constitutional irritation; the pulse is quick, the countenance anxious, and the stomach irritable. He complains of acute darting pain and feeling of distension down the thigh and leg, more particularly around the knee-joint; it is so severe that he says he has not slept for the last week. The appearance of the limb was very peculiar; its general tumefaction presenting much more the aspect of encephaloid disease of the lower end of the femur, in a very advanced stage, than what might be expected to arise from an aneurismal affection. An attempt was made to apply pressure to the artery in the groin, but it was discontinued on account of the pain. After a few days it became obvious that the tumour was still increasing rapidly, more particularly on the external side of the thigh and in the popliteal space. The skin in this situation had become of a livid red colour, and pitted on pressure, so much so that it appeared suppuration had taken place, and that the integument would very shortly ulcerate. On November 3 the limb was removed above the middle of the thigh. "Unfortunately," writes Mr. Bickersteth, "I overlooked the probable consequence of the previous ligature of the femoral artery, and trusted to our usual practice for staying hæmorrhage during amputation; *i.e.*, an assistant making pressure upon the common femoral in the groin, which was adopted. The result was as might be expected; the stump bled almost as freely as if there had been no pressure whatever, and the patient lost a large quantity of blood." This occurrence, together with the low and feeble state of the man before the operation, rendered the shock more than he could bear. For the first few days he appeared to be rallying, then he quickly sank, and died on the fifth day after the operation. On examination of the limb, the knee-joint was found full of dark, clotted blood, and a quantity of grumous pus; the cartilages were softened, and stained of a light mahogany colour, the synovial membrane granular, and of a rose tint; the ligaments healthy. On removing the infiltrated thickened integuments, an aneurism as large as a man's head was found occupying the popliteal space and inner aspect of the thigh. It was filled with irregularly-disposed laminæ of coagulated blood, in varying stages of discoloration and of different degrees of consistence. The contents, for the most part, towards the circumference and upper parts of the tumour, were evidently recently deposited, being composed of soft dark-coloured clots, while those deep-seated and at the lowest part were of a much paler colour, and firmer texture. It appeared as if this part of the tumour had broken down, and had permitted the exudation of more recent blood. No direct passage between the cavity of the tumour and the interior of the knee-joint could be found; but from the quantity of recently-effused dark-coloured blood and coagulum in the latter, there could be no doubt some communication existed. The femoral artery was obliterated at the point of ligature, and for about half-an-inch below this was slightly diminished in calibre. Between this part and the tumour, into which it entered by a

large and funnel-shaped orifice, it was of fully the average size. Numerous large anastomosing vessels (three or four of them the size of a crowquill) entered into this part of the artery; and one, two-thirds the size of the profunda, was given off from the inner side of the artery, within three-fourths of an inch above the point of ligature. There could be no doubt it was through this vessel that the free anastomosis of the artery above and below the point of ligature was chiefly maintained.

Case 51.—Aneurism of the Profunda simulating one of the Femoral—Primary Ligature of the External Iliac—Secondary Hæmorrhage—Death—Autopsy.—A man, aged 26, a baker, in delicate health, was admitted into Guy's Hospital, in November, 1857, under the care of Mr. Cock. Immediately below Poupart's ligament on the right side was a freely pulsating tumour. Its projecting part was about the size of the rounder end of an egg; but its concealed portion appeared to be large. The man stated that he had first noticed it only a month ago. He had suffered extreme pain in the thigh and at the knee, along the course of the anterior crural nerve which appeared to be pressed on. He was very irritable and nervous. There was considerable deformity of the spine, and this, coupled with a liability to attacks of sharp pain in the chest and a stethoscopic bruit over the heart, induced suspicion of an ancurism of the aorta. It was evident that nothing could be done by the employment of pressure, and Mr. Cock accordingly decided without delay to ligature the external iliac. This was done on November 23, the part selected being about an inch and a-half above Poupart's ligament. Pulsation ceased afterwards, and the pain complained of in the knee did not again recur. All went on as well as could be wished for some weeks. The ligature fell on December 8 (fifteenth day), and at that time the wound was healed, excepting in the track of the thread, and the general health had much improved. A minute fistula remained, but the man was so well that he was allowed to be up and about the ward until January 8. On January 8 (a month after the ligature had come away), an attack of secondary hæmorrhage took place, and about a pint of arterial blood was supposed to have been lost. The bleeding ceased spontaneously, and did not again recur. The man was afterwards, of course, kept quiet in the recumbent posture, but no local measures were called for. The sinus remained open and continued to discharge a minute quantity of pus. During the night of January 24 sudden death, as if from cardiac syncope, took place. No return of bleeding preceded death, nor were there any other circumstances than the state of the thoracic organs to explain its occurrence. The aneurism had somewhat diminished in size during the time that had elapsed since the ligature, but its contents had not solidified. At the autopsy, the aneuism was found to be not of the femoral itself, but of the trunk of the profunda immediately after its being given off. The sac was large and projected backwards under the muscles until it reached the bone, which latter was roughened by its pressure. But little coagulum was found in its interior, its contents being chiefly grumous blood. The ends of the iliac artery where it had been cut through by the ligature, were still unsealed, and a probe passed readily up and down its interior. Between the ends, and enveloping them, was a small mass of soft coagulum of dark colour, with the surface of which the still open sinus communicated. The artery contained coagula above the site of ligature, but below it was quite empty. There was very little evidence of reparative action, and the wonder was that repeated and profuse hæmorrhages had not taken place. On examining the heart its aortic semilunar valves were found almost wholly destroyed by past ulceration. The other organs of the body, excepting that they were pale and in some instances fatty, did not present any special disease.

Case 52.—False Aneurism of the Temporal Artery of many years standing—Hæmorrhage—Ligature of the Temporal—Recovery.—A labourer, aged 60, was admitted into the Middlesex Hospital, on September 20, 1857, under the care of Mr. Moore. He was pale, and much depressed by loss of blood. Thirty-six years before he had been bled from the left temporal artery, and had ever since had a pulsating swelling at the site of the puncture. In the course of years it enlarged to the size of his fist, the pulsation continuing and being stopped by pressure of the finger in the parotid space. He had no pain in the tumour until August last, when it enlarged still more. One month ago it had burst, and he had lost two quarts of blood. Hæmorrhage again occurred in about a fortnight, and greatly reduced him, and "large lumps of flesh" were removed from the aneurismal cavity. On admission there was an ulcer in the left temple as large as a crown-piece; a clot of blood near its anterior part; a large abscess above the ear from which pus issued in a stream through the ulcer, and extensive œdema of the left half of the scalp. Moreover, a cluster of enormous tortuous, soft pulsating vessels could be seen and felt above, below, beneath, and in front of the ulcer. There was no purring tremor in the veins of the scalp, but the left external jugular vein was greatly enlarged, and had a visible arterial pulsation, together with a continuous vibratile thrill. No other vessels were enlarged. The enlarged vessels being extremely thin, it was determined not to place a ligature upon them, and the temporal artery was sought for at the highest point at which it was presumed to be healthy. By means of a vertical incision over the parotid space, a pulsating vessel was reached, and a ligature passed under it. Pulsation ceased in the temporal vessels when the finger was pressed into the loop of the ligature, but continued after the knot was tied. Upon examination, the pulsation was found to continue only on the distal side of the ligature, and the tied vessel proved, therefore, to be the vein. The temporal artery, by communication with which the vein received its pulsation, was then found in a situation where it might have been compressed by the finger when introduced into the wound and upon tying the artery, the pulsations in the temple and in the distal part of the vessel previously tied, at once ceased. The pulsation and thrill of the external jugular vein disappeared, the wound contracted, the temple shrank, the abscess closed, and the man left the Hospital on October 19, convalescent, though still weak.

Case 53.—Aneurism of the Femoral Artery under Poupart's Ligament—Ligature of the External Iliac—Peritonitis on the Third Day—Secondary Hæmorrhage on the Twenty-fifth Day—Complete Recovery.—J. F., aged 30, a strong healthy sailor, was admitted into the Sussex County Hospital on September 5, 1857, under the care of Mr. Furner, for inguinal aneurism of the right side, of three months' duration. It was rounded, firm, and about four inches in diameter. Six days after admission it had increased to five inches in diameter and was much more prominent. The operation was performed in the usual manner, occupying less than twenty minutes, and was attended with very little loss of blood. Opiate treatment was adopted subsequently, and afterwards, on account of a severe attack of peritonitis, leeches and calomel with opium were freely used. He had recovered from the peritonitis and was doing fairly up to the ninth day when a rigor occurred. On the twelfth day a gush of dark, bloody fluid took place from the wound. All the dressings were removed, the discharge was evidently blood mixed with fetid pus. Subsequently the discharge became healthy matter, and it continued in considerable quantity for about a week. The ligature came away on the sixteenth day, and nine days afterwards a sudden gush of florid arterial blood to the amount of nearly a pint occurred. The hæmorrhage did not recur, and no special measures were necessary for its arrest. In about eleven weeks after the operation the wound was soundly healed. He left the Hospital three months after his admission, resumed his occupation, and regained perfect health. There was no tendency to ventral hernia.

Case 54.—Poplitcal Aneurism—Primary Ligature—Recovery.—A stout, mucular man, aged 36, was admitted into the Liverpool Royal Infirmary, on October 2, under the care of Mr. Bickersteth, for aneurism in the left popliteal space. He stated that about a fortnight ago, in pulling off his boots, which were tight, he felt something give way, and ever afterwards had pain in the part. A week later he noticed that his ankle was swollen. The tumour on admission was about the size of a hen's egg. and pulsated freely. The man had formerly suffered from rheumatic fever. His countenance was dusky, and there was a double endocardial murmur to be heard over the heart. He was kept quiet in bed with a flannel roller on the leg. The pain in the tumour subsided and the œdema disappeared. On November 4 ligature of the femoral was performed, the usual precautions were adopted and all did well. The ligature fell on the sixteenth day. The tumour became solid, and gradually absorbed. The man left the Hospital quite well on December 11.

Case 55.—Wound of the Femoral Artery—Diffused Aneurism (without Pulsation)—Ligature of the Artery at the Site of Wound—Recovery.—A cacheetic, emaciated man, aged 22, was admitted into Guy's Hospital, under the care of Mr. Cock, with what at first sight appeared to be a large abscess in the cellular tissue of the front aspect of his right thigh. The swelling fluctuated, and evidently contained fluid, while it had no perceptible pulsation. He stated, however, that it had followed an accidental wound with a penknife, and on examination a small scar was discovered in the skin over it. The wound had been inflicted four days previously, and had been attended at the time by profuse bleeding. This history made the diagnosis tolerably clear; but as there was nothing urgent it was determined to wait. On the sixth day the scar reopened and a considerable quantity of thin, reddish, serous fluid escaped. On the second day following, a very profuse arterial hæmorrhage occurred, and it was now evident that there was no time to be lost. Mr. Cock decided to lay bare the artery at the supposed place of wound, and to pass a ligature around it above and below the place of puncture. There was first opened a large cavity immediately beneath the skin, which contained serous blood-stained fluid, but no coagulum; and then, on cutting through the fascia, a second sac, filled with blood-clots, was discovered. On the floor of the latter the vessels ran. After removal of the coagula, there was at first no bleeding, even when all pressure had been removed. Mr. Cock now examined the parts about the vessels, and perceiving at one spot a little conical mass of fibrine, he detached it, when immediately a profuse gush of blood took place. The armed needle was now passed under the vessel and the upper ligature tied. The distal end of the artery still bled profusely, the blood flowing in a continuous stream and being of a dark colour. After tightening the lower ligature there was still some bleeding, which (regurgitant, of course) proved to be from a branch given off from the included portion. A third ligature was passed, and all hæmorrhage ceased. The case did uninterruptedly well, and the wound is at present all but healed.

Case 56.—Axillary Aneurism — Primary Ligature of the Subclavian—Favourable Progress.—Secondary Hæmorrhage—Death—Autopsy.—T. D., aged 40, an engineer, was admitted into St. Thomas's Hospital, under the care of Mr. Le Gros Clark. Four or five months before admission, while at work, he felt something give way with "a click" just below his right collar-bone. This was followed by pain and stiffness, and in a few days by a small lump, which increased to the size of a walnut, and (as he says) disappeared in a month. He now resumed his usual work (having been doing lighter work up to this time) whereupon the swelling returned. He now noticed slight throbbing, and had pretty constant pain in the arm. On admission he was found to be anæmic, and, by inquiry, not of very temperate habits. The tumour occupied the upper part of the axilla. Mr. Le Gros Clark ligatured the subclavian on January 5. Chloroform was given. Until January 19 he had not a bad symptom; but at three a.m. of that day, after sitting up to take food, he was attacked by a severe shivering fit, cramp, and involuntary movements of the limb, during which he felt a strain on the ligature, and pain at its seat like the prick of a pin. He then felt blood trickling from the wound. It was subsequently discovered that the hæmorrhage ensued after his shaking his right fist, in a fit of passion, at one of the patients near him. On dressing the wound, about seven a.m., he lost a little more blood. On the 19th, 20th, and 21st the bleeding still took place at intervals. It was always checked by pressure, and varied in amount from ʒss to ʒjss. The patient became delirious and exhausted, and death took place on the 22nd. Autopsy: The subclavian artery was completely divided in the third part of its course, and the two ends were three-quarters of an inch apart. The proximal end presented an open mouth. A very large supra-scapular artery arose about one-eighth of an inch internal to this end. The distal mouth of the subclavian was also open, and the interval between it and the aneurismal sac, about one inch, was occupied by semi-fluid coagula. The aneurismal sac was situated behind the smaller pectoral muscle, and involved the whole length of the axillary artery. Externally it was divided into two halves by the axillary veins stretching over the point of the sac and adhering to it, the vein being here flattened and obliterated. The walls of the sac itself were very thin, and it contained but little laminated clot.

Case 57.—Axillary Aneurism — Primary Ligature of the Subclavian — Recovery.—C. B., aged 47, a labourer, was admitted into St. Thomas's Hospital, under the care of Mr. Le Gros Clark, for axillary aneurism. He had first noticed the swelling beneath the collar-bone about two months before; soon after which he felt pains in the arm, and the arm became swollen at work. On admission it was half the size of a small billiard-ball, and was situated beneath the great pectoral muscle, just below the clavicle. On the 10th Mr. Le Gros Clark tied the subclavian artery. He did well after the operation. The ligature came away on the seventeeth day. He shortly afterwards left the Hospital without having had a single bad symptom. He was again seen in October, 1858. The tumour was much reduced in size; the pulse at the wrist was moderately strong; and the arm, though feeble, appeared to be well nourished.

Case 58. — Femoral Aneurism — Primary Ligature of the External Iliac—Recovery.—A healthy man, aged 30, was admitted into King's College Hospital, under the care of Mr. Fergusson, on account of an aneurism of the common femoral, just below Poupart's ligament, the size of an orange, and of six months' duration. An attempt was made to employ pressure, but it could not be borne. Ligature of the external iliac was performed. The man had an attack of erysipelas, which nearly proved fatal. The ligature fell on the twenty-sixth day. The aneurismal tumour became quite solid and nearly absorbed. He left the Hospital quite well in every respect at the end of two months.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 409.—The Sublimity of the French Physicians.

To whom should we impute the long duration of the vicious and inhuman organisation of the old Hôtel-Dieu of Paris? To the Professors of the art? No, no, gentlemen! By an inconceivable anomaly, the Physicians and Surgeons never obtained more than a secondary, a subordinate, influence over the administration of the Hospitals. No, no; the sentiments of the Medical body for the poor could not be doubted at an epoch and in a country where Dr. Anthony Petit thus answered the irritated Queen, Marie Antoinette:—"Madam, if I came not yesterday to Versailles, it was because I was attending the lying-in of a peasant, who was in the greatest danger. Your Majesty errs, however, in supposing that I neglect the Dauphin for the poor; I have hitherto treated the young child with as much attention and care as if he had been the son of one of your grooms." Preference was granted to the most suffering, to those in most danger, disregarding rank and fortune; such was, you see, gentlemen, the sublime rule of the French Medical Corps; and such is still its gospel. I want no other proof of it than those admirable words addressed by our fellow-labourer Larrey to his friend Tanchou, when wounded at the battle of Montmirail:—"Your wound is slight, sir; we have only room and straw in this ambulance for serious wounds. They will take you into that stable." — *Arago, Biographies of Distinguished Scientific Men*, p. 105.

No. 410.—Non-Interfering Doctors.

Be not always hot and hasty in managing thy affairs: prudent pauses forward business. There is sometimes more skill shown by a Physician in not prescribing than in prescribing: and there is no better remedy for some diseases than to let them alone; for unseasonable meddling with them may hinder their proceeding to a crisis, and at long-run they will mend of themselves.—*Thomas Fuller, M.D., Introductio ad Prudentiam.* Second Edition. 1740.

No. 411.—Shingles Affecting both Sides of the Body.

It is well known that the eruption of shingles usually limits itself abruptly at the median lines before and behind, and affects only one side. I have heard it asserted that an old prognostic sign was thought to be derivable from shingles on the right side, and that such cases were always serious, often fatal. For such a notion I never could account, having seen this singular eruption nearly as frequently on the right as the left side. The other day I stumbled upon the follow-

ing passage in Daniel Turner's, "Treatise of Diseases incident to the Skin," 1726. It would seem from it that the omen attaches not to the fact of the eruption affecting one or other half of the trunk, but to its extending round both. Turner, however, disputes its value, and writes: "Some Authors have delivered a Prognostick, from which the Vulgar have borrowed the Hint,—that when the Disease is got round the Body it proves mortal. The contrary of which I have observed more than once, who measure the Danger more by the Malignity of the Humour and its retroceding, than by the Number of the Pustules, or their Site and Position to the Parts of the Body." J. P. H.

No. 412.—Dainty of the Chinook Indians.

"The whites have given it the name of Chinook olives, and it is prepared as follows:—About a bushel of acorns are placed in a hole dug for the purpose close to the entrance of the lodge or hut, covered over with a thin layer of grass, on the top of which is laid about half-a-foot of earth. Every member of the family henceforth regards this hole as the special place of deposit for his urine, which is on occasion to be diverted from its legitimate receptacle. In this hole the acorns are allowed to remain four or five months before they are considered fit for use. However disgusting such an odoriferous preparation would be to people in civilised life, the product is regarded by them as the greatest of all delicacies."—*Kane's Artist's Tour, North America.*

No. 413.—M. Forget's New (?) Pathogenic Law.

Professor Forget, in a late number of *L'Union Médicale*, announces what he calls a new pathogenic law—provided, as he says, his views are confirmed by further facts. He puts the law into the following formula: "Just as dilatation of the left side of the heart occasions dilatation of the right side of the heart, through the intervening lungs, so does dilatation of the right side occasion dilatation of the left side of the heart, through the intervening capillary (peripheric) circulation." One is surprised to hear a man of M. Forget's large experience speak of this as being anything new. Surely the fact is one perfectly known and admitted by all modern Pathologists in all modern schools. In Dr. Markham's work on Diseases of the Heart, for example, I see this *novel* law of M. Forget distinctly enunciated as an ordinarily-admitted fact. "The impediment to the blood, arising from anti-valvular disease, which we have already traced back as far as the right ventricle, is readily communicated to the blood passing from the auricle, and from this again to the vena cavæ, and so backwards along the venous system, even to the capillary circulation. Nor are the effects of the impediment lost even here. In consequence of the capillary circulation being obstructed, the blood does not flow readily along through the arteries, fresh force is required to drive it on. . . . . A new obstruction, secondary to the consequence of the first, thus presents itself, and the left ventricle is again called upon for a renewed increase of its efforts."—P. 257. Sic.

No. 414.—A Cretin.

"The air is pure, the verdure luxuriant, limpid streams course through the beautiful scenery; and yet in every village, and nearly in every dwelling, we meet with an unfortunate who is, as it were, stripped of his human attributes. His head is enormous or badly formed, his belly swollen, his large neck frequently bears a goître; his limbs are thin or massive, his walk is hesitating, his intelligence obtuse or weak; he either gives utterance to inarticulate sounds, or gabbles out merely a few words; he is thus condemned to a perpetual childhood. Everything about him inspires horror and disgust. Such is the cretin! seated at the door of a châlet, or a cottage, plunged in a melancholy silence, his eye languishing and lifeless; he seems placed on the road, like the tombstones raised by the ancients, to warn us of the vanity of our greatness and the misery of our condition."—*Revue des Deux Mondes.*

ANSWERS.

No. 397.—Who Anatomised George II.?

Sir,—The inquirer after the post-mortem of King George II. should look at the *Annual Register* for 1760.

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SATURDAY, JANUARY 28.

HOMICIDAL MANIACS AT LARGE.

On the 30th ultimo, a lunatic living in private lodgings in Westminster, struck down his landlord with a heavy steel bar. The blow, although serious, did not prove fatal. The lunatic believed himself to be Oliver Cromwell, and exhibited a taste, which was not in the least controlled, for offensive weapons. The steel bar with which the blow was struck was one of several instruments of the same metal in the madman's possession, and which were fashioned and richly plated after his designs. The injured person described the offender as being an "eccentric" man, who had very "extraordinary fancies," yet who "had not, up to that time, presented the slightest disposition to violence." One would have thought, seeing how much "common sense" has of late been paraded by certain so-called philanthropists as sufficient for all purposes of testing insanity and its character, that a liking for dangerous weapons in a madman might fairly have been looked upon as somewhat dangerous. This, however, by the way. The case was almost one of murder, and there has been a narrow escape from having to add another to the horrible series of murders which have been recently effected by lunatics. But a few weeks ago, in Finsbury, a man named James Moore, fourteen days out of a lunatic asylum, murdered his wife. A little before that, Mr. Pownall, a Surgeon, just discharged from an asylum in Gloucestershire, murdered a servant girl in the house in which he lodged. Charles Annois, a Portuguese sailor, supposed to have been comparatively recently discharged from a lunatic asylum at Lisbon, is now lying in Newgate, under respite from a sentence of death, for the murder of the captain of a British ship. These facts are startling; and the question arises, How does it happen that maniacs of this class are at large among us? The case of Annois may be dismissed for the present, as, supposing him to be a lunatic, his being at liberty rests with the Portuguese authorities at Lisbon. The circumstances attending the case at Westminster are still imperfectly known. In Mr. Pownall's and James Moore's cases, however, we know that they were discharged from the asylums in which they had been detained as having recovered. Hence, it has come to pass, that some very harsh strictures have been passed upon the Medical men who gave to these lunatics their liberty. Strange, however, as it may at first appear, we are by no means surprised either at the freedom of these unfortunates, or at the sad results which have occurred from that freedom. Let it be borne in mind that for some time back it has been customary with the press to denounce everything and anything in connexion with private asylums; that the most wanton charges have been made against the proprietors of asylums for unjustly detaining individuals, and against Medical men for unjustly signing certificates of insanity. Let it be also remembered that the popular feeling, as expressed by the press, has been

very manifestly reflected in the pleadings of the bar, the verdicts of juries, and the decisions of the bench in cases of lunacy. As a natural result of this state of things, it has become imperative upon the proprietors of asylums to keep no cases under charge in which symptoms of insanity which could be made apparent to ordinary comprehension were not present. It has also become necessary for Medical men not to sign certificates of insanity except under similar circumstances. If this precaution were not adopted, every proprietor of an asylum, or Medical man signing a certificate of lunacy, might at any moment be pounced upon by a sharp lawyer, and victimised—perhaps ruined—in a Law Court. Thus it happens that cases like those of Pownall and Moore, marked by long periods of intermission between the delirious paroxysms, *when in an asylum*, must of necessity be discharged; and the Medical man is also debarred from expressing his opinion as to the probable result of such discharge, for fear of legal consequences. Without asserting that it was in this manner that Pownall and Moore came to be at liberty, we cannot avoid expressing the opinion that the public clamour is in no small degree responsible for the unfortunate discharge of these lunatics. We say this advisedly, because we know that, on account of the public outcry and recent decisions in our Courts of Law alone, it has been necessary to dismiss from Private Asylums dangerous and destructive lunatics; and that, in several instances, this discharge has been immediately followed by the most disastrous consequences. These lunatics, *quasi*-rational while within the walls of an Asylum, have at once manifested their delusions and mad propensities when restored to their old associations. In one instance, a gentleman who, to all appearances, was sane while under detention, and whose detention depended alone upon a knowledge of the destructive character of his paroxysms when they occurred, rare though they might be, murdered a man in the public street within fourteen days after his dismissal from charge. In other instances families have been, and are now, reduced to misery by the destructive and extravagant freaks of lunatics thus restored to freedom. We would fain hope that the three cases of murder which have recently been perpetrated by discharged lunatics, and the murderous assault by a lunatic in Westminster, will have some effect in checking that indiscriminate reprobation of the proprietors of Asylums, and of Medical men, in reference to insanity, which has of late been too commonly adopted by the Press and the public.

The Press is not, however, entirely to blame in this matter; for it is not to be forgotten that the Chairman of the Lunacy Board—the Right Hon. the Earl of Shaftesbury—stated before a Parliamentary Committee, in the Session 1858-59, that the opinion of a man of ordinary observation was of greater value on a question of Lunacy than that of a Medical man. If the Commissioners in Lunacy maintain this opinion, Medical men have no help for the present but to level their knowledge of lunacy, when this has to be publicly expressed, to that possessed by the people at large.

THE WEEK.

Dr. Acland, at the opening of the Bridgewater Infirmary Medical Society, referred to the better education of the community at large, and of the upper classes in particular, as being the best means for gaining to Medicine as an art and a science its true position. His remarks on this subject seem to us full of good sense and well worthy of attention:—

"Fifteen years ago he had taken the office of a professor at Oxford, and he had determined then to serve his profession and the public in this manner; and as far as in him lay to improve the institutions at Oxford by which the gentry, nobility, and clergy of England would increase their solid acquaintance with those laws. Already he knew non-professional gentlemen really as well trained in scientific physiology as even accomplished Medical men. It might appear at first that such was dangerous to the Medical Profession; not a bit. It produced quite a contrary result. Not one of those men who really understood the difficulties of physiological science and the difficulties of Medical practice, would ever dare to engage rashly in the practice of so complex an art as that of medicine. Those cognizant of the difficulties of the science of Medicine were the real helps of the Profession; but ignorant people suppose themselves able to do any thing they wish in this matter. He had at Oxford a class especially for unprofessional men; they went round the Hospital with him, they studied or saw the use of the stethoscope and the microscope, but they never practised; far from it—they would not think of such a thing. They learnt the discipline of the Hospital, and seeing the difficulties in the way of Medical study they learned how to support working Medical men. They would find that those who were thus educated, would be their best supports in every way that offered itself. They would be the first to build Hospitals and Infirmaries, to further the welfare of the Medical Profession in those objects, and enable them to be of greater benefit to society."

Two steam-ships, the *Melbourne* and *Mauritius*, have been fitted out in this country for Hospital Service in China, and are to be chiefly employed in conveying to the rear sick and wounded men from the army in front. The *Melbourne* has been fitted for 140 men in berths, and 6 in cots. The *Mauritius*, 200 in berths and 8 in cots. The berths are 6 ft. 3 in. long by 2 ft. 6 in. wide—and are placed fore and aft. The bedding, clothing, and Hospital utensils are furnished in the same proportion as in an Hospital on shore. There are ablution-rooms, washhouses, drying-room, bakehouses, etc. etc., on board, with every appliance necessary for the relief of the sick and wounded. A very good account of these ships, with drawings, appeared last week in the *Illustrated News*, great credit being very justly awarded to Mr. Alexander and Dr. Mapleton.

Can any of our numerous readers answer the following question recently asked in one of the examination papers at St. John's College, Cambridge?—"Any attenuation of an homœopathic medicine is made by taking one part of the previous attenuation with g.q. of a non-medical substance: the globules weigh a quarter of a grain each. A person taking six grains a-day for four weeks recovers from illness: how long ought he to be in recovering if he took six globules of the twelfth attenuation daily? If he actually recovers in six weeks, compare the efficacy of his imagination with that of the medicine." The *Athenæum* is very angry that so important a subject as that of homœopathy should be treated in such a light and jocular manner.

A Necrological Notice of the Year 1859.—"The powder called *Corne-Demeaux*, (or as one journal calls it coal-tar, or koal-tar, or ko al tar,) less explosive but more noisy than gunpowder. The *Hypodermic method*, a precious therapeutic resource in neuralgia. *Nervoism*, a new term invented to designate an affection which has been known for 200 years. *Hypnotism*, a kind of *enfant terrible*, of an equivocal nature and obscure origin, but which may fairly be considered wonderful, and which has lately received a scientific baptism, having M. Velpeau for its godfather. *Hydrotherapie* a journal in the *aquatic* interests of an establishment situated near the pump at Chaillot. The *Société d'Anthropologie*, founded under the patronage of eminent anatomists and physiologists. The defunct year also recommends itself to the admiration of future ages:—by the discovery of Mnemosyne (not a nurse but a planet); by the resurrection of a Society called *des Demi-tasses*, a weekly

reunion and non-scientific meeting of savans and editors under the invocation of Procopius ; by the invention of *androgynous* allumettes, so called, as we were told by the annual secretary of the Academy of Medicine in his *procès-verbal*, because they take fire by the friction of their extremities one against the other. Lastly, we must not forget the appearance of Sieur Vriès, the scandals, mystifications, and tricks of the *soi-disant* Docteur Noir, who is at present under lock and key at Clichy."

Dr. Washbourn, of Gloucester, has published an interesting Report on the Sanitary Condition of Gloucester ; from which it appears, that the increase of population in 1857 over 1847 is coincident with a diminished morality. In 1847 the estimated population was 22,150, and the rate of mortality 1 in 41 ; in 1857 the population was estimated at 25,490, and rate of mortality 1 in 51. The difference in the death-rate of some of the parishes is very great ; in Barton St. Michael's it was 10·50, but in St. Martin-de-Lode it was 32·00. Here, as elsewhere, as has happened in such cases, an inspection at once showed "that the laws of health were violated on every side." Again we find, that in Gloucester, as in so many other quarters, vaccination is greatly neglected ; and 49 persons died from small-pox. Scarlet fever appeared at the same time as small-pox, and carried off 18. Reports of this kind are of great service to the public welfare. They point out with the finger of demonstration the infected corners and unhealthy quarters of a town ; and call upon the authorities to act in the highest walks of Medical treatment—the prevention of diseases.

Mr. Richard Gillard, a surgeon, sued Mr. John Mickelwaite, in the County Court, Thorne, for £18 7s. 6d. for Medical attendance upon the defendant and his wife during the months of November and December, 1858. The defendant, it appeared, had fallen down stairs. The plaintiff was called in, and attended on the defendant and his wife, who had a serious heart-complaint. Ninety visits were paid to the defendant, and eighteen on his other patient ; 3s. 6d. was charged for each visit on the former, and 3s. for those on the latter. The defence was—first, that the plaintiff had put himself into the matter without any retainer at all ; and, socond, that £12, which had been paid into Court, was an ample compensation for the plaintiff's services. It appeared that a Mr. Littlewood was the family Surgeon, and that a few days after the defendant's fall he had a sudden bleeding at the nose, on which Mr. Littlewood was sent for, but he not being at home, the plaintiff attended as Mr. Littlewood's friend. On the following morning both gentlemen met at the defendant's house, which they left together, Mr. Littlewood being under the impression that the plaintiff attended as his friend, and the plaintiff considering that the family wished him to attend in consultation. Mr. Littlewood was present at all the visits, and separate bills were made out by him and the plaintiff for the same attendances ; and the defendant's wife and his son denied having given the plaintiff any retainer, and said they supposed the plaintiff attended for Mr. Littlewood, and that they never expected any charge would be made. The Judge (Richard Wildman, Esq.), in addressing the jury, said they would have to consider whether the plaintiff was really entitled to any sum of money beyond the £12 paid into Court ; that the principal question for them to determine was, whether the plaintiff's services were or were not contracted for by the defendant, or by some other person duly authorised on his behalf ; that as to the actual sum charged by the plaintiff, the evidence rendered it perfectly clear that if such services were performed at the defendant's request, expressed or implied, or of any person entitled to act as a member of his family, the amount sought to be recovered was reasonable ; that it was for the jury to decide whether the circumstances of the case were such as to entitle the plaintiff to recover payment for his services ; that a retainer might be given or expressed in terms or otherwise, and that it was for the jury to say whether the plaintiff's services were accepted as those of a Medical man, and not gratis, in which case the plaintiff would be entitled to recover ; that if the plaintiff attended merely as the friend of Mr. Littlewood, he would not be entitled to recover for his services ; but that, if they thought the plaintiff attended as Consulting Surgeon, and the defendant chose to accept the plaintiff's services as such, that the plaintiff was entitled to his claim from the defendant. The jury then retired, but were discharged without having arrived at any verdict—thereby leaving the question at issue undecided.

We have had several Medical trials lately of more or less importance. One we have just alluded to at some length ; others will be found in our news columns. One gives the result of the prosecution of Mr. Gould, of Kingston, for calling himself "Surgeon and Mechanical Dentist," the result clearly traceable to a mistake on the part of the prosecuting Society. The other is a laughable, but disgusting example of what we might expect if anyone who chooses to call himself an American Doctor were to be permitted to practise here without impediment. Then we have to notice that the East Kent Medical Registration Association have obtained a conviction and £10 penalty on the prosecution of Mr. Charles Hovell, an unqualified Practitioner, at Wingham. He had "Hovell, Surgeon," on his street door at Wingham ; and his only defence was that he had acted as assistant to his father, the late Mr. Hovell, of Canterbury, and had not removed the plate since his father's death. Mr. Hovell, senior, died last July. The last case is of a different kind. Mr. Joseph Chamberlain, a registered Licentiate of the Society of Apothecaries, went recently to reside at Syerston, near Newark, calling himself *Surgeon*, and having the word *Surgeon* on his cards and on the gate leading to his lodgings. He was charged with "wilfully and falsely pretending to be a Surgeon on the 16th of June" last. In September the word *Surgeon* was erased from his board, and "Legally-qualified and Registered Medical Practitioner" substituted. The result is thus reported :—

"Mr. Pratt, for Mr. Chamberlain, objected that the Register was not evidence that his client was not registered on the 16th of June, as it only contained the names registered to the 1st of January, 1859, and a person might have been registered since, and the prosecution ought to produce evidence that his client had not been so registered.

"The Bench, however, after referring to the Act of Parliament, decided that it was for Mr. Pratt to show he had been registered ; and in the absence of such proof the defendant was convicted in the mitigated penalty of £5 and costs.

"Mr. Pratt then gave notice that he should demand a case for the opinion of a superior Court, whether the magistrates were right in requiring him to prove the subsequent registration, to which the Bench consented."

The following account by Mr. P. H. Harper, of the system of payment on which the Rev. H. Reed practises his secret method of treatment, is a good scene in the life of a cancer-curer. The patient has suffered for years from malignant disease of the rectum, which at last filled up the pelvis and was connected with enlarged glands in the groin and an anal fistula :—

"A fortnight ago, hearing of Mr. Reed, she consulted him. She states her case, and he proposes to examine the tumour. She accedes, and showing him the tumour, he, in a most awkward manner (her own words), takes a cursory glance.

She speaks of the disease in the rectum. He pooh-poohs it as of not the least consequence. She wishes to know whether he would like to examine it. 'Oh, no, it is not of the least consequence: there is no necessity whatever.' She mentions the fistula. That also is of no consequence. He (Mr. Reed) is the only man who cures fistula without the use of the knife. 'Do you think you can do me any good?' 'Yes, I will ease and remove the pain in two days, and restore you to perfect health in a very few weeks!' 'But do you say you will cure the stricture of the rectum?' 'Oh, yes, without any doubt at all. It will all be removed by the gases I shall apply to the tumour in the thigh, and the medicine I shall give you internally!' 'I shall be quite well?' 'Yes, perfectly restored to health!' 'What will be your fee?' 'My fee is fifty guineas.' 'That is a large sum.' 'No such thing; most persons would charge you a hundred. You must pay me in three instalments, and I must receive the first portion before I do anything whatever to you.'"

Those who wish for further illustrations of the way in which nostrum-mongers undertake to cure incurable diseases, extort inordinate remuneration before treatment is commenced, and advertise false reports of cures, will find what they seek in a pamphlet by Mr. Spencer Wells, published this week by Mr. Churchill.

M. Piorry claims to be the inventor of Hypnotism. A critic objects to this, because, he says, M. Piorry, the illustrious Helleno-glossophile, would undoubtedly have given the thing a name. M. Piorry, however, it is presumed considers that Hypnotism is only a form of Neuropathie.

REVIEWS.

Notes on Nursing: what it is, and what it is not. By Florence Nightingale. London. 1860. 8vo. Pp. 79.

In no country more than in ours, and at no period of time more than now, have female writers been so numerous or so eminently qualified, not only by their talents and acquirements, but by their example and energy in actual wrk, to influence the public mind, to benefit their fellow-beings and posterity. Social science is the one field of labour of which, perhaps, this is at present more particularly true; and, with which, as Medical men, we are most of all interested. In 1858, the National Association for the Promotion of Social Science was the medium chosen by Miss Nightingale for promulgating her views on the "Sanitary Condition of Hospitals," which have been subsequently published. The work has gone through two editions in nearly as many months. Other ladies, through the same medium, have since followed the example of Florence Nightingale, whose name will stand prominently forward, in all time, as a noble and self-sacrificing worker in that philanthropic field of labour which at an early age she made her own, and to which she has devoted her life. With feelings of much pleasure, therefore, we have transcribed the unassuming title-page of this little book—if possible still more valuable than the one we had the pleasure of noticing six months ago. The little work before us deals with a subject on which, perhaps, no living person is so well qualified to write as Miss Nightingale. For that reason we bid it welcome with respect. Nursing the sick has been with her a labour of love; the whole tenor of her writings tends to enoble that vocation, and to redeem it from the hands of the ignorant, the stupid, and the thoughtless. With noble and most devoted energy she has always endeavoured to elevate the calling of the nurse, by bringing thought, intelligence, and study to bear upon her work, and by calling forth the finer feelings of the mind in the exercise of the most humane of all vocations. It is now more than fourteen years since Florence Nightingale began to give her undivided attention to this field of thought and action. Twice has she been in training as a nurse at the Institution of Protestant Deaconesses at Kaiserwerth, on the Rhine. She has studied with the "Sœurs de Charité" in the Hospitals of Paris. She has visited the Hospitals of Berlin, and those of many other towns in Germany. She has visited those of Lyons, Rome, Alexandria, Constantinople, Brussels, and likewise the Hospitals in the chief towns of our own country; but the most extensive sphere of her usefulness, and one where her experience was most matured, was in our Military Hospitals at Scutari and the Crimea, during the Russian war. Thither she was sent by Mr. Sidney Herbert, then and now Secretary at War, who has the honour and merit of having been the first to appreciate, and to put in a position of public usefulness, the singular abilities of Florence Nightingale. What she succeeded in doing at Scutari and elsewhere for our sick and wounded soldiers is now a matter of history. What she has since done in bringing about sanitary improvements in our Army has still to be recorded. She has never been at rest since her arrival in this country. With such precedents and with such extensive experience, acquired among scenes of most varied suffering, can any one doubt that a written record of her thoughts and ideas regarding the subject of nursing the sick can be other than of the greatest possible public interest? She has undoubtedly ennobled the calling of the nurse, she has made her vocation a labour of love, and has sacrificed her health in the acquision of her extensive experience. She has brought to bear upon the subject all the energies of an active and highly cultivated intellect, rendered still more energetic by intense enthusiasm in the work. The asperities of business not unfrequently encountered in the rough walks of life through which she has passed, have been at once smoothed down or have altogether disappeared through the influence of that remarkable tact with which she is so largely gifted, directed by a mind the most amiable, gentle, and refined. We think, therefore, we are justified in the belief we have expressed, that no other living person than Miss Nightingale could write a book on Nursing such as we have now before us. Every line of it from the Preface to the end rivets the attention, every paragraph is suggestive, every page carries the reader into a world of thought.

The preface characterised by its modest simplicity will indicate at once the scope of the work:—

"The following notes are by no means intended as a rule of thought by which nurses can teach themselves to nurse, still less as a manual to teach nurses to nurse. They are meant simply to give hints for thought to women who have personal charge of the health of others. Every woman, or at least almost every woman, in England has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid,—in other words, every woman is a nurse. Every day sanitary knowledge, or the knowledge of nursing, or in other words, of how to put the constitution in such a state as that it will have no disease, or that it can recover from disease, takes a higher place. It is recognised as the knowledge which every one ought to have—distinct from Medical knowledge, which only a Profession can have. If, then, every woman must, at some time or other of her life, become a nurse, *i.e.*, have charge of somebody's health, how immense and how valuable would be the produce of her united experience if every woman would think how to nurse. I do not pretend to teach her how, I ask her to teach herself, and for this purpose I venture to give her some hints."

The notes commence by assuming as a general principle, that "disease is a reparative process;" but it is also shown that of the sufferings witnessed during the progress of a disease, that disease is not always the cause. On the contrary, the symptoms of the suffering patient are very often those which indicate the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, or each or all of these. The proper use of each and all of these,—the proper selection and administration of diet,—all at the least expense of vital power to the patient, is what Miss Nightingale understands by the term "Nursing."

Under the head of Ventilation and Warming, it is shown that the first rule of nursing is to keep the air of the sick-room as pure as the air without; and this without chilling the patient. The kind of warmth that is most desirable is explained, and how it is that bed-rooms are almost universally foul. Here it is very justly observed that an "air-test" would be of most essential consequence, such as that which Dr. Angus Smith has described, if it could be made of simpler application to indicate the organic matter contained in the air.

"The senses of nurses and mothers become so dulled to foul air, that they are perfectly unconscious of what an atmo-

sphere they have let their children, patients, or charges sleep in. . . . . The crowded National-school, where so many children's epidemics have their origin, what a tale its *air-test* would tell! We should have parents saying, and saying rightly, 'I will not send my child to that school, the air-test stands at "Horrid."' And the dormitories of our great boarding-schools! scarlet fever would be no more ascribed to contagion, but to its right cause—the air-test standing at 'Foul.'"—P. 10.

It is then described with great practical knowledge when warmth must be most carefully looked to by the nurse; how cold air is not ventilation; and how it is not necessary to chill a room in order to ventilate it. The extraordinary fallacy of the dread of night-air is successfully exposed. As to the use of "Fumigations," Miss Nightingale agrees with the Medical lecturer who one day commenced his lecture by saying, "Fumigations, gentlemen, are of essential importance; they make such an abominable smell that they compel you to open the window."

In the second chapter, Miss Nightingale treats of "the Health of Houses," to secure which five conditions are necessary, namely:—(1) pure air, (2) pure water, (3) efficient drainage, (4) cleanliness, (5) light. Alluding to the not unfrequent habit with some people of ascribing calamities to Providence, such as when whole families die off in the same house, Miss Nightingale very justly observes:—

"God lays down certain physical laws. Upon his carrying out such laws depends our responsibility (that much-abused word), for how could we have any responsibility for actions, the results of which we could not foresee, which would be the case if the carrying out of his laws were *not* certain. Yet we seem to be continually expecting that He will work a miracle—*i. e.* break his own laws expressly to relieve us of responsibility."

The causes of physical degeneration in families are thus graphically noticed:—

"The houses of the grandmothers and great-grandmothers of this generation, at least the country houses, with front door and back door always standing open, winter and summer, and a thorough draught always blowing through—with all the scrubbing, and cleaning, and polishing, and scouring which used to go on, the grandmothers, and still more the great-grandmothers, always out of doors and never with a bonnet on except to go to church, these things entirely account for the fact so often seen of a great grandmother, who was a tower of physical vigour descending into a grandmother perhaps a little less vigorous, but still sound as a bell and healthy to the core, into a mother languid and confined to her carriage and house, and lastly into a daughter sickly and confined to her bed. For, remember, even with a general decrease of mortality you may often find a race thus degenerating, and still oftener a family. You may see poor little feeble washed-out rags, children of a noble stock, suffering morally and physically, throughout their useless, degenerate lives, and yet people who are going to marry and to bring more such into the world, will consult nothing but their own convenience as to where they are to live, or how they are to live."—Pp. 18, 19.

Chapter the Third is on the subject of Petty Management, and here some most interesting and acute practical remarks are made; but our space will only allow us to give Miss Nightingale's ideas of what it is to be "in charge":—

"How few men, or even women, understand, either in great or in little things, what it is the being 'in charge'—I mean, know how to carry out a 'charge.' From the most colossal calamities, down to the most trifling accidents, results are often traced (or rather *not* traced) to such want of some one 'in charge,' or of his knowing how to be 'in charge.' A short time ago the bursting of a funnel-casing on board the finest and strongest ship that ever was built, on her trial trip, destroyed several lives and put several hundreds in jeopardy—not from any undetected flaw in her new and untried works—but from a tap being closed which ought not to have been closed—from what every child knows would make its mother's tea-kettle burst. And this simply because no one seemed to know what it is to be 'in charge,' or *who* was in charge. Nay more, the jury at the inquest actually altogether ignored the same, and apparently considered the tap 'in charge,' for they gave as a verdict 'accidental death.'

"This is the meaning of the word, on a large scale. On a much smaller scale, it happened, a short time ago, that an insane person burnt herself slowly and intentionally to death, while in her doctor's charge and almost in his nurse's presence. Yet neither was considered 'at all to blame.' The very fact of the accident happening proves its own case. There is nothing more to be said. Either they did not know their business or they did not know how to perform it.

"To be 'in charge' is certainly not only to carry out the proper measures yourself, but to see that every one else does so, too; to see that no one either wilfully or ignorantly thwarts or prevents such measures. It is neither to do everything yourself, nor to appoint a number of people to each duty, but to ensure that each does that duty to which he is appointed."—P. 24.

The fourth chapter, on Noise, is a most interesting one, abounding in those suggestive observations which only a first-rate observer can record, and which must be read throughout to be appreciated.

In chapter fifth, the Influence of Variety is treated of as a means of recovery—the influence of flowers, of the mind on the body, and the body on the mind; how the sick sometimes suffer from mental as well as bodily pain; and how the nurse may help them to vary their thoughts.

In chapter sixth, the subject of Taking Food is considered; and the want of attention as to the hours of taking food is strongly deprecated in the first instance. It is shown how life often hangs upon minutes in taking food, and how patients are often starved to death in chronic cases.

In the seventh chapter, some common errors in diet are pointed out, especially as to the value of beef-tea, of eggs, of meat without vegetables, of arrow-root, of milk, butter and cream, sweet things, jelly, cocoa, and lastly erroneous notions as to the *bulk* of quantities.

The eighth chapter treats of the Bed and Bedding. It is here shown how *feverishness* sometimes depends upon the condition of the bed, or the bedding, or the state of the sick room generally, The uncleanliness of ordinary bedding in private houses is exposed; and the necessity of airing not only clean sheets but also sheets and night-dresses which have been and are in use is strongly insisted on. Iron spring bedsteads are recommended, and where it can be afforded, the comfort and cleanliness of having two beds is shown. Size, height, and position of the bed in the room are all noticed in detail; and a four-poster, with curtains, is utterly condemned. Let every one who has to do with the sick read the excellent "Note upon Pillows," at page 47. In a physiological point of view, the explanations and rationale of "pillowing a patient" are most clearly put.

In chapter ninth, it is shown how light is essential to health and recovery from sickness; while the aspect, view, and sunlight of the sick-room are matters which are shown to be of first importance to the sick.

In chapter ten, the Cleanliness of Rooms and Walls, of Carpets and Furniture, is considered. How a room is dusted, and how the dust is never now removed, but merely scattered about, are topics commented on. The best kind of floor for a sick-room, and also the best kind of wall, are duly noticed. Last, not least, we commend to the notice of all, the "Remedies for Dirt," and especially the "Consumption of Smoke" in towns.

The all-important subject of Personal Cleanliness is considered in chapter eleven.

The next chapter has a strange title. We have read it with much interest. It is called, somewhat quaintly, "Chattering Hopes and Advices," which are considered, with good reason, to be the bane of the sick.

The thirteenth chapter is a most important one in its practical bearing on the training of nurses. It is on "Observation of the Sick," which ought to be the essential part of the training of every nurse.

In the conclusion, the recklessness and danger of amateur physicking by females is shown and deprecated; and which a real knowledge of the laws of health can alone check. It is then shown what Pathology teaches, what observation alone teaches, what Medicine can do, and what Nature alone does. Our remarks, and the space we have given to an analysis of the work, shows how we estimate Miss Nightingale's acute and most interesting Notes. May she find that her hints are not lost on the reading and thinking world.

M. Milne-Edwards has been elected President of the Academy of Sciences for the ensuing year.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON NUTRITION BY BLOOD IN STARVATION.

By M. AUSELMIER.

Experimental researches made on animals subjected to a more or less absolute privation of food have shown that life may be maintained for a certain period at the expense of the substance of the organs, as is proved by the progressive diminution of the weight of the animal suffering from inanition. This mode of nutrition has long been termed *autophagy;* and M. Auselmier wishes to designate it as *spontaneous autophagy*, as a contrast to the term *artificial autophagy*, which he employs when the animal subjected to inanition is submitted to daily small bleedings, and his blood given him as aliment. He has made a great number of comparative experiments upon two groups of animals, resembling each other in every circumstance as far as possible—one group being abandoned to the effects of inanition, and the other exclusively fed with the blood drawn from the veins of the animals experimented upon. The following are the results deducible:—

1. The absolute privation of food diminishes the production of caloric in all warm-blooded animals. This diminution is nearly uniform during three-fourths of the duration of vital resistance, that is, about 0°·2 C in every twenty-four hours. During the last fourth of the time it decreases very rapidly, and death occurs between the 23° and 24°C. 2. A relative privation of aliment causes a less rapid diminution of the production of caloric, proportionately to the rations. 3. In all animals of warm blood the temperature of the blood cannot descend below 26° C., without death being the consequence. 4. Death from starvation is the result of an arrest of nutrition produced by the progressive diminution of the temperature of the animal—the production and accumulation of a certain quantum of caloric being one of the conditions of nutrition in all animals of this class. 5. Death by starvation would not be the result of the consumption of all the materials which the organism can supply if we could change the condition of cooling which is the consequence of inanition. In fact in the animals who have succumbed from absolute abstinence, the emaciation is on the average four-tenths of the initial weight, while in relative abstinence it may attain six-tenths. 6. The diminution of calorification arises from the inactivity of the gastro-intestinal absorbent system, the temperature of the animal increasing or diminishing according to the degree of the activity of this function, just as the latter is modified by the temperature at which it effects its operation. 7. If we draw from animals subjected to inanition a certain amount of blood, and give it them as an aliment, we find the production of caloric continues, together with the gastro-intestinal activity, the daily loss of temperature being less considerable, and the emaciation becoming more complete, so that it may attain six-tenths of the initial weight. 8. The bleedings and the rations which they supply should be diminished in quantity in proportion to the prolongation of the experiment; and digestion takes place more completly and more rapidly in proportion to such prolongation. In proportion to the frequency of the bleedings, the exhaustion of the organism, the nervous irritation, the diminution of the gastro-intestinal secretions essential to digestion, the monotony of the aliment, the diminution of the temperature, and the putrefactive condition of the aliment, the prolongation of this mode of nutrition becomes impossible. 9. The gastro-intestinal activity is indicated by the return of the excretions, the elevation and generalisation of the temperature and pulse, an increase of muscular force, and the diminution of nervous phenomena, and of the sensations of hunger and thirst. 10. The calorification does not decrease more than a mean of 0°.1 C. in the twenty-four hours. 11. Artificial autophagy allows of excessive emaciation, *i. e.* allows of it being carried to six-tenths in fat subjects, five-tenths in medium subjects, and four-tenths in the young; while the author's and Chossat's experiments show that in spontaneous autophagy it attains only five-tenths in the fat, four-tenths in the medium, and two-tenths in the young. 12. Artificial autophagy thus considerably prolongs life, viz. for nearly one-half more than its duration in spontaneous autophagy. The application of the author's views may be made in the case of shipwrecked persons, or others subjected to the horrors of starvation.—*Comptes Rendus*, December, No. 24.

CASES OF SUDDEN DELIVERY.

M. Ameuille related an interesting case to the Paris Société Medico-Pratique, in illustration of the following question: May a primi para of robust frame become delivered of a full-timed, well-formed infant, and this infant fall into a privy, the mother resorting there simply to satisfy a want? In the present case, a lady, aged 20, in robust health, having become with child by a young man, left her home in the country, and repaired to a Paris lodging-house; and awaiting admission into the Maternity, she had made no preparations for the reception of the child. She was taken ill in the night, and had several motions; and at last, while proceeding towards the vessel, to pass, as she believed, another, the child dropped from her on the carpet. Her intention was, had not a more sudden pain seized her, to have repaired to the privy, into which the child must certainly have dropped. It is obvious, with the mystery of the case and the want of preparation for the child, how easily a charge of infanticide might, in the event of the child's having fallen into the privy, have been brought in such a case. M. Simonot had no doubt that a woman might be delivered of her first child without being aware of it. He knew the case of a lady who, at four o'clock, was walking about her room and laughing, there being no dilatation of the os or other sign of delivery, and who yet, in twenty minutes later, gave birth to a child and the placenta without pain or exclamation. M. Perrin had recently been called to a woman pregnant of her third child, who, taken first with a violent desire to pass water, and then to evacuate the bowels, passed a child into the utensil. Had the night not been so cold, she would have gone to the privy. There are many such facts on record; but they may be usefully borne in mind when girls are charged with improperly disposing of the fruits of illicit intercourse, and even when accompanying circumstances are suspicious.—*L' Union Méd.* No. 8.

University of London.—A new academical degree has been founded by the University of London—that of Bachelor of Science, the first examination for which will take place on the third Monday of July next. Candidates will be required to have passed the matriculation examination and to pass two subsequent examinations; but Bachelors of Arts of the University and Undergraduates who shall have passed the first examination for the degree of Bachelor of Medicine will be admitted to the degree of Bachelor of Science in passing the second examination prescribed. The subjects fixed upon by the Council in which candidates are to be examined are somewhat extensive. They comprise the ordinary rules of arithmetic, vulgar and decimal fractions, extraction of the square root, addition, subtraction and division of algebraical quantities, algebraical proportion and variation, permutations and combinations, arithmetical and geometrical progression, simple and quadratic equations, the 11th book of "Euclid" to Proposition xxi., the equation of the straight line and the equation to the circle referred to rectangular co-ordinates, plane trigonometry as far as to enable the candidate to solve all the cases of plane triangles, statics, dynamics, hydrostatics, hydraulics, pneumatics, optics, heat, electricity, magnetism, chymistry, botany, and vegetable physiology, zoology, and animal physiology. Candidates will not be approved by the examiners unless they show a competent knowledge in the fundamental principles of—1, mathematics; 2, mechanical and natural philosophy; 3, chymistry; 4, biology, including botany and vegetable physiology, and zoology and animal philosophy. Candidates who pass the first Bachelor of Science examination will be entitled to present themselves for honours at an examination which will take place on the Tuesday in the week following the ordinary pass examination. In connexion with this degree there will also be a higher one of Doctor of Science, the examination for which will take place annually within the first fourteen days of June each year. No candidate will be admitted to the examination for the degree of Doctor of Science until after the expiration of two academical years from the time of his obtaining the degree of Bachelor of Science.

GENERAL CORRESPONDENCE.

IS INSANITY MORE PREVALENT IN TOWN OR COUNTRY?

[To the Editor of the Medical Times and Gazette.]

SIR,—Having shown in a former letter that increase in the standing number of the insane does not prove that accessions of the disease are more frequent now than formerly; but that the augmentation may be accounted for by the diminished mortality which has lately taken place among this class, I now propose to apply a similar train of reasoning to the supposed proportion of cases arising in populous and also in thinly-peopled districts.

The question has frequently been asked, whether insanity is more prevalent in a city or in the country; and authorities, taking existing numbers as a basis on which to found an opinion, have replied that there is a greater amount of mental disease among a rural than among a town population. Undoubtedly statistical returns show a larger proportion of insane and idiotic inhabitants in the former than in the latter localities; but are we, on this account to yield implicit assent to the assertion, drawn from this fact alone, without giving due consideration to all its bearings on the question?

I have already shown that the existing numbers, as respects men and women, by no means represent the proportion of cases occurring in the two sexes. On the contrary, it appears that, although fewer females are attacked, yet, by reason of their greater longevity in Asylums, they ultimately preponderate; and, consequently, were we to take the standing numerical relation on which to found a conjecture, we should arrive at the false conclusion that women are more liable than men to insanity.

The reasoning thus applied as to sex may, if carried into another department of statistics, serve to throw some light on the assumed prevalence of insanity among the population generally. When so doing let us bear in mind that the returns in question include every form of mental affection, that in country districts the proportion of cases of idiocy is greater than in towns, and that their term of life is prolonged beyond that of the purely insane class. This latter fact is important to our inquiry, as by reason of it—the same individuals being frequently enumerated in the annual returns—the aggregate number is consequently increased. But it is obvious this does not prove that insanity is more prevalent in country districts; for it is evident that the lower rate of mortality among the idiotic forms a cause of the preponderance in the number of the mentally-afflicted portion of the population in country districts. Taking this fact into consideration, we find good reason to doubt the truth of the assertion made by authorities, that in the very situations where there is the least amount of bodily disease sickness of mind prevails to the greatest extent.

I am, &c. G. H.

THE INDIAN MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention has been drawn to a letter from "Emeritus," regarding the relative advantages of the British and Indian Medical Services. As I think his statements calculated to arouse expectations among the candidates for the Indian Medical Department, which will not be likely to be realised, I venture to address to you a few lines on the subject.

Your correspondent asserts a very decided superiority for the Indian Medical Service, on the score of superior pay, prospects of emolument, rewards for professional or scientific skill, early retirement, certainty of promotion, pensions, and provision for widows and children. With regard to pay, I would observe that the young Assistant-Surgeon never actually gets the £25 12s., or 256 rupees, a month; so many deductions are made the first year or two for donations, subscriptions to the various funds, etc., that he cannot reckon upon receiving more than £10 to £15 a month. He is, therefore, liable to get into debt—in fact, he most inevitably does so, if he has no private resources. An "Economist" may have lived on £15, or 150 rupees, a month; but in general, a "Subaltern (bachelor)" can hardly live upon £20, if he has to subscribe to a mess (now, I believe, rendered compulsory), attend it pretty regularly, occasionally invite on guest nights some of those whose hospitalities he may have enjoyed; subscribe to the Band Fund and Book Club of his regiment, to an occasional station or regimental party, etc. I was never expensive in my habits; yet, while I was in Medical charge of a native corps, my mess bill, for about three years amounted, on an average, to no less than 140 rupees, or £14 a month. The band subscription cost me £1 4s., or 12 rupees a month; and there were several other expenses incidental to my position, such as subscription to the book club, the occasional purchase of a buggy, of a horse, etc. The British Surgeon can live much cheaper with his regiment, as far as my experience goes, than the Indian with his. Then the British can almost always procure quarters for a moderate rent—his regiment being generally located in a large station; whereas the Indian is often sent to a small, out-of-the-way, perhaps new station, where he may be obliged to build, or, at any rate, to purchase his house. In the course of about five years' service with a native regiment, I was obliged to purchase one, and to build two houses; and the result of my experience with the last was, that, after it had cost me nearly £200, and I had occupied it about a year and a-half, I received £20 for it. These details may give you an idea of how little, if anything, the majority of Indian Assistant-Surgeons are able to save out of their pay. If he has happened to obtain civil employ, his salary need not be, I believe, above about £30 a month.

Your correspondent speaks of "innumerable Professional (Staff) appointments" open to the Indian Medical officer. True there are some, but so few are the lucrative posts, that they need not be taken into serious consideration by any young man who thinks of entering the service. "Medical Professorships" do not always, I believe I might say do not often, even in Calcutta, bring with them lucrative practice, nor do the other Presidency appointments. During a residence there of about eleven years, among the many who have lived the whole time and have come and gone, I cannot remember more than four who have made what may be considered comfortable independencies; some have left the moment they became entitled to their retiring pensions, the great majority have fallen victims to the labours and anxieties inseparable from their position, or are anxiously awaiting their time with but little expectations of realising the anticipations with which they exchanged regimental duty for the much-coveted prizes of the Presidency towns. Medical officers on regimental duty need not envy the condition of those who obtain the desired Staff appointments.

I cannot agree with "Emeritus" that rewards for professional or scientific merit abound in India; occasionally, but very rarely, an opportunity offers for an adept in Botanic or Geological science to obtain a chair in a Presidency College; but a manof general talent, like Sir W. O'Shaughnessy, sometimes finds it much more profitable to strike out in a new and extraneous path, like the telegraph department, the advantages of which Government and the public can appreciate, than to continue in the immediate practice of his profession.

As regards retirement, how few enter the service early enough to be able to retire at "39 years of age," 43 or 44 would be nearer the mark; and, further, how few can afford to retire at this age upon the pittance of £191 a-year, reduced when deductions have been made for Income-tax and subscription to funds, to something less than £140 a-year; so few that surely no young man deliberating upon the relative advantages of the two services, need take the subject into consideration. I will instance my own case:—After seventeen years' service in India, the state of my health and other circumstances compel me toretire upon the lowest pension, and were it not that I had the opportunity of saving something, owing to my having held a staff appointment for many years, I should have been in a sorry plight with a pension of about £140 a-year, irrespective of any subscriptions payable on account of our Retiring Fund.

With much of what "Emeritus" alleges as to the advantages of the Indian Medical Service as regards prospects of emolument I agree, as well as the provision made for widows and children. On the question of certainty of promotion I

see little difference in the actual working of the two Services. Upon the whole I think he has painted in too glowing colours the relative advantages of the Indian as compared with the British Medical Service. To conclude, I send you an extract from a letter lately received from a Medical officer on the Staff, one who by his position is himself exempted from the grievances of small pay and supercession by the British Medical officer, etc. :—

"I wish I could give you some news of our unfortunate Service ; but I am afraid that with all our efforts we are, as a body, doomed to disappointment. I have heard, indeed, of some young officers in the Medical Service of the Indian army coming to Calcutta, and then going home again, and getting a commission in the Queen's service ; we have Superintending Surgeons occasionally Queen's men ; and Surgeons of many years' standing are glad enough to take charge of local corps to keep the wolf from the door. An order has been passed allowing civil Assistant-Surgeons to keep charge of stations on promotion, until otherwise provided for ; in fact, we can hardly be worse off. I am speaking, of course, of the great body of the service, and not of individuals ; and if you can possibly get a living in England, I would not now return ; the whole patronage is in the gift of the Director-General, and already the service is tired of this distribution, and a number of heads of the Profession are leaving very quickly. I hear of an immense number going home this year, the reason being apparently nothing to do and supercession ; the Assistant-Surgeons of the Lucknow garrison are promoted to Surgeoncies, *i.e.*, brevet. What earthly good that can be I know not ; it is something to amuse the popular cry of the day, I suppose. I believe I have given you the true state of our Profession in India. There is a great deal of discontent in the service generally ; the Warrant now will hardly rectify the evil, it will come too late I am afraid, if it comes at all." I am, &c.

A Retired Indian Surgeon.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, January 17, 1860.

Mr. Fergusson, President, in the Chair.

Mr. Fergusson exhibited a specimen of

RECURRENT TUMOUR REMOVED FROM THE LOWER THIRD OF THE THIGH.

The patient, a woman, had had it seven years. It was at first thought to be malignant ; and amputation of the limb was in consequence recommended. Mr. Fergusson, however, removed it. It was found to be situated under the aponeurosis, and this had given it the appearance of malignant disease. In three years it returned in the cicatrix, the general health still continuing good.

Dr. Bristowe and Dr. Salter were appointed to report on this specimen.

Mr. Sydney Jones then brought forward

PARTS REMOVED FROM A PATIENT ON WHOM TRACHEOTOMY AND GASTROTOMY HAD BEEN PERFORMED.

The patient had suffered from cancerous disease of the pharynx impeding respiration, for which Mr. Jones performed tracheotomy. The disease next completely occluded the pharynx, so that she was quite unable to swallow anything. She was for some time fed by nutritious enemata. Her thirst and hunger were extreme ; and, although she was sinking, yet for some relief to her distress Mr. Jones, at her urgent request, opened the stomach. The stomach was found to be a little displaced downwards and to the right, but this did not present any serious impediment to the successful performance of the operation. A little hæmorrhage from the stomach followed. The patient was fed on small quantities of milk and beef-tea, and her distressing thirst and hunger were completely relieved. She died thirty-six hours after the operation. At the autopsy there was no great amount of peritonitis, there being a little adhesive inflammation at the wound. It was found that the food introduced had extended to the ilium.

Mr. Sydney Jones also exhibited

ORGANS REMOVED FROM A PATIENT WHO HAD BEEN TREATED WITH NITRATE OF SILVER FOR EPILEPSY.

These were from the patient whose testes had been removed by Mr. Holthouse, at the Westminster Hospital, for the cure of epilepsy, and whose case attracted so much attention. He had since died, and Mr. Jones had been fortunate enough to procure an autopsy. Mr. Jones was able to examine the first two or three inches only of the spinal cord, and these parts he found to be healthy. The brain generally was much congested. The choroid plexuses were very dark indeed, and from these he had obtained metallic silver. There were numerous asperities on the petrous portions of the temporal bones, and also on the orbital plates of the frontal, more so on one side than on the other. The lungs and heart were tinged blue. The lining membrane of the heart was very dark. The liver, and especially the lining membrane of its veins, was much stained. The malpighian tufts of the kidney seemed to be mapped out by the black deposit (sulphuret of silver.) The mamillary processes were also dark. Except that perhaps the vasa deferentia and the vesicule seminales were smaller, the organs of generation which remained were not abnormal.

Mr. Christopher Heath stated that he had been present at the operation, and had examined the testes after removal. They were much darker than the liver which was now exhibited.

Mr. Durham exhibited a drawing showing the possible range of positions of a

MOVEABLE KIDNEY.

Mr. Durham, by the drawing and the sketch, pointed out the various positions which the specimen he had exhibited at a previous meeting of the Society might have occupied during life. He had since further dissected the subject in which the specimen alluded to was found, and had found that there was great looseness of the cellular tissue about the kidney, and an entire absence of fat. The renal artery of this side was, of course, very long. It was also thin.

Mr. Durham then brought forward a specimen illustrative of

MISPLACED KIDNEY.

The kidney was taken from a gentleman who was thought, during his life time, to suffer from a tumour in the abdomen. When he was examined, the patient experienced disagreeable pain, extending to the back. The artery which supplied the kidney came from the aorta just above its bifurcation. The kidney also received another supply by a branch from the external iliac of the other side. The renal vein joined the left common iliac. There was no real sigmoid flexure, the junction of the bowels being apparently continuous without such intermediate structure. Mr. Durham stated that he had found these conditions—the misplaced kidney and the abnormal state of the intestines—existing together in another case.

Mr. Durham also exhibited a

CANCEROUS TUMOUR REMOVED FROM THE FOREARM.

The patient, a woman, had received an injury three years ago ; a tumour followed, and, for the last six months, it grew rapidly. It was attended with loss of sensation in the outer part of the hand and arm. The tumour was removed ; and, as the median nerve and the brachial artery were found to pass through it, the arm was afterwards amputated. The ulnar and the musculo-spiral nerve were not implicated.

Mr. Obré exhibited a specimen of

TRUE BONE FROM THE EYE.

The patient had received an injury to the eye some years ago. The sight was lost, the cornea being much diseased. He had lately suffered much pain. The eye was, therefore, removed. A piece of bone, the size of a pea, was found on the hyaloid membrane at the back of the eye. There was a small aperture at the back, opposite the position of the entrance of the arteria centralis retinæ. Mr. Obré showed sections of the bone for the microscope, and drawings from the

microscope by Mr. Tuffen West. He alluded to a similar case in the sixth volume of the "Transactions." Mr. Obré considered that the formation of the bone was consequent on effusion of blood after the injury, the effused substance having become organised.

Mr. Hulke and Mr. Toynbee were appointed to report on this specimen.

Dr. Fuller exhibited a specimen of

ULCERATION OF THE BOWELS.

The patient, a man, aged 59, suffered for the last six months of his life from extreme emaciation, with great debility. The cause of these conditions was extremely difficult to diagnose, there being no symptom referrable to the change which was found after death. There was no diarrhœa and no vomiting. There was a trace of albumen in the urine. After his admission into St. George's Hospital tubercles were found in the lungs. Death took place rather suddenly. It was preceded by intense pain and was found to have occurred from perforation. Ulceration was found in the lower five feet of the small intestine, and throughout the whole of the large intestine.

Mr. Partridge exhibited a specimen of

FIBRO-CELLULAR TUMOUR REMOVED FROM AMONG THE MUSCLES OF THE NECK.

It had occurred in a woman, aged 36, on the left side of the cervical portion of the spine. It was situated under the complexus muscle, and near the spinous process of the axis.

Mr. Partridge also showed

SPERMATIC FLUID FROM A MAN NEITHER OF WHOSE TESTICLES HAD DESCENDED FROM THE ABDOMEN.

The patient suffered from seminal emissions. A portion of the ejected fluid was obtained, and was examined several times during a fortnight. No spermatozoa were found. Mr. Partridge also alluded to a similar case in which fluid was obtained from a gentleman whose testes were undescended. Although he was virile he was childless, and no spermatozoa were found in his spermatic fluid.

Mr. Curling mentioned a case like the last, in which the patient had no difficulty in connexion, although both testes were undescended, and no spermatozoa were found in the fluid emitted in connexion.

Mr. John Wood exhibited a specimen of

WARTY GROWTH OF THE INTERIOR OF THE LARYNX.

The patient, a child, was suffering from intense dyspnœa from laryngeal obstruction, when Mr. Wood performed tracheotomy. Immediate relief was given. Mr. Wood first introduced an ordinary-sized tube, but the trachea was so deeply placed that, owing to the excessive movement of the chest in respiration, it could not be retained. Mr. Wood was therefore obliged to introduce a much longer tube. The child progressed favourably for a fortnight, and then died suddenly from hæmorrhage from the trachea. At the autopsy it was found that the tube had caused ulceration of the trachea, which had extended into the arteria innominata.

Mr. Toynbee exhibited specimens of

OSSIFICATION OF THE EXTERNAL EAR, FOLLOWING HÆMATOMA.

The patient from whom the ears were removed was 35 years of age, and had been in a Lunatic Asylum for three years prior to his death, suffering from acute dementia. About a year after his admission the right ear was observed to be congested, the cartilage became thick, and lost its natural elasticity. The Medical attendant had no doubt that the ear had not been subjected to any physical injury. By degrees the right ear enlarged, became of a dark blue colour, and evidently contained fluid. Three months after the effusion the fluid began to disappear, and the ear diminished in size, entering upon what has been called the cystic stage of the disease; it subsequently hardened and shrivelled up. Two months prior to his death, the left ear, although retaining its natural size, showed signs of congestion and induration. The patient died in Dec., 1859, with symptoms of general paralysis.

Dissection.—The right ear was so very much thickened as to have lost its normal appearance; the only portions of cartilage which were not greatly thickened, were the tragus and the thin narrow strip at the posterior margin forming the helix. Upon making a section of the cartilage, it was found in some places half-an-inch in thickness, but not harder than natural. This thick part of the cartilage did not present any appearance of a cyst, and under the microscope was observed to consist of hypertrophied cartilage-cells, and intercellular matter. In some parts this cartilage was converted into true bone, containing Haversian canals and well-defined cells. This ossific matter was also found in the left ear, which was scarcely at all deformed, and had not passed through the cystic stage of the disease.

OBITUARY.

DR. AYRE, OF HULL.

We had to record last week the death of Dr. Ayre, of Hull, one of those fathers in the Profession who link the past generation with the present. We are enabled this week to present our readers with a brief sketch of his life, character, and labours.

Joseph Ayre (or Eyre, as the name was more commonly spelt in former days) was born in 1781, at Lynn, in Norfolk. His father was a younger son, and had worked his way to a moderate independence as a shipowner. His mother—a woman of good judgment and considerable natural ability—was left a widow at thirty-four, with a family of eight children, of whom Joseph, then scarcely more than five years old, was the youngest.

Of his early years little is known, except that he is said to have been a fair, delicate child, gentle and loving, full of generous impulse, and, as a boy at school, of great activity, fearlessness, and courage. At fourteen he was sent to sea, having been removed from school just when he was beginning to appreciate instruction. During the next seven years, when he most needed the counsel and guidance of a father, he seems to have been unsettled as to the direction of his future course. Several occupations were suggested, tried, and given up in succession. Beginning as a sailor, he ended his minority as clerk in a merchant's office. A short time afterwards the merchant failed, and the year 1803 found young Ayre in his twenty-second year, without any business or profession in view, but with his little patrimony at his own disposal. This was the turning-point in his life. The choice lay entirely with himself, and he decided on the study of Medicine. With the sanguine confidence which never forsook him, he determined to invest, if need be, the whole of his little capital in his Medical education. He had no fears for the future, if this could be successfully completed.

After a few months of preparation with a Medical friend, we find him spending the Session 1803-4 as a student, under Cline and Astley Cooper at Guy's, and Haighton at St. Thomas's. In the autumn of 1804 he went to Edinburgh, and continued his Medical studies under the Munroes, Gregory, Hope, Home, Rutherford, Duncan, and Barclay. We have heard it remarked by their contemporaries that he and the late Dr. Armstrong were close friends, and almost inseparable companions during their College course. Both graduated in 1807. The following year Dr. Ayre settled in Hull, where shortly after he was elected as colleague with his friend Dr. Alderson, Physician to the Hull General Hospital, and to several other public institutions.

In 1824 he removed to London, rejoining his friend Dr. Armstrong, and continued there with a fairly successful and extending practice, until his health failing, consequent upon a severe accident on the head, he was compelled at first to rest from work for more than a twelvemonth, and ultimately to leave London altogether. He returned to Hull in 1831, where he has long been the oldest member of the Profession in the town.

Dr. Ayre was for many years an alderman in the town, and chairman of the Sanitary Committee of the Board of Health, and after his labours in the cholera districts in 1849, the Governor and Guardians of the Incorporation of the Poor presented him with a purse of one hundred guineas, as an acknowledgment of their sense of the value of his services. Within a few weeks of his death he was gratified by the

intelligence that on the 2nd November last he had been elected to a Fellowship of the College of Physicians.

Dr. Ayre is well known as a Medical writer. His first publication was one "On the Disorders of the Liver," published in 1818, and his next, a "Treatise on Dropsy," published in 1826. Both these works passed through several editions, and both have been translated into German. Their highest praise is the remark lately made, that many of the views of pathology and treatment then advocated as new, are those which at the present day generally, if not universally, prevail.

Of late years Dr. Ayre has become still better known to the public, from his labours in the treatment of Asiatic cholera. It was towards the close of 1831 that he was sent, with Dr. Longstaff, as a deputation to Sunderland and Newcastle, to witness cases of cholera, and report upon the disease which had then, for the first time, appeared in England. So early as 1818 he had indicated what he thought ought to be the treatment of a kindred disease; and, during this visit to the North, he successfully applied his theory to the treatment of a case entrusted to his care by Dr. Clanny, and so introduced the practice, with which his name has since been associated. In 1832, when the cholera visited Hull, Dr. Ayre was at work night and day, among the poor, in the cholera districts, and had the gratification of finding that the success of his plan of treatment exceeded even his most sanguine expectations.

In the following year he published a work upon the subject, and the columns of the various Medical Journals contain many interesting and valuable communications from his pen, recording the results of his experience.

The last treatise he wrote was a memoir read before the French Imperial Academy of Sciences in 1857, and sent in with upwards of 150 others in competition for the legacy left by M. Bréant for him who should discover an efficient means for the cure of cholera.

The Members of the Academy selected Dr. Ayre's paper as that which seemed best to fulfil the conditions laid down by the testator; but they decline to award the prize till a yet larger collection of facts should be adduced in proof of his treatment being a specific. This memoir, with the report of the Academy thereon, was published in June last by Mr. Churchill.

In Dr. Ayre the Profession has lost one of the most active and energetic of its elder members. Naturally of quick perception and retentive memory, ardent in the pursuit of knowledge, with an acquired habit of indefatigable industry, with every leisure moment devoted to reading, it is not surprising that his mind became enriched by a vast store of information gathered as it was, not only from the literature of his own country, but from that of France, Italy, and Spain, with the languages of which he had early made himself familiar. He was of retiring habits, and though he wrote much, yet when he wrote, it was not because he wanted to say something, but because he had something to say. In setting forth his views, he was apt sometimes perhaps to rely too much on his own conviction of their truth, and to disregard the possible prejudices of his readers. His mode of treating cholera had proved successful in his own hands, and in those of many of his friends. His great desire was, that others who confessed themselves at a loss, and without confidence in any plan, would fairly and faithfully give his plan a trial, and then publicly record the result. "Try it faithfully and perseveringly," he would say, "or not at all. At any rate, don't make me responsible for the result of the partial or imperfect trial."

He died of disease of the bladder, which seems to have been coming on for some few years, causing great suffering, which often during the last six months amounted to almost intolerable agony. His characteristic energy and love of study remained with him till within a few days of his death, during the intervals of ease his mind was occupied with the highest of all subjects. His favourite work was Bishop Butler's "Analogy," which he esteemed as taking the highest rank amongst uninspired compositions, and he never wearied of hearing it read to him.

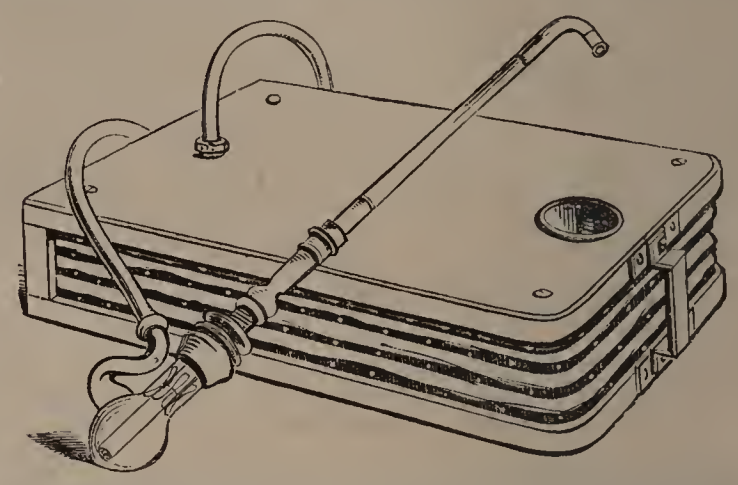
His sufferings increased in intensity till his frame sank from exhaustion, and though they failed to wring from him a murmur, yet they made him welcome Death, because he looked beyond it,—and it came on the 15th inst.

So closed a useful, honourable and laborious life, leaving "footprints on the sands of time."

NEW INSTRUMENT.

TOMPSON'S HYDRO-PNEUMATIC INHALER.

The instrument represented in the annexed illustration was shown at the Medico-Chirurgical Society on the 10th, and at the Medical Society of London on the 16th inst. It is intended for the local treatment of affections of the mucous membrane of the throat. It consists of four parts—bellows, flask, adjusting apparatus, and nozzle.



1st. The bellows contain nothing beyond what is obvious to the eye, except three internal springs, by the influence of which the upper surface becomes raised, and the bellows simultaneously inflated by the air entering the round opening.

2nd. The flask has an egg-shaped body, with two necks—one for ingress and the other for egress. The former is curved, and connected, by means of four feet of elastic tubing and a union joint, with the bellows, while the latter rises perpendicularly from the body. A glass cylinder, traversed by about sixteen capillary tubes, ascends from the bottom of the flask to the upper portion of the perpendicular neck, where it is retained in position by a silver spring.

3rd. The adjusting apparatus is connected with the neck of the flask, and has a tube with a thread turned upon its outer surface, to admit of the tube being more or less approximated to the top of the glass cylinder.

4th. The nozzle, connected to the above by means of a union joint, has its remote extremity curved at a right angle with its shaft, and is there furnished with a screw cap, for the inclosure of a plate of fine silver-wire gauze. Charging the instrument is effected by unscrewing the union-joint of the nozzle, and pouring into the flask from half-a-drachm of the required fluid.

It is easy to understand from this account of the construction of the instrument how conveniently it may be used for throwing a shower of minutely-divided spray, or mist, of any medicated solution upon any diseased surface, or around the glottis, through the opening of which the spray may be received during inspiration. Mr. Tompson assures us that he has found it of great utility in practice.

Mr. G. A. Edman, Surgeon of the Royal Mail steamship *Solent*, has died at Colon, of yellow fever. We regret to say that this gentleman is not the first of the Medical officers of this Steamboat Company who has died of yellow fever.

The French Museum of Natural History has received from Batavia a living specimen of *Salamandra maxima*. It was the skeleton of one of these animals that was taken for a fossil man. The French Journal thus speaks of the arrival of the beast:—"The reception of this animal a month ago by the Museum was quite an event. The venerable M. Dumeril, who twenty years ago established the menagerie of reptiles, must have felt a pleasant emotion when he saw this gigantic batrachian added to its riches. The journey from Batavia to Paris lasted only two months. The salamander suffered but little from it; and naturalists have already begun to study the celebrated animal. Its actual measurements are—79 centimetres long, and about 1 metre high."

MEDICAL NEWS.

DEATHS.

AINLEY.—January 18, William Ainley, of Bingley, aged 46.

DE JERSEY.—January 14, at Smith-street, Guernsey, P. Frederick de Jersey, M.D., aged 60

FOX.—January 23, at Camberwell, Francis Fox, M.D., aged 64.

GRIMWOOD.—January 12, Thomas Grimwood, of Walton, aged 40.

HEENEY.—January 23, at Donegal-street, Belfast, Dr. John Heeney.

HOLE.—January 12, at Torrington, Richard L. Hole, aged 87.

HOWARD.—January 22, at Collumpton, Fred. Howard, Surgeon, aged 36.

JAMES.—January 20, at Hereford, Philip Turner James, aged 70.

O'CALLAGHAN.—January 20, at Limerick, David O'Callaghan, M.D., aged 86.

PEUGNET.—January 4, at New York, Mauriee Paul Louis Peugnet, M.D., aged 25.

ROSE.—January 18, at Fermoy, Ireland, George Cowper Rose, late Acting Assistant-Surgeon to the Military Depôt, Fermoy, aged 30.

SPITTALL.—January 23, at Cheltenham, Andrew Spittall, M.D.

STONE.—January 16, at Denmark-hill, Camberwell, Humphrey John Stone, of Hereford, formerly of Leominster, aged 88.

WILLES.—January 15, at Ixworth, Suffolk, Thomas Gibson Willes, M.R.C.S., aged 71.

WOODWARD.—January 14, at Bicester, G. Woodward, aged 76.

AT the South Kensington Museum Dr. Lankester continues his Lectures on Food.

A M. CARRÉ has established a new apparatus for the manufacture of ice, which promises great things in this way. He can in one hour make 150 lbs. of ice at a very small cost.

AN enterprising physician at Warrington has originated a new system of accommodation for pedestrians, in the shape of stone seats, placed at intervals along the principal highways.

LE DOCTEUR NOIR.—"The accused is clothed in black: he is a tall man, and strongly built; his eye is firm and piercing; he wears a moustache and *un collier de barbe*; his colour is rather that of a quadroon than of a mulatto. His name is Jean Ary Vriès, fifty-five years old, and a native of Surinam."

GRATIFYING TESTIMONIAL.—Dr. McCulloch has just had presented to him by the inhabitants of Dumfries a carriage and pair of horses; thirty-seven of his brother Practitioners joining in the address of congratulation. This is as it should be.

AT the sale of the Libri Library, which lately took place at Messrs. Sotheby's, a copy of "*Galeni extra Ordinem Classium Libri*," in the magnificent binding known as "with Apollo driving his chariot," by some supposed to have belonged to Mecenate, the Pope's Physician, sold for 42*l*.

THE planet whose existence was suggested to the French Academy of Sciences by M. Leverrier on September 12, 1859, had, it appears, been already discovered by one of our Profession, a Dr. Lescarbault, living at Orgères, who works, we are told, at his amateur profession of astronomy with an ivory ball and a bit of string, in lieu of a chronometer.

DR. COMET, who is called "a veteran of the Medical Press," has published a book with the following title:—"The truth for physicians and others concerning the diagnosis and treatment of diseases, explained by natural lucid somnambulism; observations on the supernatural faculties of clairvoyance, of intuition and extasis, exhibited by certain individuals in a state of health and disease, investigation into animal magnetism, and its effects."

M. VELPEAU is delighted, he says, to find from M. Chassaignac's experience, that chloroform anæsthesia may be kept up for an hour and a-half with impunity. "I shall be," he adds, "less timorous in future. Once I kept up anæsthesia for twenty minutes in a case of hernia; and was then very much in fear of the consequences." Where can the learned Professor have been hiding himself, that he should be ignorant of the fact told him by M. Cazeau, viz. that women in labour are sometimes kept under the influence of chloroform for five or six hours at a time with impunity.

AN interesting Course of Lectures is announced by the Council of the Royal Institution for the Session before Easter:—On the Cerebral Classification of the Class Mammalia, by Professor Owen, January 27; on Species and Races and their Origin, by Professor Huxley, February 10; on the relation between the Vital and Physical Forces, by Dr. Carpenter, February 24; on the Measurement of the Chemical Action of the Solar Rays, by Professor Roscoe, March 2; on Acids and Salts, by W. Odling Esq., March 30. These are a few of the dainty dishes above spoken of.

UNIVERSITY COLLEGE HOSPITAL.—The Committee at their meeting on Wednesday last, had the gratification of receiving notice of a legacy to this Hospital by the late Mr. George Nicholl, of Piccadilly. The bequest (the sixth part of residue of the personal estate of the deceased, payable after the death of his sister) will, is is estimated, amount to upwards of £6000. The committee have authorised their solicitor to put in a claim to a share of the residuary estate of the late Lord Henry Seymour, bequeathed by him "*Aux hospices de Paris et de Londres.*"

A HINT TO STETHOSCOPISTS.—"When the anatomical lesion becomes manifest, it is almost always too late for therapeutics to effect a cure. Disease must be combated in diathesis, in its tendency and in its state of power as a dynamic agent, when pervading the economy in its innervation and circulation; this is the form, and the degree, and the period under which it must be met; it is too late when the stethoscope and the plessimeter become of service as diagnostic agents."—*Gazette Médicale.*

"HAVE you any remedy for sea-sickness?" writes a Frenchman. "Have you tried chloroform, blertan pearls, and tight girdles? Ought one to embark in a state of abstinence, or after a good breakfast? Vain curiosity! Spite of all that has been written on this subject, we know no more of the remedy than we do of the cause of the evil. Invoke a partial cerebral congestion; determine abnormal movements of the stomach; study the troubles of the cerebro-spinal system, or of the grand sympathetic, yet you will still give no account of the symptoms."

SEVERITY OF THE FRENCH LAWS CONCERNING PHARMACIENS.—A M. T., was convicted before the tribunal on a triple charge of having illegally practised pharmacy, sold damaged articles, and sold a secret remedy. M. T., although an old student of Pharmacy, had only undergone a first examination in pharmacy; but a regular pharmacien managed all the concerns of his shop. This the tribunal has declared to be illegal, all association of pharmaciens with non-pharmaciens for the sale of medicinal drugs being prohibited. The secret remedy he was charged with selling is termed *phospholeine*, which is a kind of quack-aliment now in vogue in Paris, and sold usually with arrow-root, tapioca, and the like. It is a preparation of the cerebral matter of the ox, professing to supply to the body exhausted by disease a supplementary quantity of vital phosphorus.

KING'S COLLEGE SOIRÉE.—On Thursday the 19th inst. a brilliant *soirée*, given by the Principal and Masters of King's College, was attended by a large and distinguished crowd of visitors. In the great hall of the College, the walls were decorated with drawings and paintings, many of which we recognised as old acquaintances in exhibitions of the Royal Academy; while the central portion of the apartment was dedicated to the exhibition of various works of art in silver, porcelain, wood, and stone. Among the numerous attractions were some beautiful experiments in electricity, the exhibition of the lime light, an array of microscopes, stereoscopic views, and numerous specimens of porcelain and glass. Some beautiful marine aquariums deservedly caused great admiration by a novel method of lighting them, so as to show by night the vegetable and animal life contained in them as well as in the clearest daylight. The entrance hall, handsomely decorated with flags, was turned into a temporary hot-house by some choice exotics, from behind which the strains of the band came forth at intervals, and pealed through the building. The *soirée* was an exceedingly gay and animated one, and reflected much credit upon those who superintended and organised the arrangements.

VACCINATION IN SCOTLAND.—At a meeting of the Medico-Chirurgical Society of Edinburgh, on the 18th inst., a paper was read on the subject of small-pox and vaccination by Dr. Alexander Wood, and a lengthened discussion ensued, in which Professor Simpson and other leading members of the Medical Profession in the city took part. All the speakers agreed in expressing unabated confidence in the efficacy of

vaccination, if properly and universally performed, in diminishing the frequency of epidemics of small-pox, and in immensely abating their severity and reducing their mortality. They all agreed, also, in the opinion that vaccination is greatly neglected in Scotland, and that the only effectual method of protecting the country against the evils consequent upon this neglect was to make it compulsory by Act of Parliament, though there was some difference of opinion as to the machinery by which this might be best carried out, and also as to the kind and degree of compulsion expedient to be used. At the close of the discussion a committee of the Society was appointed for the purpose of co-operating with the Royal College of Physicians and Surgeons in the matter, and of soliciting an interview with the Scottish Members of Parliament resident in Edinburgh, with the view of having a Vaccination Bill for Scotland introduced during the ensuing session of Parliament.

Specialities in Medicine and the Paris Faculty.—Early in last year the Minister of Public Instruction addressed the following question to the Paris Faculty of Medicine: "Are the various branches of Medical Science sufficiently represented in the teaching of the Faculty?" This query was evidently but a polite mode employed by the Minister of acquainting the Faculty with his opinion of the insufficiency of its instruction, as also with the liberality of his disposition to provide the means for rendering it complete. He, however, had the courtesy to leave to the Faculty the merit and honour of taking the initiative in the matter. At the end of three months the Faculty replied to his generous provocation with the following resolution, carried by a large majority:—"That the creation of chairs for specialities would be a very disastrous measure, which would alter the proper character of education, and would prove of no utility for the practical instruction of the student." M. Latour, in the *Union Médicale*, observes: "We hope that the liberal intentions of the Minister will not be discouraged by the resistance of the Faculty. History teaches us with what difficulty Corporations accept any innovation which disturbs their quietude. It is not a century since the old Paris Faculty would have felt itself dishonoured in seeing any of its chairs bestowed upon the Surgeons. They now occupy nearly one-half of these. The spirit of progress has dissipated all these contemptible vanities. Let us still trust to it." M. Diday, of Lyons, has published an eloquent protest against the decision of the Paris Faculty, maintaining that it is the duty of the Faculty to furnish a complete course of instruction to its students, which at the present time it does not do. He maintains that specialities have been the source and cause of the greatest scientific advances, and that the very men who are so jealous of allowing them to be taught, are only too happy to call in their aid in the difficulties of practice. Even as it is now, the official teaching is much concerned with Specialities. Surgery, taken upon its whole, is but a Speciality; Operative Surgery is but a speciality of a speciality, and obstetrics, hygiene, legal medicine, pharmacology, materia medica, etc., are one and all but specialities. M. Diday insists at great length upon the absolute necessity of founding two new specialities in the Paris Faculty, that of Psychiâtrie and of Syphiliographie.

Ladd (appellant) and Gould (respondent).—This was a case stated by the magistrates at Kingston-upon-Thames for the opinion of this Court, and which raised the question whether they ought to have convicted the respondent of an offence against the Medical Act. Our readers will remember the particulars of the case, and may possibly refer to our remarks at the time:—The magistrates were of opinion that Gould had used the word "surgeon," simply to show what branches of the business of a dentist he carried on, and not to represent himself as a surgeon within the meaning of the Act; and, at all events, there was not sufficient evidence that he wilfully, as well as falsely, pretended to, or took, or used the name of a surgeon or other title implying that he was recognised by law as a surgeon. They thereupon dismissed the information, but at the request of the appellant (Mr. Ladd), stated this case, and submitted three questions for the opinion of this Court, which may be summed up in one—viz., whether, upon the evidence, Mr. Gould was guilty of the offence contemplated by the Act Mr. Lush, Q.C., for the appellant, said this was a case stated for the opinion of the Court under the New Medical Act, and it raised the question whether the use of the word "surgeon" in connection with the words "and mechanical dentist" was a using of the title of a surgeon within Section xl. of the Medical Act. The question was whether on the evidence the party was guilty. Mr. Justice Crompton: That is a question on which the magistrates were bound to draw their own conclusion from the facts. Lord Chief Justice Cockburn said he did not think there was any false pretence in using the name of a surgeon. Mr. Justice Crompton said the respondent had called himself "surgeon and mechanical dentist" which he thought meant much the same as "Surgeon-Dentist." Lord Chief Justice Cockburn said the magistrates were of opinion that the case was not within the Act, and he should have come to the same conclusion. Mr. Justice Crompton thought there was evidence upon which the magistrates might have found either way; but the Court would not find for them. Mr. Lush said the magistrates meant to leave to the Court whether the evidence brought the party within the meaning of the Act. Lord Chief Justic Cockburn said he did not think it did, but that was a question of fact. It was like the case of persons who called themselves "Surgeon-Dentists," who were known not to be so, though some of them were. Mr. Justice Cockburn said it was like the case of the "Surgeon-Chiropodists." But was a matter of fact for the magistrates, for the statute gave power to put questions of law only to this Court, not questions of fact. Lord Chief Justice Cockburn said he did not think there was any falsehood, or any intention to deceive, which was necessary in order to bring the case within the Act. That was also the opinion of the magistrates, though they might have come to a different opinion. Mr. Justice Crompton said he thought there was evidence upon which the magistrates might have come to either conclusion, but he could not say they were bound to convict.—Judgment for respondent.

An American Doctor.—Brompton County Court.—Cooper *v.* Methuen.—This action was brought by a person who, it appears, has lately come over to England from the United States of America to practise as a Medical man; and the important point arose as to the right of a foreign Practitioner to recover fees in a Court of Law under the recent Act. Mr. Davies appeared for the defendant, and plaintiff conducted his own case. The plaintiff, whose manners and utter disregard to Lindley Murray, caused some merriment in court, said: I claim £8 15s. 6d. of Miss Methuen, for a very *un*-delicate complaint for a young lady to have on her. (Laughter.) The fact is, Mister Judge, she's as rotten as a stinking egg. (Cries of "Shame.") The Judge: Really, Sir, your behaviour is not only unbecoming to the court, but scandalous towards the defendant. Mr. Cooper: I am not to be put down in this country. Mr. Davies: Stay, I think it is time to put you down. Where is your diploma, Sir? The Plaintiff: A what, Sir, I don't know what you mean, fellow. Mr. Davies: You are a very pretty Doctor, then, not to know what a diploma is. How dare you practise as a Medical man without a diploma? Mr. Cooper: I dares do all that becomes a man—"who dare do more is none"—hem—Shakspeare! (Loud laughter.) The Judge: Why was this person not asked for his diploma when he was sworn? The Usher: He made such a bother about the oath that I forgot it. (Laughter.) The Judge: Are you a medical man, Sir? The Plaintiff: As sure as eggs make feathers. (Roars of laughter.) The Judge: Are you a member of the Royal College of England? The Plaintiff: No; I'd scorn to be associated with sich a set of quacks—come and be killed—dil-dil. (Shouts of laughter.) The Judge: I shall order you into custody if you do not behave yourself. Let me tell you that you make yourself liable to heavy penalties for practising as a Surgeon without the legal authorisation. The Plaintiff: Indeed; "an ounce of civet, good potherecary," after that. Why, Mister, I'm a true born 'Merican doctor. Get over that leetle difficult if you can. (Laughter.) Mr. Davies: I thought you came from some other place than this country. (Laughter.) May I ask you, Doctor, if the American laws do not require Medical men to take out some sort of certificate or licence to practise? The Plaintiff: You might as well ask me if spider-pills cures the yaller fever as anything about the laws of America (Renewed laughter.) The Judge: Did you ever walk the Hospitals of America? The Plaintiff: Ah, from Lake Winnipeg to Little Rock in Arkansas. I'd have walked from New York to Liverpool, but for a rather stiffish bit of

water to paddle. (Loud laughter.) The Judge: I trust that the American Medical Institutes recognise some protective measures against empiricism. Are you, Mr. Davies, in possession of any facts that may guide me in determining to go on or stay this case? Here is a person without a diploma, and the law very properly requires that a Medical suitor for justice should himself have a legal right to practise Surgery. What does the law say upon foreign Medical men practising in this country? It permits and very wisely encourages men of skill to come among us; but on the other hand, it is necessary that men practising the art of Medicine should be able to prove that they have studied the art in their own country. I do not see why America should be exempt from these requirements. It would be a dangerous free trade doctrine, as I have sufficient evidence before me to show—(laughter)—if ignorant quacks were allowed to practise under American colours. Mr. Davies: I have a good answer upon the merits of the case, apart from the objection of this person not being a properly-qualified man. My client is of the class called unfortunate, and from what fell from the plaintiff, your Honour may guess her malady. The plaintiff has no home, but gives his address at some tramps' lodging-house. He vends pills that profess to cure every thing—from a broken leg to the heartache. (Laughter.) My client took some of the precious stuff, covered with gilt—(laughter)—and became worse. She paid him a shilling a box for the pills and became worse. He has found out that the defendant is in better circumstances, and trusting to the idea of exposure, has made this impudent claim. I do not believe the plaintiff is a Medical man, and should the merits of the case not defeat the action, I will fall back on the objection The defendant then swore to having paid the plaintiff for his pills, and admitted that he had advised her what course to take. The Judge said, Apart from the objection the case was answered. Had it not been, he certainly should have held the objection good. If the plaintiff had shown some sort of American authority to practise Medicine, it would have been a question whether the plaintiff could have recovered; there were no cases, that he knew of, from the Superior Courts touching the point. Verdict for defendant. Mr. Davies said it would be useless to ask for costs.

Indian Medical Practice.—"About ten o'clock at night I strolled into the village, and on hearing a great noise in one of the lodges, I entered it, and found an old woman supporting one of the handsomest Indian girls I had ever seen. She was in a state of nudity. Cross-legged and naked, in the middle of the room, sat the medicine-man, with a wooden dish of water before him; twelve or fifteen other men were sitting round the lodge. The object in view was to cure the girl of a disease affecting her side. As soon as my presence was noticed, a space was cleared for me to sit down. The officiating medicine-man appeared in a state of profuse perspiration from the exertions he had used, and soon took his seat among the rest as if quite exhausted; a younger medicine-man then took his place in front of the bowl, and close beside the patient. Throwing off his blanket he commenced singing and gesticulating in the most violent manner, while the others kept time by beating with little sticks on hollow wooden bowls and drums, singing continually. After exercising himself in this manner for about half-an-hour, until the perspiration ran down his body, he darted suddenly upon the young woman, catching hold of her side with his teeth and shaking her for a few minutes, while the patient seemed to suffer great agony. He then relinquished his hold, and cried out he had got it, at the same time holding his hands to his mouth; after which he plunged them in the water, and pretended to hold down with great difficulty the disease which he had extracted, lest it might spring out and return to its victim. At length, having obtained the mastery over it, he turned round to me in an exulting manner, and held something up between the finger and thumb of each hand, which had the appearance of a piece of cartilage, whereupon one of the Indians sharpened his knife, and divided it in two, leaving one in each hand. One of the pieces he threw into the water and the other into the fire, accompanying the action with a diabolical noise, which none but a medicine-man can make. After which he got up perfectly satisfied with himself, although the poor patient seemed to me anything but relieved by the violent treatment she had undergone."—*Kane's Artist's Tour, North America.*

BOOKS RECEIVED.

Veterinary Pharmacy. By W. J. T. Morton. Sixth Edition. London: 1860.

Stricture of the Urethra. By Robert Wade, F.R.C.S. Fourth Edition. London: 1860.

Ueber den Transport Schwerverwundeter und Kranker im Kriege. Von Dr. E. Gurlt. Berlin: 1860.

Ure's Dictionary of Arts. Part III. London: 1860.

Anatomical and Physiological Observations. By Dr. John Struthers. Edinburgh: 1860.

Notes on Nursing. By Florence Nightingale. London: 1860.

The Action and Sounds of the Heart. By G. B. Halford, M.D. London: 1860.

On the Coagulation of the Blood in the Venous System during Life. By G. M. Humphry, M.D. Cambridge: 1859.

Tennant's Plan for the Drainage of Brighton. Brighton: 1859.

The Sanitary Condition of Gloucester. By B. Washbourn, M.D. Gloucester: 1860.

Aspirations from the Inner Life. By H. M'Cormac, M.D. London: 1860.

Chronic Alcoholic Intoxication. By W. Marcet, M.D. London: 1860.

The Education of Mothers of Families. By Aimé Martin. Translated by Edwin Lee, M.D. London: 1860.

The Present State of the Medical Profession. By. Wm. Dale, M.R.C.S. London: 1860.

The Injuries and Diseases of the Nervous System. Part I. By J. Bryant, F.R.C.S. London: 1860.

On the Intimate Structure and the Distribution of the Blood Vessels of the Human Lung. By A. T. H. Waters, M.R.C.P. (A reprint of a valuable paper from the Proceedings of the Royal Society.)

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 21, 1859.

BIRTHS.

Births of Boys, 940; Girls, 918; Total, 1858.
Average of 10 corresponding weeks, 1849-58, 1645·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	679	618	1297
Average of the ten years 1849-58	595·9	609·4	1205·3
Average corrected to increased population ..	..	..	1826
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	40	30	70

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	4	6	9	2	10	1	4
North ..	490,396	8	3	10	3	9	..	7
Central ..	393,256	10	1	8	1	2	1	5
East	485,522	9	4	7	2	6	3	9
South ..	616,635	12	5	14	3	11	2	7
Total . ..	2,362,236	43	19	48	11	38	7	32

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·576 in.
Mean temperature	39·5
Highest point of thermometer	50·5
Lowest point of thermometer	27·9
Mean dew-point temperature	37·2
General direction of wind	S.W.
Whole amount of rain in the week	0·62
Amount of horizontal movement of air in the week	890 miles.

TO CORRESPONDENTS.

H. C. R.—The Poor-Law Board require that their Medical Officers shall be "Registered under this (the Medical) Act."

H. R. V.—It entirely depends on the regulations of the particular Corps. Those who have made any such regulations, provide that their *Surgeon* shall have a *Surgical* qualification.

Bartholomew.—1. Any Medical qualification from a University or College of Physicians will do. 2. The double qualification is not demanded for the Naval Medical Service.

Self-Supporting Dispensaries.

Dr. Dixon, of Northwich, Cheshire, offers to communicate with our correspondent who last week asked for information on the above subject.

Fœtal Circulation.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—With respect to the Fœtal Circulation controversy, kindly permit me to say, had I not deemed the matter a hoax, like a similar from about the same parts in 1826, denying the circulation of the blood, as established by Harvey, I might at an earlier period have resumed the pen in self-defence, although the *cacoëthes* has now long been extinct. When your correspondent speaks of the "Tic-tac" (*Medical Times and Gazette*, January 7, 1860), however, it seems to me he is on the wrong scent—at all events, I too should deem such "arterial:" the true sound is a small, sharp, single note, very much like the ticking of a small watch, only much faster; being, according to my experience, about 128 in the male infant, and 140 in the female.

It is confined to a small compass, generally about half-way between the right anterior superior spinous process of the ilium, and the linea alba, rising sometimes close to the ear, loud, clear, and distinct, and again receding.

Your correspondent speaks of the impossibility of counting the double sounds with a pulse at 140, but he is in error; only one, the sharp—supposed to be diastolic—sound, being heard or counted. There is no difficulty whatever, once the sound is recognised; the pulse of the mother is "tic-tac," the sound of the fœtal heart "tic, tic, tic," equal in time and key.

Nor have I any doubt a good and educated ear may distinguish the placental or gravid uterine murmur from every other. Why not, when I consider the vast difference in the distinguishing acuteness of the ear of a first-rate musician, and such as my own, which, till lately the children have smarted it up a little, set all flats and sharps at defiance.

I am, &c. Robert H. W. Hunter,
Moffat, Dumfriesshire, Jan. 23. Staff-Surgeon, Half-pay.

Poor-Law Medical Reform.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Paul Jones must excuse my "pertinaciously" replying to his letter, though it be but with the "quill of a goose." The term "ardently" had no place in my letter; the word I used was "evidently." So glaring was the typographical mistake, that I am surprised any one should comment upon it. On reading it I felt sure every one would view it as an error of the printers; otherwise, I should have written last week to correct it. It would occupy some three or four columns of your Journal were I to reply to the various questions of Paul Jones. I will therefore content myself with asking you to copy the annexed paragraphs from my circular letter to all the Union Surgeons, of February 12, 1859:—

"To the Committee I have to offer my best thanks for their advice and assistance, and my only regret has been that I could not avail myself of their services collectively so frequently as I desired, owing to the distance many of them would have to travel to meet at any given place.

"The Poor-Law Board have arranged the Unions of England and Wales in Eleven Divisions, each of which should be represented at the forthcoming interview with the Poor-Law Board, as that meeting may be productive of most important results to a large number of our Profession for many years to come. It ought not to be entirely Metropolitan or Provincial, but a fair admixture of both; I therefore counsel that meetings be held in each of the Divisions to discuss the best plan to be pursued, and that Deputies be appointed to represent them. Subscriptions should be raised to pay the expenses of those gentlemen, and if any surplus, it should be given to maintain the efficiency of the Association, the working of which is attended with considerable expense, the postage alone of each issue of Circulars costing £14."

I beg further to inform him that 738 gentlemen have sent me their subscriptions during the last year, a body of men sufficiently large to prove that I am not acting without considerable support, though I should be glad were it much larger, and included the entire Medical staff of the Poor-Law. Paul Jones must excuse me if I look a little suspiciously upon a masked man, who for four years has been calmly looking on, without affording the slightest assistance and who only now comes forward with indefinite advice.

Your pages have always been most willingly thrown open to me, and you have aided me in every possible way; let Paul Jones openly come forward with his plan, and if it be a good one, I have no doubt you will aid him also, by giving it publicity, and many Union Surgeons will no doubt flock to his standard. The Union Medical Officers will shortly be in possession of a document from me, and if Paul Jones likes to try his hand at forming a grand Association, then will be his time.

This correspondence may now fairly cease, as each has had his letter and reply. I am, &c.
12, Royal-terrace, Weymouth, Jan. 21, 1860. Richard Griffin.

The Mail Packets.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Seeing some remarks upon the Royal Mail Packet Company in a recent number of the *Medical Times*, and a reference to the "miserable pittance" allowed by that Company to their Surgeons, I beg to give your readers some information on the subject. Not long since I had an idea of entering the service of the Royal Mails as Surgeon. I applied to their office for particulars, and learnt that the salary on entering was £6 a-month; after two years £7 a-month, and when Senior Surgeon £10 a-month. "What!" thought I, "can this be possible? £6 a-month! Why if one gets constant employment that will amount to upwards of £70 a-year with board and lodging!" My informant went on to describe golden visions. "You see," said he, "the actual pay is not what men go for. The Royal Mails carry out first-class passengers, and if they are ill, and you are the only Surgeon on board they must send for you. Now, although the Surgeon is not allowed to make any charge for Professional attendance upon the passengers, he is not prohibited from receiving any donation they may offer; and these, sometimes, amount to something considerable."

So I sent in my diplomas and testimonials to Moorgate-street, and from Moorgate-street I was sent to Somerset-house, and from Somerset-house I came back again to Moorgate-street, where I was informed that my appointment should be made out, but that it was necessary that I should insure my life, and that I could learn all the particulars in the office below. Down stairs accordingly I went, and these are the particulars I was made acquainted with there.

I was told that the Surgeon must insure his life for at least £200, and buy an annuity, for his old age, of £20—a very wise precaution on the part of the Company. You see, it teaches a man to be provident and careful; so that, in the event of his death, he leaves some money behind him which will gladden the heart of his next of kin, and give him a decent funeral into the bargain, without being under the obligation to the Royal Mails. On the other hand, the annuity will render him equally independent of the Company, and the Company of him, to the great reduction of pension-lists. All these inestimable benefits I was told I could enjoy by the slight deduction of 16s. from each month's pay! "But," I said, "I believe the Company generally offer to pay one-third of the insurance, so that my share, I suppose, will be about 10s." "No, you mistake; the 16s. is exclusive of the Company's share. You will also have to pay 10s. 6d. as fee to the Medical Examiner of the Office." "What," I exclaimed, "charge the Insurer, and a Medical man, too, the fee—I never heard of such a thing." However, I was told such was always the case—that the fee was really a guinea, but that the Company again kindly stepped forward, and paid half. And besides, it was ingeniously argued that in reality I should not have to pay anything, for it would be all deducted from my first instalment of salary: and who would hesitate a moment about a paltry deduction of 26s. when as much as £6 was about to be received? In short I felt I could not in justice take an advantage of such open-handed people; it would be robbing the public, so I wrote a polite note, and declined the honour. I am, &c.
January 23. One who was very Nearly Caught.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. West; Dr. Parkes; Dr Marcet; Mr. Dix; Dr. Rolleston; Dr. Dixon; Dr. Graily Hewitt; Mr. Acton; Mr. Wade; Mr. Bryant; Mr. Gardner; Mr. Clarke; Dr. Baines; Mr. Wheatley; Mr. Hamilton; Mr. Elliot; Mr. Burman; Mr. Woodhouse; Mr. Walker.

APPOINTMENTS FOR THE WEEK.

January 28. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. Dr. Lankester "On the Relations of the Animal Kingdom to the Industry of Man."

Royal Botanical Society, 3¾ p.m.

30. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Dr. Richardson "On the Study of Disease by Synthesis. Inflammation."

31. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 3 p.m. Professor Owen "On Fossil Reptiles."

February 1. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Obstetrical Society of London, 8 p.m. Dr. Jackson "On Midwifery in the East."

Hunterian Society, 8 p.m. (Council, 7½.)

Geological Society, 8 p.m.

Pharmaceutical Society, 8 p.m.

2. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

Harveian Society of London, 8 p.m. Dr. Albert Bernays "On Disinfectants and Deodorisers."

Royal Institution, 3 p.m. Professor Tyndall "On Light."

Royal Society, 8½ p.m.

Linnæan Society, 8 p.m.

Chemical Society, 8 p.m.

3. *Friday*.

Operations, Westminster Ophthalmic. 1½ p.m.

Royal Institution, 8 p.m. F. Field, Esq. "On the Mineral Treasures of the Andes."

Western Medical and Surgical Society of London, 8 p.m. (Council 7.) Practical Evening for the Exhibition of Specimens and the Narration of Cases.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Breaking up of Adhesions in Elbow-Joint; Stricture of Urethra; Amputation of Foot (?)

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXVIII.—*continued.*

ON THE TREATMENT OF OVARIAN DROPSY—INJECTION OF IODINE—GALVANISM.

2. *Cases requiring the Operation.*—Some of the more ardent advocates of this mode of treatment seem inclined to have it adopted and applied in every case of ovarian dropsy that comes before them; and I believe that in almost every form which the disease is liable to assume, and in almost every condition in which patients affected with it are likely to be found, injections of iodine have been made with the expectation of producing a cure. In the first case of the disease for which, so far as I know, injections of iodine was ever had recourse to, the lining membrane of the sac was already in a state of chronic inflammation at the time the operation was had recourse to, and had been furnishing a purulent secretion for a lengthened period. The cyst had come, in fact, to resemble a large chronic abscess, that required to be opened from time to time; and it was probably the analogy between the pathological condition of the lining membrane of the ovarian sac and that of the walls of chronic abscesses that led to the adaptation to the former of a method of treatment that had been often enough previously found successful for the cure of the latter form of disease. In this case the operation finally led to a cure, but not till after a lengthened period; and in all probability the cavity would have healed up at least as rapidly, had no iodine at all been injected into it, but a permanent fistulous opening made to allow the purulent fluid to drain away as it was secreted. In such a case, at all events, I should be more hopeful of a final successful issue from this latter mode of treatment than from the injection of any preparation of iodine, providing always that there had existed a sufficient amount of adhesion between the surface of the tumour and the peritoneal lining of the abdominal wall. For the operation of injecting iodine into an ovarian cyst presents this advantage over the other plan of treatment to which I refer, that it may safely be had recourse to when the tumour is mobile and unadherent; while, on the contrary, it is not contraindicated by any degree of adhesion, however extensive, that may have occurred between the walls of the abdomen and the surface of the tumour. The occurrence of inflammation in the peritoneal covering of ovarian growths, and the formation of extensive adhesions between them and the adjacent surfaces, often form insuperable barriers to the operation of ovariotomy, but present no hindrance to the injection of iodine into the cavity of the cyst. But, on the other hand, I have in most cases been particularly careful to avoid injecting iodine into an ovarian cyst when I have noticed the contents to be mixed up with inflammatory products, although I have done so in a few cases where the application of the irritant to the chronically-inflamed surface seemed likely to produce no violent effect, but only a slightly alterative action; and I think it is always a safe rule to follow, not to have recourse to injections of any kind into an acutely-inflamed ovarian cyst. For if the dangers of tapping are tenfold greater in cases where some degree of inflammation has been lighted up in the cyst previous to the operation, the risks, it appears to me, will be only aggravated by the application of any irritating substance to the already morbidly-disposed surface. Again, in cases where you have any great degree of difficulty in effecting a full and complete evacuation of a cyst from the co-mixture of a multitude of gelatinous semi-solid masses with its fluid contents, the injection of iodine is apt to be attended with this drawback—that it produces coagulation of the albuminous matters contained in the cyst, and thus forms a number of clotted masses, which cannot escape through the canula, and are not likely soon to be absorbed; but which are very liable to act the part of foreign bodies and lead to inflammation of the lining membrane. Probably some little chemical inquiry will betimes enable the obstetric Practitioner to overcome this difficulty. Out of the body, the addition of a small quantity of aqua potassæ to the gelatinous fluid drawn from an ovarian sac will occasionally, if not always, make this fluid freely and perfectly mix with tincture of iodine; while before the addition of the alkali the iodine only mixed in points and patches with the ovarian fluid, and if injected by itself into a sac with these contents would have consequently been most inadequately and imperfectly applied to the lining membrane, provided, at any part, any of the secretion of the cyst remained. With the exceptions which I have stated, I believe the injection of iodine into the interior of evacuated ovarian cysts may, as a rule, be had recourse to with safety, with retardation of the disease in many cases and with permanent success and cure in some. The hope of benefit and of cure will vary with the character of the disease which is treated. In cases of multilocular cystic tumours, you can hardly hope by means of one single injection to produce a complete and lasting cure, for then you only empty and act upon the lining membrane of one out of a multitude of cysts, or at most of several cysts in communication with that one; and the utmost you can then usually expect is, that the chief cyst, or cysts, of the group will by this means become obliterated, and the progress of the disease be thus stayed for a time. In some rare cases, perhaps, the irritant injected into the cavity of one cyst may have the happy effect of inducing a certain amount of absorption in the walls of those around, so that in this way some of these other cysts may come also to be in some degree diminished. But I greatly doubt whether the iodine injected into one cyst ever has the effect of leading to the complete obliteration of the neighbouring sacs, unless it reaches their cavities; and this can only be done, in most cases, by having recourse to the separate tapping and injection of each particular cyst. Boinet places great faith in the treatment of multilocular ovarian tumours by injecting cyst after cyst; and there can be no doubt that a succession of cysts may be in this way cured by repeated injections. The cases, however, for which iodine injections seem to be best adapted are those where the tumour is unilocular, where the single cyst has been already tapped once or oftener, and still continues free from all trace of inflammatory action. In all such cases I believe iodine may be injected with the greatest possible degree of safety to the patient, and with the most hopeful prospects of a full and final cure. By means of iodine injections I have, as it appears to me, freed a number of patients from a disease which, if uninterfered with, or interfered with only in the way of a palliative paracentesis, must sooner or later have carried them off; and so far as I am able to judge, the cure has been complete and is likely to be permanent. Such seems to have been the case, for example, with a young woman who called at my house, along with a relative, the other day, and who was one of the earliest patients that I injected with tincture of iodine. She was tapped for the first time eight years ago, because of an ovarian tumour which had been growing for about a year before, and had attained such great size as to interfere with her breathing, and otherwise to render her uncomfortable. The fluid drawn off was perfectly clear; and in about six months it had grown as large as before, but then seemed to remain stationary. Six years ago, exactly two years after the first tapping, she was again tapped, and this time a quantity of tincture of iodine was thrown into the cyst. She had a slight degree of pain afterwards, which was subdued by a one-grain opium pill; and remained in bed for a fortnight. From that time to this she has suffered from no untoward symptom, and at present it is altogether impossible to feel any tumour whatever in the pelvis, either through the abdominal parietes or through the vagina, although when I saw her two years ago I could still distinguish an abnormal body there; and the contracted and atrophied cyst must doubtless still remain. How, then, is this operation to be accomplished?

3. *Mode of Operating and Apparatus Required.*—When you go to inject iodine into an ovarian cyst in any case where you have determined on having recourse to this operation, you require to take with you—1st, An ordinary trocar and canula, with which to puncture and evacuate the cyst; 2nd, A long glass tube, with a nozzle, capable of being adapted to, 3rd, A gum-elastic male catheter, with the opening at the end of the

tube; 4th, A uterine sound; 5th, Ten or a dozen ounces of tincture of iodine, or of the liquor iodinei compositus; 6th, A piece of lint, and some long strips of sticking-plaster. In performing the operation the patient is placed on her side at the front of the bed, as I have already described to you at some length, and the full and complete evacuation of the cyst is to be effected in the same manner, and with precisely the same precautions, as in an ordinary simple tapping. Having emptied the cyst, you place your finger upon the orifice of the canula, to prevent the possibility of the ingress of air, while an assistant fills the injecting apparatus with the fluid you have determined upon using. Perhaps the simplest and most convenient form of injecting apparatus is that which I now show you. (See Fig. 4.) It consists of a long glass tube (A), capable of holding eight or ten ounces of fluid, fitted into a pointed wooden box or nozzle (B). With this instrument you can effect your purpose perfectly well, placing the palm of the hand on the wide mouth of the tube, to prevent the action of the atmospheric pressure when you wish to restrain the flow of the liquid from the lower orifice, and removing the hand when you are prepared to allow the liquid to run out into the ovarian sac. But the use of such an instrument is attended with some inconveniences, that may be obviated by introducing between the nozzle and the long tube that is passed into the interior of the cyst an inch or two of india-rubber tubing (c c), which you can close at will, by means of a simple spring (D). So long as the spring is allowed to remain closed no fluid can escape from the tube; but the moment its hold is relaxed by the ends being compressed, the weight of the atmosphere suffices to drive out the fluid with the due degree of force; and should the flow appear to be interrupted, or should it cease altogether, from obstruction in the catheter, or some other cause, you can usually force it on easily enough by blowing into the tube with a moderate amount of force. To carry the fluid into the interior of the cyst you make use of the long elastic catheter, to which I have already referred. This is passed through the canula into the interior of the cavity; and before commencing the operation you must have made sure that the catheter and canula are of such respective dimensions that the former can be passed easily through the tube of the latter when it becomes necessary to inject. Before introducing the catheter into the cavity of the cyst, you must attach it to the point of the apparatus I have just described; and you must be careful to have it filled with the fluid by relaxing for a second or two the pressure of the spring on the intervening inch of india-rubber tubing. If you neglect this precaution, and introduce the catheter into the cyst before attaching it to the instrument and without filling it with the iodine, you can easily see that the liquid, ere it can enter the cavity of the cyst, must first drive before it the air that is contained in the catheter, and the operation becomes unnecessarily and unfortunately complicated by the presence of the air in the newly-emptied cyst. While the injection of the liquid has been going on, the patient is still lying on her side; but after enough has been thrown in, the catheter is removed, the finger is again placed upon the orifice of the canula, and the patient is made to turn on her back, and perhaps in other directions also, while the tumour is manipulated and kneaded with the free hand, with the view of insuring a more effectual application of the irritant to the whole surface of the lining membrane of the sac. When this has been done, the patient is again turned on her side, and the fluid is allowed to run out. Its escape may even sometimes be hastened by pressure cautiously applied; for your object in injecting any preparation of iodine into the interior of an ovarian cyst is not to leave it there as a lasting irritant, but simply to paint all over its inner surface with a view of changing the secreting action of its lining membrane, and of setting up there the adhesive stage of inflammatory effusion. The injected fluid, then, having been all, as far as possible, again withdrawn, you proceed carefully to remove the canula, and afterwards to apply a pad of lint, and three or four straps of adhesive plaster, such as we saw to be necessary after an ordinary tapping. Such is the simplest, safest, and most satisfactory process that I know for introducing irritant injections into the interior of evacuated cysts of the ovary.

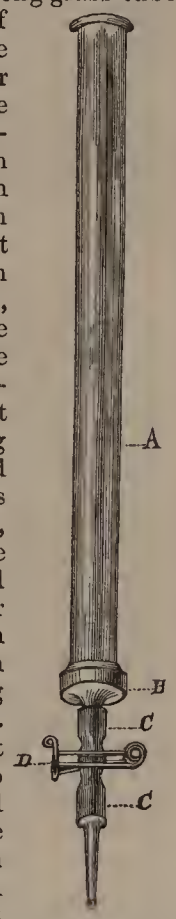


Fig. 4.—Apparatus used for injecting fluids into the interior of evacuated ovarian cysts.

But there are still two questions in connexion with the operation that you will be ready to ask me, and which I must endeavour briefly to answer. What kind of fluid, or rather what preparation of iodine, is best adapted for ovarian injections? and, What amount of fluid may or ought at one time to be used?

Quality and Quantity of Iodine Required.

In reply to the former of these questions, the quality of the iodine solution, allow me to say, that the preparation which I have most frequently made use of for the cure of ovarian dropsy, is the ordinary Tincture of Iodine of the Edinburgh Pharmacopœia. This, as you are aware, is a very strong preparation, containing half-a-drachm of iodine in every ounce of rectified spirit. Fearing lest the alcohol in this preparation might produce its peculiar intoxicating effect on the system, in some cases where there was a likelihood of the fluid being to some extent retained in the cavity, I have used the Liquor Iodinei Compositus of the Edinburgh Pharmacopœia instead. This is a much less potent preparation, containing only eight grains of iodine in every ounce of the fluid, along with half-a-drachm of iodide of potassium. It has proved effectual, however, in a number of instances; and may be safely employed where you wish particularly to avoid all chance of the narcotic effects of the spirituous preparation. I have never seen these effects produced to any very alarming extent, even in cases where a large quantity of tincture of iodine has been used. At the worst the patient is incoherent, or lies in a drunken stupor for an hour or two, but she soon awakes from this condition as the exhalation and elimination of the poison goes on simultaneously from the lungs, the kidneys, and the skin. The alcohol is speedly dispelled; but for some days afterwards the odour of the iodine can still be perceived in the patient's pulmonary and cutaneous exhalations. You can also trace it chemically in the urine. As for the quantity of iodine to be used, that will, of course, vary according to the special case. When the cyst is of large dimensions, you can hardly hope to bring the irritant in contact with the whole of its lining membrane unless a considerable quantity be introduced. From eight to twelve ounces may be required for the larger class of cysts; and I have sometimes injected as much as fourteen ounces at once. For smaller cysts, from four to eight ounces may suffice; but there are probably very few cases where you will succeed in producing any appreciable effect by injecting less than six ounces. The quantity of fluid injected can easily be regulated either by having the glass tube graduated to ounces, or by keeping it in a bottle correspondingly marked and measured off.

There is still one point connected with the iodine treatment of ovarian dropsy, in regard to which you must permit me to make one or two remarks before I have done with this subject. I mean

4. *The Mode in which Irritant Injections effect a Cure.*—This is a subject that still requires investigation; and to the question, How does the injection of iodine cure ovarian dropsy? different authors have given different replies. Some say that it produces its effect by acting on the walls of the cyst in such a way as to destroy their power of secreting the fluid they habitually poured forth. Others, again, aver that iodine only cures by exciting such a degree of inflammation as leads to the complete obliteration of the cyst and the adhesion of the collapsed and contracted walls. Whatever views have been held, seem to have been adopted merely as a matter of opinion. There is no observation on record, so far as I know, to show what actually happens in cases where iodine has produced a cure. My own impression is, that the usual effect of the injection of iodine is complete obliteration of the injected sac by adhesive inflammation. I ground this opinion, *first*, On the analogous effects of the injection of iodine for the cure of hydrocele; and *secondly*, On the direct observation I had an opportunity of making in the case of a patient who had at one time been subjected to the injection of iodine for the cure of ovarian dropsy. The patient I refer to came to me, many years ago, suffering from a multilocular ovarian tumour, for which she had been tapped several times and in rapid succession, without any better result than the most temporary relief. I injected the most prominent cyst with tincture of

iodine. She recovered well, and went home much reduced in size, and showing no appearance of any new development in the tumour. Long afterwards she returned to Edinburgh, wishing to be again operated on as before, as some of the secondary cysts had, after a time, taken on a more active growth, and the size of the tumour began to inconvenience her. She was fevered, however, by the fatigue of her journey, became rapidly exhausted, and died without anything being done surgically to the local disease. On making a post-mortem examination, we found the new cyst inflamed, and covered on the inner surface with patches of lymph such as you see in this preparation; and we could see besides

Fig. 5.

Fig. 5.—Showing patches of lymphy exndation in the interior of an inflamed ovarian cyst.

what we supposed to be the old original cyst obliterated and filled up with plastic lymph, which was of a dark greenish colour, probably from the permanence of some of the iodine.

I believe I have now gone over most of the Surgical means more commonly employed for the treatment of cystic tumours of the ovary, with the exception of ovariotomy. But on looking at the report of the discussion on this subject in the French Academy, to which I have already referred, I am reminded by a remark of M. Jobert of one other means of treatment, of which I have as yet said nothing, viz.

VI. The Application of Electricity, or Galvanism.

This means of treatment consists in causing a current of electricity, or galvanism, through the tumour, either by the application of the handles of the battery to the surface of the body or through the vagina; or by introducing, first of all, a number of acupuncture needles into the interior of the cyst, and causing the current to pass through them directly into the fluid. The effect, according to Jobert, would be the coagulation of the fluid, which, he avers, should take place in six or seven applications, and without determining any inflammatory action. He adds, that in a patient on whom he had operated in this manner, the tumour disappeared two years afterwards, and at the end of a certain time there remained only a circumscribed hardness in the left side of the pelvis. In the article on Dropsy of the Ovary, which I wrote for the *Library of Medicine* many years ago, I have spoken of this plan of treatment in the following terms: "If we desired in ovarian dropsy to act upon the same principle as those which guide Surgeons in the treatment of hydrocele of the tunica vaginalis, it would probably be safer to imitate them in their late attempts to produce absorption of the fluid and adhesive inflammation in the walls of the cyst, by the use of acupuncture needles, aided by the action of galvanism or electricity. We might certainly decompose the fluid by galvanic needles, and then that fluid itself might possibly act as an irritating and foreign body upon the lining membrane of the cyst; but would the inflammation thus lighted up be followed in any cases by sanitary results, in regard either to producing the ultimate absorption of the effusion, changing the action of the cyst, so as to repress its further secretion, or leading to its obliteration? Such results could scarcely be expected where the cyst or cysts are large, and it would be of little or no use in the multilocular form of the affection. Are there any cases of the disease in its early stage in which it would be likely to be of more benefit?" I have tried the effects of galvanism in many cases of ovarian dropsy, applying both through acupuncture needles, and simply to the surface; but the effect has usually been very slight, and I certainly never found any good result from it. On the contrary, in one patient in whom I made use of it, introducing some acupuncture needles into the interior of the cyst, and thus passing the galvanic current directly through the fluid, such a degree of inflammation was lighted up in the interior of the cyst, that she died in consequence of it. The operation was thus shown to be, in some degree, a dangerous one; and as the good effects of it seemed to be very problematical, I have latterly given up the use of it altogether.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture V.

EXPERIMENTAL PATHOLOGY.—ON IDIOSYNCRASIES.

Summary—Influence of the Various Causes of Disease upon Individuals—Their Action widely different in Particular Cases—Physiological Predispositions as frequent as Morbid ones—Difference between the Various Classes of Animals in this respect—Difference between Animals belonging to the same Species—The Power of Endurance more developed in the lower Breeds, and fine Nervous Sensibility in the higher—These Differences still more strongly marked in Man—Hypnotism, Mesmerism, and Somnambulism—Difference between Animals in a State of Abstinence, and those in full Digestion—Effects of Cold, Intoxication, and Anæsthesia—The Action of Medicines not the same in Health and Disease—These Differences mainly attributed to the Nervous System, and the Deficiency of Absorption—Experiments on the Salivary Glands—Woorara in the treatment of Tetanus—Various Morbid Predispositions observed in Animals—Similar Tendencies artificially created by dividing certain Branches of the Sympathetic Nerve—Idiosyncrasies to be viewed in the light of mere Physiological Peculiarities.

Gentlemen,—Our constant purpose in the preceding Lectures has been to exhibit in the strongest light, the intimate connexions which subsist between Physiology and Pathology, and to establish, as far as it lay in our power, that all the phenomena which take place in the living body, whether in health or in disease, are, in almost every case, capable of being rationally interpreted, and distinctly traced back to the action of those laws which regulate the vital functions, both in the normal state, and in its various deviations.

We learn, however, from daily experience, that whatever their general effects may be, the causes of disease are far from acting with equal intensity upon the various individuals who are exposed to their influence. Cold, hunger, thirst, fatigue, and moral suffering;—are not these the constantly-recurring causes of sickness? and are they not, in some measure, the lot of the whole species? How, then, does it occur, that among those who daily undergo their action, certain individuals are found to give way, while others resist? and, when epidemics are raging in given localities, how does it occur that some persons only are affected with the prevailing distemper, while others who live in constant communication with the victims escape unharmed? To the mysterious power which thus modifies, in each particular case, the influence of external agents, we give the name of Idiosyncrasy.

We may, I believe, take it for granted, that not only morbid, but also physiological predispositions exist in man as well as in the lower animals: even in a perfect state of health each individual retains his own peculiar habit of body, and is, in consequence, more liable to certain accidents than his neighbour. The various animals which serve for our experiments are far from exhibiting the same phenomena, under the influence of agents entirely similar in their nature. You are

already aware that as we rise or descend in the scale of being, we find animals endowed with different degrees of sensibility to the action of certain poisons—those, for instance, which operate more especially on the nervous system. There exist, therefore, within the limits of health considerable differences between living beings; and, as we have previously established, these various properties are not merely the result of organisation, but frequently depend on the condition in which the animal has been placed. In this manner, as we have already seen, a rabbit may be brought down to the level of a bactrachian(a); and, by reversing the experiment, the inverse result may be obtained. Now, these important modifications are almost invariably produced through the agency of the nervous system.

Not only do the various species of animals differ in this respect; but even individuals belonging to the *same* species are so far from resembling each other, that they cannot be submitted to the same experiments. So exquisite is the nervous sensibility of dogs of the higher breed, that the slightest operations bring on fever, and are attended with alarming symptoms; they cannot, therefore, be employed in researches connected with the gastric juice, the pancreatic secretion, etc.; in fact, all operations performed within the abdominal cavity are liable to superinduce peritonitis in these highly sensitive animals, and generally prove fatal. In dogs of a more vulgar class, how different are the results of similar experiments! During the operation, the animal hardly attempts to move, and scarcely seems to suffer; the appetite remains unimpaired, and the secretions normal; in short, the various functions of the economy pursue their natural course.

In the horse these differences are, if possible, still more strongly marked. The characteristics of certain breeds are, in colloquial language, attributed to *blood;* it would be more correct to attribute them to *nerves;* an irritable, sensitive, and highly organised nervous system is, in fact, the essential difference which separates a race-horse from one of those diminutive half-wild ponies which hilly countries so abundantly produce. Would not the results of the same experiment be entirely at variance in these different animals? and what comparison could we possibly establish between them? It is, therefore, indispensable whenever great powers of endurance are required for the purposes of scientific research, to select an animal of the lower breed; if, on the contrary, sensitiveness and nervous irritability appear desirable, none but the nobler kinds will afford the requisite qualities. Experiments on recurrent sensibility, for instance, which, in the greyhound and pointer, are generally successful, if tried on a shepherd's dog would fail in almost every case. Cold-blooded animals stand, of course, in this respect, at the very bottom of the scale. It will, therefore, easily be conceived, that a state which in certain animals would constitute actual disease, may be perfectly natural in others.

The difference between individuals may be naturally expected to be far more extensive in man, than in all other living beings; and, if we might venture to allude to a subject which actually occupies the public attention, is not hypnotism a peculiar state, which can only be superinduced in a small number of highly sensitive and nervous patients? and do not all the phenomena of mesmerism, somnambulism, and similar nervous symptoms, fall under the same general rule? It is, therefore, evident that idiosyncracies are only peculiar susceptibilities which exist, in the normal state, in various individuals.

Up to this moment, however, we have only examined physiological and innate predispositions, so to speak; but, as Medical men, we are far more deeply interested in the investigation of accidental, transitory, and morbid idiosyncracies. To ascertain the circumstances which may be supposed to give them birth, is, to the physiologist, a most important object of research.

If we compare an animal in a state of abstinence to one in full digestion, the most evident discrepancies will be noticed in the results of experiments simultaneously performed upon them. A dose of strychnia which almost immediately kills the second, will not act before a certain lapse of time upon the first. The powers of absorption have, of course, been called into account for so remarkable a fact, but we are aware that absorption, in a state of abstinence, is more active by far than during the process of digestion; the explanation is therefore unsatisfactory. The lowering of the physiological activity of the nervous system is, in reality, the only cause to which the difference can possibly be referred. When deprived of food, the animal gradually sinks in the scale, and acquires properties altogether foreign to its previous state. Is this a morbid condition? No; but the natural result of a well-known physiological process.

We therefore entirely deny the existence of a so-called Morbid Physiology, if by this expression a state of things entirely independent of the ordinary laws of life, is to be understood. Such expressions ought to be expunged from the book of science; they only serve to render our notions confused, and lead the student astray. When speaking of Medical Chemistry, for instance, we do not pretend to say that the chemical actions which take place within the living body are totally distinct from those observed without. Morbid physiology has, no doubt, its laws; but they are precisely the same as those which regulate, in the healthy state, the vital functions.

Not only abstinence, but cold and various other causes, modify the conditions of life, and alter the results of our vivisections; under a low temperature, cold-blooded animals grow less sensible to the action of certain poisons; a larger dose of strychnia is required to kill a frog in winter than in summer. But chloroform, ether, and even mere ordinary inebriation produce similar results; and, in America, it appears to be generally understood that intoxication is a preservative against the bite of the rattlesnake.

These, however, are the physiological modifications of the system. Our purpose is to investigate those which pertain to the morbid state. It is a well-ascertained fact that medicines do not act on sick people in the same manner as on persons in the full enjoyment of health. Now, the biological conditions superinduced by disease evidently lie at the root of these irregularities. To adduce a well-known instance of this, wine, brandy, and ardent spirits—so freely used by certain American physicians in the treatment of low fevers, remain apparently without effect on the patient, even when administered in quantities which, in a state of health, would inevitably produce intoxication. A two-fold explanation of the fact presents itself—Firstly, the process of absorption is almost entirely suspended; Secondly, the nervous system is strongly depressed. You are, of course, aware that, in cases of typhoid fever, the absorbent powers lie dormant for a long space of time; a fact established by the following experiment: If small quantities of prussiate of potash are dissolved in the patient's drinks, no vestige of this substance is discovered in the urine, or in any other secretion. A similar state of things may be physiologically superinduced; for where secretion is over-excited absorbent surfaces lose their properties. The inner surface of the salivary gland, which, in a state of rest, rapidly absorbs strychnia or woorara, cease in some measure to do so when secretion is going on. Five cubic centimetres (one-third of a cubic inch) of an aqueous solution, containing one-hundredth part of strychnia, being injected into the parotid duct in a dog, the animal was almost instantaneously killed. The same experiment being tried on another, in which secretion was kept up by means of galvanism, life was protracted for the space of twelve minutes.

Cholera is evidently another instance of the same fact. No substance whatever is absorbed by the intestinal walls, as long as this abundant and characteristic serous discharge continues. But disease, it will be said, is the origin of all these modifications. True; but a physiological process takes place under its influence, and the facts observed are its natural results.

The deficiency of the absorbent power has equally been found to exist under circumstances entirely different from those we have just examined. It occurs, for instance, in mania. Nervous influence here appears to be the sole agent; for, as soon as the acute crisis is past, the process of absorption recommences, as in the healthy state.

Woorara has been used of late in the treatment of tetanus. Out of four cases two have recovered—the other two died; but, in both the successful cases, the ordinary—or, so to speak, the physiological—effects of the poison had been produced; while, in the other two patients, no such result was obtained. Doubtless some peculiar condition of the nervous system, rendering all impregnation impossible, existed in these two latter cases; perhaps, if treated at an earlier period of the disease, the patients might have recovered. In this

(a) *Vide* Lecture II.

respect, the well-known effects of sulphate of quinine may be adduced. When administered in large doses (*e. g.* in cases of acute rheumatism), it never abates the pulse nor relieves the other symptoms without previously occasioning deafness —a physiological effect intimately connected with its therapeutical agency, for when, after improving the patient's condition, the dose is too abruptly diminished, the deafness disappears, and all the symptoms previously kept down break out again in full force.

But we also find in animals various predispositions, which not only modify the action of medicines administered to them, but also render them liable to diseases entirely different, when suffering from causes entirely similar. Being about to perform certain experiments on animals kept fasting for a long space of time, I left some dogs without food for several days ; but, during the late severe frosts, these animals died unexpectedly. In making the autopsy, we discovered pneumonia in one case, pleuritis in another, and inflammation of the bowels in the two last. Thus, under conditions perfectly identical, these animals were affected with totally different diseases. But similar results may be obtained at will by the physiologist. When rabbits are placed under total abstinence they generally live a fortnight or three weeks ; but when certain branches of the sympathetic nerve have been previously divided, the animals die within a few days when deprived of food, through acute inflammation of the viseera connected with the nervous twigs that have been divided. When, some time ago, I commenced this series of experiments, I discovered that the section of large divisions of the sympathetic nerve was apparently unattended with the slighest inconvenience as long as the health of these animals remained perfect. Some of them even became pregnant and brought forth their young ; but, as soon as a general debilitation of the system arose from want of proper nourishment, acute inflammation was produced in the organs deprived of nervous influence (b). We had, therefore, succeeded in artificially creating particular idiosyncrasies in these animals, and could predict with perfect certainty that as soon as health failed disease would arise on a given point.

Morbid predispositions must, therefore, be viewed in the light of peculiar physiological conditions, which, in most cases, depend upon the nervous system ; and an immense progress would be realised in Medicine, if it were possible to diagnosticate in a state of health the predisposition to disease, and foretell the coming danger. A Russian Army Physician, who had invented a new sphygmometer, and had applied it to the study of various diseases, stated some years ago, that during a severe epidemic of cholera a peculiar slowness of the pulse existed, several days before the explosion of the disease, in those who were marked out to be its victims. I am not aware whether the reality of the fact has been ascertained by other observers ; but it would be, at all events, a most precious boon to know beforehand, when epidemics prevail, what persons are more particularly liable to be affected with the reigning distemper ; we should thus be far better able to adopt preventive measures, and prescribe hygienic regulations.

In concluding this Lecture, gentlemen, let me advise you not to consider idiosyncrasies in the light of mysterious powers residing within the depths of our organs, nor as entirely novel functions superadded as it were to those which already exist ; they must be viewed as mere natural manifestations of the ordinary laws of Physiology.

"THE SENSE OF SMELL is calculated to give warning of the vicinity of unwholesome objects. The influence of this faculty over the frame is very remarkable. One odour will instantly produce loathing, nausea, and vomiting ; another, like the pleasant fragrance of the country air on a spring morning, has a part in producing an exhilarating influence on the mind. It may be received as a standard rule, that when the air has an unpleasant odour, it is unfit to breathe. Whenever such an effect is observed, the cause of the evil should at once be discovered, and the proper remedy applied. It is here where a little judgment is required."—*Dempsey*.

(b) The relation which these experiments bear to the *vexata questio* of bleeding in inflammation will, no doubt, strike the reader.—NOTE OF THE TRANSLATOR.

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

PART I.—THE HANWELL ASYLUM.

No. II.

By JOHN CONOLLY, M.D.

THE Hanwell Asylum was built, and had been opened for the reception of the pauper lunatics of the County of Middlesex, eight years before my residence in it began. Its first Resident-Physician and Superintendent was Dr. (afterward Sir William) Ellis, who, ably assisted by Lady Ellis, had imparted a high character to it. By introducing employments of various kinds among insane patients, they had previously distinguished themselves at Wakefield ; and their efforts in the Middlesex Asylum, although too much limited by views then generally prevalent respecting the treatment of the insane, and by a somewhat over-zealous economy, also common in public asylums at that time, were strongly characterised by humanity and intelligence, and constituted an important step in the direction of improvement. On the retirement of Sir William Ellis, in 1838, he was succeeded by Dr. Millingen, who held the appointment only one year. Dr. Millingen had been Surgeon to the Forces, and was a lively, acute, and kind physician, but apparently incredulous as to the possible improvement of a description of patients new to him. He was opposed to all innovations, and, after his resignation, he employed both argument and ridicule in his published "Aphorisms on Insanity," to discredit the altered management of the patients which ensued on his withdrawing from an office which was evidently irksome and distasteful to him.

The first morning of my own residence at Hanwell was, almost necessarily, devoted to going through the whole house with Dr. Millingen, who thought it incumbent upon him to introduce me to the patients. I learned very little from this introduction. There was a kind of bewildering confusion in many of the wards ; and although he meant to encourage me in my new undertaking by the assurance that it would be impossible for the Physician to find occupation for more than two hours in the day, I saw enough to persuade me that the duties I had assumed required to be applied to in a more serious and diligent spirit, and would be found, as they truly afterward proved to be, both laborious and anxious, and almost inconsistent with leisure, relaxation, or even healthful exercise out of doors. It is, I fear, a frequent mistake of Medical men, before experience has taught them, to imagine that the superintendence of the insane, even in a large asylum, is a matter of easy routine, which may be undertaken by those who wish to retreat from the daily anxieties of practice, and find rest ; but those who are interested in such patients, always discover that the proper study of the disorders of the mind and the active direction of treatment founded on the principles arrived at in such study, demand strength and activity of body and mind, and not unfrequently seriously impair both.

I do not mean to exercise the patience of the reader of these "Recollections" with the daily events of my asylum-life. The mere retrospection of past events, however interesting to me, has revived many painful memories, to which I shall scarcely allude again ; but the first impressions made upon me in my walks through the wards are connected with circumstances illustrative of a state of things which called for attention, and with truths that may perhaps be usefully remembered by younger physicians, if they should ever be called upon to act against difficulties in any way analogous to those created by the old system of treatment ; which had arisen gradually, and perhaps chiefly, from the frequent incurability of mental disorders, and the consequent negligence of those in charge of the insane ; a negligence, which more gradually still had in too many instances degenerated into indifference, and at length into pitiless cruelty.

It was only on the second day of my residence that I paid my first independent visit to the galleries, offices, and workshops of the Asylum ; with time and opportunity to mark the restless crowd of patients almost everywhere encountered,

and to contrast it with the apparent approaches to reasonable habits in those who had been induced to employ themselves in various works, and in household duties, and in the gardens and the farm so advantageously appended to the building. When the superintendent of such a large and peculiar institution first opens the door which leads from his own comparatively quiet apartments to the extensive wards occupied by the patients of whom he has assumed the charge, he has a strange consciousness of passing from ordinary life into a new world, to which nothing in the outside world has a resemblance. He is surrounded by human beings who, by the common sentence of the world beyond the walls, are pronounced unfit for life's common pursuits; and who, having been too feeble to take root or provide for themselves anywhere, have been in the great "struggle for existence," extruded by the more powerful mental energies of their fellow-creatures, and left to wither, and decay, and become extinct. The usual privileges of humanity are lost to them; social position they have none; they cannot take care of themselves; and by the law of Nature they would inevitably starve and disappear from existence, but for that human aid which preserves them from such a doom, although only in countries considerably advanced in civilisation. In appearance and manner, however, there is so much variety among them that a stranger to the forms of their common malady would at first be unconvinced of the fact of their all being without a reasonable mind. There is also little appearance of unhappiness among them. Many are ready to talk and be amused; others are reserved, but curiously observant of visitors; some seem absorbed in painful trains of thought; and a few are haughty, or have an offended air, and keep apart. Intermixed with these are odd figures, whose gait and dress have received singular modifications from their separate fancies; women dressed in fantastic finery, and rigid men whose elevated heads and automatic movements are representative, in their minds, of some imaginary dignity possessed on earth or attained in heaven. These varieties of appearance have become, I think, less numerous and even less marked in the last twenty years; the life led in asylums having been rendered more diversified with pleasant varieties, and more animating. One class of very painful objects, formerly seen in all large asylums, has wholly disappeared; patients moving with difficulty through the wards, having their ancles fastened with hobbles of leather or iron; and patients enveloped in jackets confining the hands to the sides; and patients chained to walls, or fastened day after day, and all day long, to heavy chairs or heavy cribs; patients whose manner, whose countenance, and whose language indicated the perpetual sense of anger and hatred for insufferable wrong. At the time of my first visits to Hanwell these peculiarities of the old system were painfully conspicuous; and they diffused and kept up a general discontent. It is now needless to dwell upon them. They added, however, to the many anxieties incidental to taking the charge of a household comprehending so many individuals thus, apparently, given up as hopeless; and tended to distract the attention from the greater number whose cases presented less marked features of discouragement. The ordinary visitor saw these scenes, deplored them as unavoidable, and went away into the happier world. To the mind of a physician they required to be so considered as to overcome the first discouraging impression; for the physician to an Asylum must view all those under his care as patients, and not as offenders; as sufferers, and not as criminals. There are few, or none of them, of whom the history, if accurately known, would not excite pity. Inherited imperfection, the absence of proper care and culture, and all the miseries and distractions of life, have been accumulated upon most of them. Endured by their neighbours for a time, and then, perhaps, often visited with various punishments, always with numerous sufferings, they have at last been sent to the Asylum, as a home for hurt minds; to be kept secure, or to be protected, and, if possible, to be cured.

The general manifestations of character in the insane necessarily vary, not only in different countries, but in different parts of the same country. Those exhibited in asylums near large and busy towns differ considerably from those seen in rural districts remote from the bustling centres of commercial or manufacturing activity; and those occurring in asylums near large cities differ in many respects from all the rest, the patients having been more educated by circumstances, and rendered more acute, and also having been exposed to more extreme forms of trial before relief was accorded to them. Their exercised intellects have become disordered, but have not so generally sunk into insensibility and apathy; and such patients are more restless, more ingenious, more irritable, but, at the same time, more accessible by appeals to the feelings, and even to their exercised powers of reason. No general description can comprehend all the varieties of expression abounding in the Metropolitan Asylums; where not only patients of this kind, but patients of various nations are received; the impulsive natives of the South, the more concentrated Northman, the reasoning Scot, and the craziest outcasts of the sister island. Their peculiar sufferings and indiscretions have not effaced their national peculiarities, which modify even the forms of their malady. But from all these the true London lunatic is still distinguished, and often strongly, by peculiar marks of an enfeebled constitution, subjected to the long action of the unwholesome influences abounding in crowded communities, ever enlarging within the same local spaces, and breathing the more and more deteriorated air of uncleansed districts. The face, the complexion, the figure, the movements, are generally expressive of antecedent causes of physical and mental degeneration; and we seem to read in them the records of deficient nourishment, adulterated food, fiery stimulants, poor defences of clothing and of houses against the elements; and all the resulting depressing passions, and frantic excitement, and deadness of heart and mind. Pallid looks, derived from the dull atmosphere of the neglected by-streets and alleys of poverty, indicate the depravation of the corporeal fluids, the wasted or unhealthy tissues, and the impoverished nervous system; while the disturbed physiognomy, the impaired voice, the meagre or unshapely frame, the lustreless eyes, even the lank and faded colour of the hair, are such as are only noticed, if noticed at all, by those who sometimes walk in the least-known quarters of the metropolis, and regard things with more than a passing and indifferent attention. Such alone are familiar with the streets and courts so crowded and so chaotic, in which all living and all inanimate things, and even the dingy dresses of the men and women, seem to incline towards one indiscriminate hue; as if penetrated and ingrained with the miscellaneous refuse—mineral, animal, and vegetable—mingled in the atmospheric dust in which they live and die.

But the asylums near London, although primarily intended chiefly for the poorest classes, also receive within their protecting walls many patients once in a more comfortable position than those just described; which they have lost by misfortune or imprudence, or by some of the accidents incidental to those acting and striving in the busiest scenes of social competition. The disabled mechanic, the ruined artisan, the broken tradesman, the unsuccessful artist, teachers, tutors, governesses: or the luckless professional man, fallen through various depths of difficulty or dissipation down to utter destitution,—all meet at this common terminus. This various character of the patients adds greatly to the interest created by the general view of them, and tends, without doubt, to stimulate the mind of the physician; who, not content with the mere contemplation of calamity, must always feel a desire to diminish it; and also to seek out its causes, to counteract them, and to discern those which are avoidable from those over which human efforts exert little or no influence. Perhaps it was the result of many disappointments in the pursuit of such views for the benefit of the insane, and especially the frequent inefficacy of mere Medical treatment, which led, towards the close of the last century, to a general acquiescence in the employment of mechanical aids, and all the resulting neglect of hygienic laws in almost all the asylums of Europe, not excepting those of our own liberal and humane land.

One of the earliest of my endeavours was to ascertain, if possible, the general history of each patient's case; but their number being more than eight hundred, and many of them being unable to give a clear account of themselves, the endeavour was only possible to a somewhat limited extent. Out of 780 cases, about 200 had been insane more than ten years; only about 100 had been insane less than three years. Out of 500 cases, it only appeared that about 20 had received a tolerable education; and about 200 more were merely able to read. In answering inquiries respecting the degree of instruction they had ever received, the men often expressed

their sense of having been neglected; some said they "never remembered having had a day's learning;" and one declared, what was doubtless the case with many, that, to the best of his knowledge he had never had five shillings laid out upon him in his life. Their general ignorance as to everything connected with religion was remarkable; and some of them said that they had never been taught religion of any kind. Of the cases in which any information as to the causes of their malady could be obtained on which dependence could be placed, about one-half were found to have arisen from poverty or reverses, from disappointed views or affections, from domestic unhappiness and grief. In about one-fourth of these cases intemperance appeared to have been a conjoined or superadded cause. Those originating in religious enthusiasm constituted about one-seventh. About 600 of the 800 patients had been in other asylums before their admission to Hanwell, and others had come from workhouses; in which, at that time, the first weeks or months of the malady, so important as respects recovery, were usually lost, where no principle favourable to bodily or mental health obtained attention.

During the weeks occupied by these preliminary inquiries, numerous traits of character were presented to observation by the individuals seen and questioned one after the other, affording curious illustrations of their previous life and habits. Many of them were found to have been born in poverty, neglected in childhood and youth, put out to service, and to have proved unfitted for any kind of useful and regular employment. Others, whose earlier advantages had been rather less narrow, had passed through various stages of moral and physical degeneration—from decent life, to which they had been accustomed, and from business in which they had been established, to the obscure retreats of less comfortable residences; and, from these, to shabbier privacy in the meaner streets, where the shame-faced poverty of towns seeks to hide itself. From comfortable food they had been consigned to semi-starvation, and driven to the vain relief of drink; or they had retired from service in abundant houses, where plenty and waste went hand in hand, to barely furnished lodgings and the scantiest fare. It also happened, during these unavoidably tedious inquiries, that the population of the Asylum received frequent additions from the workhouses; and these were often of a description to create further disturbance in the house, and exhibited new and apparently more hopeless cases to swell the amount of the incurable or the unmanageable. Most of these had been controlled by mechanical means alone before admission; and came fastened up in various ingenious ways, and more or less injured in body; and either half dead with fright or frantic with anger; and, not unfrequently, emaciated, and fast advancing to death. The admissions from workhouses continued, long afterward, to be of this description; and it is particularly mortifying to be obliged to say, that, even at this day, in a great number of English workhouses, the old system of treatment, as respects the insane, appears still to exist. The unhappy patients are represented as being placed in buildings unsuitable to them; they have no proper superintendence, no proper medical treatment; they are, in many cases, half starved; the only complaint made by them being, as the Commissioners in Lunacy express it, "by the wan and wasted looks of the inmates." They live in gloomy rooms; they have not the enjoyment of out-of-door exercise; and they become moody, listless, unhealthy, and inactive. They are sometimes condemned to labour for which they are unfit, and to punishments which they do not deserve. The substitute for all care of them is mechanical restraint, all the instruments of which are still employed. Thus, although for twenty years past restraint-chairs, chains, handcuffs, leg-locks, muffs, straps, and strait-waistcoats have now been unknown at Hanwell, they are still preserved with care in several workhouses, and used according to the arbitrary will of nurses and keepers.

The foregoing Asylum descriptions belong almost wholly to the insane of the poorest classes; but the nature and form, the necessities and the helplessness of sickness of mind, as well as of sickness of body, are the same throughout the whole family of mankind, and, without conscientious care, render all alike liable to neglect and to every aggravation of suffering. These afflictions, in whatever rank of society, demand relief and find cure from measures founded on common principles, the severest touches of human nature still making the whole world kin. So, still pursuing these investigations into humble wretchedness and ignoble griefs, questions naturally, and again and again, arose in the mind as to the means of lessening so large an amount of existing evil, crowded into one spot; as to the extent of influence to be acquired and exercised over what might be called an army of martyrs; as to the means of obtaining this influence and of making it practically useful, and as to the possible extent of absolute cures to be looked for in such a variegated crowd of damaged minds. The evident incurability of many gave even increased importance to the consideration of the means of mitigating the distresses of the large incurable majority; distresses which were soon perceived to be almost innumerable, and only to be reached by a wide and yet careful consideration of the agencies subversive of, and the agencies capable of restoring or invigorating both bodily and mental health. Such reflections were broken in upon and renewed as accidents permitted: for special cases arrived from time to time singularly calculated to test the principles attained by meditation; and there was still and ever a sort of ancient confusion and disorder prevailing everywhere which called for immediate regard and immediate reform. A palpable neglect of ventilation; the arbitrary exclusion of light by windows partly filled up with squares of iron as substitutes for panes of glass; coarse-mannered attendants and ill-dressed nurses, few in number and with duties various and ill-defined; noisy patients, dirty patients, violent patients, leg-locked and "jacketed" patients, ever moving, as they could, up and down the galleries; and patients immovable in heavy perforated chairs; food given and taken without ordinary concern as to conventional decorum; no comprehensible classification, no comfort and quiet for the feeble and old, no adequate care or arrangements for the sick; all concurred to add weight to the responsibility of a superintendent, and to assail or to perplex, and it might be to weaken, his resolve, that all these combined disadvantages should be overcome there, as he knew they had been overcome elsewhere, although on a smaller scale. Further inquiry, and daily renewed observation, made it evident that all these objectionable things had one principal root; namely the established custom of trusting almost wholly to mechanical force, as the only means of controlling the insane; by reliance on which it had been found that every other particular of treatment and care could be dispensed with. Mechanical restraint had thus become the remedy for every evil, and the sole means of restriction of every morbid inclination; rendering the care of the patients less laborious, but also leading to an absolute forgetfulness that they were ill in body, and required the common appliances of air, exercise, food, quiet rest by night and cheerfulness by day, or any medical appliances than such as prostrated their powers or further stupified their faculties. The state of the mental health appeared scarcely to be taken into consideration at all.

The extensive changes ventured upon in consequence of these first impressions in the wards of Hanwell will, I trust, be accepted as an excuse for having thus dwelt upon them. At the close of each anxious day, both the impressions and the conclusions became stronger, until the day came at the close of which it could be said that there was not one patient under the roof of the Asylum submitted to mechanical restraint. From that time the way to other improvements became clear, and ameliorations, impossible before, became practicable. It is now, it is to be hoped, no longer necessary to warn the younger officers of asylums against the delusion of *modified* mechanical restraint being allowable, or really useful. To whatever extent it is permitted, to that extent it militates against good, proper, and kind treatment; against health of body and peace of mind. The attendants on the insane may still plead for it; even the friends of the patients may ignorantly desire it as an indispensable safeguard; but the Medical Officer of an Asylum must preserve the recollection that he is a Physician, and that he has illness to deal with, and in its most pitiable form. Those who have most laboured to abolish coarse and cruel modes of coercion had to contend with difficulties now rendered less frequent and less formidable; and their task was severe, performed while living among the insane, seeing them at all hours, and watching the results of every change with a solicitude scarcely now to be comprehended or imagined. Every day brought its lessons, and every new case furnished additional experience; for the lessons were first learned singly. In the morning all might be tranquil; and in the evening new accidents might suddenly occur, creative of painful doubt. Unexpected dangers arose,

or furious conduct required to be resolutely met, and yet a great general principle preserved. And in all this transition period, every attempt to modify what custom had long sanctioned was viewed with pardonable suspicion, and every appearance of failure excited not unreasonable fear. Willing and efficient co-operation could only be gained by slow degrees, and all new responsibilities were to be incurred undivided, without much expectation of support or even of approval. Looking back to all the events illustrative of these general remarks, one grateful remembrance will, however, at all times remain in my thoughts; and its reality is amply testified in the Hanwell Reports of the time referred to. All the efforts made were uniformly, cordially, and courageously supported by the Committee of Visiting Magistrates. No temporary difficulties abated their hope; no external clamour overcame their fortitude; and until the triumph of new methods over the old was complete, they neither thwarted nor discouraged those who were faithful and devoted to the duties they had been appointed to perform. So quickly do the generations of men pass away, that Death has already removed the greater part of those whose considerate watching of all the various changes effected, and whose humanity and courage I thus gratify myself by recording. Among these, the names of Clitherow, Adams, Tulk, Garford, McWilliam, Buchanan, Baillie, and Wilks, might be inscribed on the walls of the committee-room, as men worthy of imitation by all desirous to do good to the wretched and destitute, and the deeply afflicted in mind.

A CASE OF

CASTRATION FOR THE PREVENTION OF INSANITY.

By C. J. B. ALDIS, M.D.
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T. P., aged 50, residing in Walworth, was admitted as a patient at the Surrey Dispensary on November 10, 1859, under the care of Dr. Aldis, who visited him at home on the same day, and made some of the following remarks:—

The patient is lying in bed, and complains of great depression of spirits, being afraid of losing his senses. He suffers from great pain after every motion, when he feels as if "he could pull out his intestines." He is evidently of a very nervous temperament, has a fair complexion, and is subject to fainting. The voice is weak and has always been so, but is not changed in character.

His brother-in-law, with whom he resides, had previously said, when he brought the letter to the Dispensary, that some questions might be asked regarding an operation which had been performed by Mr. D——, of ——, (a) in 1853, and to which his relative was ashamed to allude.

This suggestion having been acted upon, the patient admitted that his testicles had been removed by Mr. D——, in July of the above year. That the operation was performed in consequence of the dread he felt of becoming insane, as his brother and uncle lost their senses, and the latter committed suicide. That the wife, whom Dr. Aldis formerly attended for phthisis, had been a consenting party to this mode of treatment. His wife had borne him six children, two of whom were living; one, a young man, aged 21, the other, a young woman, aged 23. He has derived no benefit from the operation.

These circumstances rendered an examination necessary; when it became clear that the testes were gone, and a cicatrix was observed extending upwards at an acute angle from the raphe on the scrotum.

He denied at first having experienced any sexual symptoms during his illness before the operation, but afterwards confessed, that he committed self-indulgence whenever his wife was confined. He gave Mr. D. a testimonial, who wished for one, as to the safety of the operation, and said that the latter had performed it twice before! and a fourth person afterwards consulted the patient with a view of undergoing similar treatment.

The Surgeon had removed to Glasgow, which place, it was believed, he had left for America. The author wrote to the village where the Surgeon formerly resided, and could not hear of such a person living there now; but his name is in the Medical Directory of 1859, with an asterisk. The patient's brother-in-law and sister bear testimony to most of the particulars already mentioned; and further say, that he was a national schoolmaster, and left his last appointment without taking the salary, and came up to London unexpectedly being unable to give a proper account of himself, when first found at the house of a relative. They are also positive as to the name of the Surgeon and the nature of the operation which he has undergone. Mr. Sydney Jones accompanied the author on January 27 to see and examine the patient.

It was thought that the publication of this case might be interesting in consequence of castration having been recently tried for epilepsy in this country, where the author had never heard of its being performed before then, excepting in cases of such severe disease of the organs as to render it justifiable; and he ventures to hope that it may never be practised in future when the testicles are healthy for the prevention of insanity or any other disease.

Chester-terrace, Chester-square.

(a) The names of the Surgeon, and the village where he resided, and the patient who was operated upon, are enclosed for the sake of authenticity.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

MR. WOOD'S OPERATION FOR THE RADICAL CURE OF HERNIA.

Operations for the radical cure of inguinal hernia have recently obtained much attention from British Surgeons, and thus far some very satisfactory results have been obtained. At page 652 of this Journal for June 25, the reader will find a detailed and explicit account of the very ingenious method devised by Mr. Wood, of King's College Hospital, and which has now been tried by himself and others in probably not fewer than twenty cases. In the two cases which we record to-day, the operators, although proceeding on Mr. Wood's plan, did not adopt the exact details of his operation. Mr. Wood introduces the needle three times,—once into the edge of the conjoined tendon, once into the external pillar of the ring (or border of Poupart's ligament), and again into the internal pillar and conjoined tendon. Thus the points of entrance represent a triangle, the base of which lies obliquely upwards, and when the ligatures are tied the ring is narrowed in its whole length. In the operations by Mr. Curling and Mr. Fergusson, recorded below, the needle was introduced twice only, viz. into the external and internal pillars; and the canal was compressed by the ligature in one spot only, not in its whole length. Should this latter procedure be found sufficient, it will probably be deemed an improvement, as it is simpler and much easier of performance than Mr. Wood's. It must be clear, however, that it does not promise such efficient compression of the whole canal as is obtained by the latter.

THE LONDON HOSPITAL.

ADHERENT OMENTAL INGUINAL HERNIA RADICALLY CURED BY OPERATION.

(Under the care of Mr. CURLING.)

H. N., aged 30, a smith, residing in Somersetshire, was admitted into the London Hospital, under Mr. Curling's care in November, 1859. He was married, enjoyed tolerable health, but was not robust-looking. He had been subject to a rupture on the right side for seven years. It was produced by violent exertion in the use of the heavy hammer employed in his trade. The swelling always appeared in the upright posture, but returned unaided when he was recumbent. Trusses of various kinds were tried, but as they did not prevent protrusion, and gave him great pain, they were discontinued. The surgeon in the country sent him to Mr. Curling to undergo an operation for the radical cure of his troublesome complaint. On examination he was found to have an oblique inguinal, omental, hernia on the right side. The omentum was adherent to the hernial sac, and they were both easily reducible. On his coughing no intestine appeared to descend. The outer ring was capacious, and readily

admitted the finger. On December 1st Mr. Curling performed, under chloroform, an operation on Mr. Wood's plan for the permanent cure of the hernia. The protrusion being retained by the fingers of an assistant, an incision was made below the ring and the skin well separated from the superficial fascia. He then carried the large curved needle, guided by the finger, introduced at the ring, through the tendon of the external oblique towards the upper part of the canal, and after transfixing the skin, it was withdrawn, leaving one end of a strong ligature hanging out of the puncture. The needle was again introduced and made to penetrate the parts close to Poupart's ligament, emerging at the same puncture in the skin. The two ends of the ligature were tied tightly across a glass pad. The general health was but little disturbed by the operation. Slight tenderness and swelling occurred in the course of the inguinal canal, and this increased until the ligature was removed on the 5th, when about two drachms of pus escaped at the puncture. Some pus was discharged daily until the 12th, and by the 15th both wounds were quite healed, and the parts firm. There was distinct induration in the direction of the canal. In the erect posture there was not the slightest tendency to protrusion. A truss with a large well-stuffed, elongated pad, to give gentle support to the inguinal canal was applied, and on the 18th he returned to his home in Somersetshire with every indication of being quite cured.

KING'S COLLEGE HOSPITAL.

OPERATION FOR THE RADICAL CURE OF HERNIA.

(Under the care of Mr. FERGUSSON.)
(From Notes by Mr. MASON, House Surgeon.)

J. L., aged 42, residing in London, was admitted into King's College Hospital with an inguinal hernia of the right side. The patient, a pallid, weak-looking man, is a saddle-tree-maker, an occupation, he states, attended with a great deal of labour. He says that he has always had good health up to nine years ago, when, in lifting a large piece of timber, he felt that something gave way in his groin. He took little notice of this, and sought no medical advice. This state of things continued up to about three years ago, when, on again exerting himself, he found that there was considerable pain in the region of the hernia, and that a swelling the size of a nut appeared whenever he coughed; this increased in size. He was recommended to wear a truss, which he has done for the last year. He has suffered from constipation of the bowels, but has never had symptoms of strangulation.

On being admitted into the Hospital, a tumour was found in the right groin, which enlarged on the patient's coughing, but returnable on his assuming the recumbent posture. Manipulation gives slight pain.

On Saturday, December 17, Mr. Fergusson determined to perform an operation to effect a radical cure of the hernia. Chloroform having been administered, the finger was passed up to the internal abdominal ring, carrying before it the subcutaneous structures. A needle armed with thread was then made to transfix the internal pillar; one end of the thread was drawn through and left free; the needle was now withdrawn, and the external pillar was treated in the same way, the threads having been brought through the same opening in the skin.

December 20.—Bowels not opened since the operation. Ordered castor-oil, ʒj. Wound seems healthy. Pulse 72.

21st.—Bowels freely moved, and no bad symptoms.

23rd.—Has had some tenderness in the abdominal region; this was relieved by fomentations.

January 3.—Going on well; impulse on coughing less evident. The patient gets up, still wearing the truss. The parts are a little weak, but much stronger since the operation. Has gradually improved, and was discharged January 11, 1860.

THE SURREY DISPENSARY.

EPITHELIAL CANCER OF THE PHARYNX—THREATENED DEATH BY STARVATION—GASTROTOMY—DEATH—AUTOPSY.

(Under the care of Mr. SYDNEY JONES.)

THE patient, aged 44, first came under Mr. Sydney Jones's observation about twelve months ago, when he was called in by the late Dr. Griffith, to open her trachea. She was a married woman; had borne two children—the last about thirteen years ago; since that time, however, had had several miscarriages. During the last fourteen years she had been delicate; had been twice under treatment for ulcerated os uteri; had suffered from occasional attacks of constipation, and frequently from colds and coughs. In July, 1858, she first began to complain of soreness in the throat, with slight cough and hoarseness. In spite of all treatment, this soreness increased, rendering the deglutition of solids, and even of fluids, extremely painful. The breathing also became more and more difficult, necessitating the operation of tracheotomy on the evening of February 10, 1859. A double tube was then introduced into the trachea, and from this time until her death—more than five months afterwards—her breathing was quite free, and effected entirely through the tube.

The pain and difficulty of swallowing, however, continued to increase after the operation of tracheotomy. Mucus, mixed occasionally with blood and pus, was constantly collecting about the fauces. In May, it was found impossible to pass a No. 12 elastic catheter down the œsophagus. About the beginning of June it was evident that no food passed into the stomach. Spoonfuls of fluid taken by the mouth were retained for about a couple of minutes in the pharynx, and then regurgitated. During the last five or six weeks before gastrotomy was had recourse to, all nourishment taken into the system was by means of enemata of milk, beef-tea, arrowroot, and brandy. All attempts (general or specific) to arrest the disease had failed. The patient was evidently sinking from starvation; her pulse was small, weak, and rapid; she complained severely of hunger and thirst, and asked if nothing could be done to relieve these symptoms. On July 13, Mr. Sydney Jones proposed to her the operation of gastrotomy, at the same time pointing out the severity of the operation, and the serious results that might ensue. She at once consented. Dr. Bristowe had kindly examined the thorax and abdomen, and was unable to detect any visceral disease. On Thursday, July 14, the stomach was opened—Mr. Simon and Dr. Bristowe being present, and kindly aiding with their valuable suggestions. An incision, about three inches and a-half in length, was carried downwards, from between the eighth and ninth costal cartilages on the left side, along the outer border of the rectus. The latter being turned somewhat inwards, the conjoined tendon of the internal oblique and transversalis was divided. The peritoneal cavity was afterwards opened. Some little difficulty was at first experienced in securing the cardiac end of the stomach, in consequence, as was found after death, of the viscus being drawn downwards, and more to the left side than usual, by some omental adhesions. The stomach having been drawn forwards, was opened by a vertical incision, about three-quarters of an inch in length; the edges of the stomach-wound were then firmly secured to the edges of the skin-wound by five or six strong double silk ligatures. About four ounces of blood were lost during the operation. A tube, with a funnel fitted at the upper end, was placed in the stomach, and kept there till the patient's death. The tube was also curved, so as to allow the greater part of its length to rest against the posterior wall of the viscus. No irritation seemed to be produced by the permanent keeping-in of this tube. The operation was commenced about a quarter to three p.m.; at half-past three, p.m.—a short time after its completion—an ounce of milk was introduced into the stomach, mixed with half-an-ounce of brandy. This was repeated at five p.m., with thirty drops of laudanum. She was tolerably cheerful, and expressed herself relieved from her feelings of hunger and thirst. A fomentation of camomile was applied to the abdomen, and ordered to be continued. At ten p.m. the laudanum was repeated. At eleven p.m. an injection was given, by the rectum, of brandy, arrowroot, and beef-tea. The patient passed a tolerably comfortable night although she did not sleep soundly. Up to twelve o'clock milk was introduced every hour, in small quantity, either alone or combined with stimulant. After that hour, however, the patient inclining to doze, and a feeling of sickness, with a tendency to retch, being produced by the introduction of food, the latter was given only every two hours. Friday, July 15, nine a.m.—The pulse was very feeble; the surface was warm, but clammy. She complained of some pain in the neighbourhood of the wound, but there was no tenderness of the abdomen generally. Food was ordered to be introduced every hour.

Its introduction produced a little retching, but no food escaped by the wound. An injection given at eleven a.m. In the evening of Friday she was evidently sinking rapidly. The hands, feet, and legs were cold, and the pulse hardly perceptible. She remained sensible till a quarter-past twelve on Saturday, the 16th. Death about three a.m., thirty-six hours after the operation. The aperture in the stomach was about midway between the cardiac and pyloric ends, and the same distance between the upper and lower margins. The stomach, in the immediate neighbourhood of the wound, was adherent by recent lymph to the abdominal parietes. Elsewhere, however, no peritonitis existed. The larynx showed cancerous ulceration, extending from the epiglottis to the cricoid cartilage. The thoracic and abdominal viscera were healthy.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE HULL INFIRMARY.

We have carefully, from time to time, recorded the results of cases of lithotomy operated on by Mr. Allarton's method—a plan which is now extensively on trial throughout the British Hospitals. Usually we have had to remark that the quantity of blood lost was much less than that commonly attending the lateral operation. The prevention of risk of hæmorrhage is, indeed, the one great recommendation of the new operation. The following case seems an exception to the supposed rule, as the bleeding ("venous") is stated to have been very free. We are indebted for the notes of it, as well as of the three other cases from the same Infirmary, to Mr. Evans, the Resident Surgeon of the Institution.

MEDIAN LITHOTOMY—FREE VENOUS HÆMORRHAGE—PLUGGING OF THE WOUND—RECOVERY.

(Under the care of Dr. KING.)

A healthy boy, aged 12, was admitted on November 22, with symptoms of caculus, which had shown themselves more or less at different times from three years of age. Has occasionally passed a little blood in the last two or three years. A stone was detected at once on introduction of the sound. He took for a while five-minim doses of liquor potassæ.

On December 6 the median operation was performed, four ounces of water having been previously injected. A calculus was without difficulty withdrawn, of oblong, cylindrical shape, measuring one and three-quarter inches in length, and seven-eighths of an inch in breadth, and weighing 140 grains (℥ij. ℈j.) It consisted of phosphate of lime. There was pretty free venous hæmorrhage during the operation, and it recurred in the evening to a greater extent, necessitating the plugging of the wound; but the plug was removed at the end of two hours, and the hæmorrhage did not again take place. After this he never had a bad symptom, and passed urine per urethram the day following the operation. For two days only did the urine flow by the wound alone. On December 25 the wound was healed, and he was up and quite well in health.

AMPUTATION AT THE ANKLE-JOINT—RECOVERY.

(Under the care of Dr. KING.)

A delicate girl, aged 19, was admitted on November 2, with strumous disease of the right ankle-joint, which had been induced by a sprain received a year before. She had been in the Hospital before for a period of four months, during which time leeches, fomentations, etc., were applied to the ankle, and her general health was supported. An abscess presented itself at the instep, and was opened, giving vent to a quantity of pus. The disease was evidently undermining her health, and she was advised to have her foot removed, to which she would not consent, but left the Hospital in August. She presented herself in November with the intention of having her foot amputated. She had become much emaciated, the ankle greatly swollen, with fluctuation, and there were several sinuses around it.

Syme's amputation at the ankle-joint was performed, a considerable portion of the lower end of the tibia and fibula being sawn off. There was found to be pulpy degeneration of the synovial membrane. The cartilages of the tibia, fibula, and astragalus, were completely destroyed, the bone being exposed, rough, and very vascular. The disease had commenced in the joint between the astragalus and os calcis. The greater part of the wound healed by the first intention, but a small collection of pus formed within the integument of the heel. In December she was able to walk about the ward with the help of two sticks, looking much better and stouter. She could bear a considerable weight on the end of the stump, but the line of the cicatrix was still rather tender.

EXCISION OF THE SHOULDER-JOINT—DEATH FROM PHTHISIS.

(Under the care of Dr. KING.)

A very delicate-looking girl, admitted on March 5, with general enlargement of the right shoulder-joint. Had been an out-patient for a long time under one of the Physicians, for what was thought to be rheumatic pains. Actual cautery applied to front of shoulder, but no good resulted, and fluctuation became perceptible. An incision over the scapula gave exit to a quantity of pus (May 11). The discharge continued for a long time, and pus formed in front of the joint, and the girl's health began to fail considerably: so it was resolved to excise the joint. In this operation the chief flap was made from the deltoid muscle; a quantity of pus escaped at the time. Head of humerus and glenoid cavity of scapula sawn off, and wound brought together by iron-wire sutures. The portions of bone removed were denuded of cartilage, and the head of the humerus excavated out by the disease. Her strength was supported by a liberal allowance of tonics and stimulants. For a time her general health seemed to improve; she ate and slept well, but the wound never entirely healed, and continued to discharge constantly more or less. She became greatly emaciated, and took scarcely any nourishment.

Cod-liver oil was given for a time, and she took quinine suspended in sherry.

She gradually succumbed under symptoms of hectic and of phthisis, and was taken home by her friends on September 21, and died about a fortnight afterwards. There was no autopsy.

EPITHELIAL CANCER INVOLVING THE WHOLE LOWER LIP—EXCISION, AND PLASTIC OPERATION, WITH GOOD RESULTS.

(Under the care of Dr. KING.)

A thin and rather wizened-looking man, aged 55, was admitted on October 6. He was the subject of epithelial cancer of the lower lip of very large size. It occupied the whole lip and integuments down to the edge of the chin. When the lips were closed one could see into the cavity of the mouth on account of a portion of the lip being completely removed by the disease. It had existed five years, and he attributed it himself to his constant habit of holding in his mouth a cedar pencil in his employment of time-teller at a railway-station. He was also a smoker. Had been in the habit of holding the pencil in his mouth for ten years.

The disease was removed according to Mr. Syme's method in the following manner:—An incision was made through the soft parts from each angle of the mouth obliquely downwards and towards the mesial line, the two meeting at an angle just below the symphysis of the jaw. The intermediate portion of lip, including the disease, was then reflected and removed. Each incision was now continued in its original direction beneath the jaw to the extent of about two inches. The portion of integument on either side was now reflected, thus making two nearly triangular flaps. The two flaps were now drawn forward, and made to meet in the mesial line, where they were kept in position by hare-lip pins. A new lip was thus formed, the upper border or free margin of which was rounded by the two edges being drawn together in several places by very fine silver-wire sutures. The incisions beneath the jaw were united by ordinary sutures, and the whole kept in place by several long straps of plaster. There was pretty free hæmorrhage, but all the bleeding vessels were secured by torsion.

On the fourth day both pins were withdrawn, and perfect union by the first intention was found to have taken place. One or two of the wire sutures along the upper border of the

lip had sloughed out. He subsequently took a little cold, and the glands of the neck as well as the lip became swollen.

On the 27th he was discharged cured, every part having healed. The new lip had firmly united in its new position, but there was not much prolabium, so that the lower teeth were somewhat exposed.

THE LONDON AND PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

REPORT ON THE TREATMENT OF EXTERNAL ANEURISM.

(Continued from p. 92.)

FOURTH GROUP.

CASES IN WHICH NEITHER LIGATURE OR COMPRESSION TREATMENT WAS ADOPTED.

Case 59.—*Small Aneurism in the Popliteal Space—Symptoms Equivocal, and Diagnosis Obscure—Exploratory Puncture—Subsequent Suppuration about the Sac—Death from Sudden and Profuse Hæmorrhage—Autopsy.*—Ann F., aged 40, admitted into the North Infirmary, Cork, on August 12, 1855, under the care of Dr. Hobart, for a tumour in the popliteal space. She had had pain for five months in the ham, but it had continued for a month before she noticed the tumour. The latter was the size of a walnut. She applied poultices to bring it to a head. The pain was so intense as to prevent her resting day or night. On examination a few days after admission, the tumour was found to be seated above the joint, at the back of the femur, a process of it seeming to extend deep into the calf of the leg, and another upwards, along the course of the biceps muscle, nearly halfway up the thigh. The principal one could be easily defined below, but not above or laterally. The circumference of the limb at the largest part of the tumour was sixteen and a-half inches. On the 18th an exploring-needle was introduced, but no pus was found, blood only of a dark colour coming away in the groove of the needle. A sensation observed previously in the tumour appeared now more like pulsation, and became more obviously so on the 19th. August 20.—She had a severe rigor last night; the pain is worse in the tumour; pulse 160, and feeble, and the tongue foul. The tumour is now decidedly softer, but no pulsation can now be detected. A carminative and stimulating mixture was now ordered. 21st.—Better. A little discharge, which looked like altered and decomposed blood, came away from the puncture. A consultation was held to-day. No pulsation could be detected, though one gentleman perceived a slight bruit at its inner side. She was now recognised as having formerly been in the South Infirmary, when the tumour was much smaller, and presented rather the appearance of an enlarged gland, than of an aneurism. A large trocar and canula were introduced, which brought away a pretty free discharge of very dark blood; but this did not come per saltum, nor as if from a sac containing fluid blood, being rather free oozing. Opinions being divided as to whether it was fungus hæmatodes, or aneurism, it was determined to wait. On the 24th the discharge was more unmistakeably blood, and on the 25th became very copious and offensive; but no pus could be detected in it. Still no pulsation. 27th.—Feverish; pulse 120; pain severe. 30th.—Better; discharge becoming purulent. 31st.—A good deal of pain; discharge copious, equal parts being pus and blood, but not so offensive. September 2.—Discharge more purulent, but very abundant. 4th.—Profuse arterial hæmorrhage set in at 2·30 a.m., and before assistance could be got the patient was dead. *Sectio Cadaveris.*—On cutting through the integuments over the popliteal space, we found a clot of very dark colour occupying the site of the tumour. This was dark, quite soft, as if recently formed, and of the size of a man's fist. Some ill-conditioned pus escaped; but, on extending the incision upwards and downwards, a great quantity of a mixture of pus and blood escaped: this had burrowed downwards to the lower third of the leg, and upwards to about the middle of the thigh. On evacuating the clots and pus a sound tumour, about the size of a billiard-ball, was seen lying near the bone. This was tolerably firm, and whiteish at its upper part, and seemed like partially-organised fibrine; but at its lower part it was soft and dark coloured, being a sort of intermediate substance between the fibrinous appearance of the upper portion and the soft clots that surrounded the tumour. The femoral artery was found to be perfectly healthy in the middle of the thigh. It was cut across, and the lower portion with the contents of the popliteal space removed. On passing a probe down the artery it suddenly stopped near the tumour, and on slitting down the vessel to the point of obstruction, a papilla-shaped piece of fibrine was seen protruding into the side of it next the tumour, into which a probe could be freely passed at either side of the papilla. The greater part of the sac of the aneurism, as it now undeniably proved to be, was strong, and resisted the pressure of the probe, but at its lower part, where it was dark-coloured and soft, on the surface it offered no resistance, and the probe passed out readily through it. The artery could not be traced along the back of the tumour, but terminated in a little *cul-de-sac* at the point of communication. On slitting open the tumour a cavity was found large enough to contain a hen's egg. This was perfectly smooth on the surface, and its lining membrane was perfectly continuous with that of the artery. It was about half filled with a sort of coagulum, which was rather tough on the surface, but seemed to be very soft, or to contain fluid in its centre. The upper part near the communication with the artery was much more dense than the lower part, and terminated in the papilla of fibrine referred to, which projected into the artery.

Case 60.—*Aneurisms of the Femoral and Posterior Tibial Arteries—Spontaneous Cure.*—The patient, a man, aged 72, under the care of Mr. Charles Sidey, of Edinburgh, had suffered from violent pain in the calf of the right leg, extending to the foot and toes. On examination, it was found that the leg generally was much swollen, and the skin discoloured; and, upon feeling with the fingers in the track of the femoral artery, a large pulsating tumour was discovered just above where that vessel enters the popliteal space. In consequence of the advanced age of the patient, any operative interference was considered injudicious. The leg being placed in a half-bent position, the treatment adopted was the application of iced water and muriate of ammonia, and the frequent use of a bladder of ice for ten minutes at a time to the aneurism, and along the course of the artery. At the same time, a solution of acetate of lead and opium was applied to the foot and toes, which were kept warm by being enveloped in flannel and cotton-wool. This treatment was commenced on November 16, the day after the commencement of the pain, and continued, with the use of opiates, etc., until December 4, when the heat and colour of the skin had become natural, the circulation had returned in the foot and toes, and the pulsating tumour at the popliteal space was apparently quite solidified. Another tumour of the same nature was discovered in the position of the posterior tibial artery, upon the subsidence of the swelling in the leg; but both tumours went on lessening until the 24th, when the patient was so well as to be able to be removed to a sofa, his appetite being good, and his recovery in every way advanced.

Case 61.—*Large Subclavian Aneurism—No Special Treatment—Death from Hæmorrhages.*—The following case occurred in St. George's Hospital:—A man of middle age had an attack of hemiplegia three years before his death, and had ever since the attack suffered from dyspnœa, which had greatly increased in the last year. He had also great pain and numbness in the right arm. When seen there was evidence of aneurism of the subclavian artery, pulsation above and below the clavicle, attended with bruit. The right arm became greatly swollen, and lost all power of movement and sensibility; and, owing to its stuffed appearance, its constant abduction from the side of the body, and its uplifting synchronism with the heart's beats, it had a very singular appearance. The fingers became very livid and clubbed, and the nails greatly hypertrophied. For two or three months the patient could not lie down; and after hæmorrhage which occurred twice, owing to the ulceration of the apex of the aneurismal sac, he sank and died. The sac was found to be capable of containing three or four pints. The sac was found by distension of the posterior part of the artery, and extended

in all directions, elevating and displacing the right clavicle exceedingly. By pressure it had produced caries of the sides of the lower cervical vertebræ, and the posterior part of the clavicle. The first rib was very extensively carious and quite buried and surrounded by the aneurismal contents. The coats of the arteries were diseased, and there was disease of the mitral valve.

The following case was accidentally omitted from the Second Group :—

Case 62.—*Popliteal and Thoracic Aneurisms—Compression Treatment of the Popliteal Tumour—Apparent Success—Sudden Death from External Rupture of the Popliteal Sac—No Autopsy.*—A man, aged 25, of temperate habits, was admitted into the Belfast General Hospital, under the care of Dr. Marney, on April 11, 1857. He had been a soldier in the Crimea, and had been discharged on account of feeble health. A popliteal aneurism of the size of a cricket-ball, which had been first noticed eight weeks before, was increasing rapidly. A coarse *bruit de soufflet* was heard over the track of the ascending aorta, and thoracic aneurism was suspected. On April 13 Carte's compressors were applied, one at the groin and the other at the lower part of Scarpa's triangle. On the second day the impulse in the tumour was less marked ; more decided on the fifth ; and on the twelfth just perceptible, and at the same time the tumour was hard, and of its original size. Œdema of the foot and leg, which had existed for some time before admission, now became extremely troublesome. A pulsating tumour above the sternum was at this time first noticed. On the seventeenth day the circulation in the tumour of the leg could not be detected. On the evening of the twenty-seventh he began to be restless and fretful, suddenly screamed for the nurse, who found him lying in bed deluged with blood. He died in about two minutes. No autopsy was permitted ; but, by exploration of the limb, it was found that the blood had come from the artery ruptured above the site of the tumour.

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SATURDAY, FEBRUARY 4.

SANITARY UNSOUNDNESS.

"C'est une chose admirable que tous les grands hommes ont toujours du caprice, quelque petit grain de folie mêlé à leur science."—*Molière.* There is a common-sense view to be taken of every subject. Most of us are naturally inclined to fall into this. Society, as a whole, invariably does so when left to itself, or in the long run. But it is subject to perturbations. Little epidemics of mental squint get among us, and we see things double or wrong; small men as giants walking, and they make us start for a moment. Some great bull of a Liebig stalks across the field of reformatory science, and forthwith all the frogs and froglings begin to swell themselves out; in time they burst, each making a small noise and nuisance of its own. The commotion they stir up is one of the petty vexations of life. We have occasional sanitary revivals. Hysterical paroxysms of fugitive horrors seize upon hosts of us at once. We get a dread of death-dust in our churches, of motes in the sunbeam, of organic atoms in our wells ; we shudder at the sight of our butcher when we happen to remember Smithfield, we feel the first creepings of an ague if we think of Dr. Elliotson and a stale cabbage. We fall into a superstitious reverence for purity, and send down a Commission of Royalty to Glasgow, to do homage to water with nothing in it. We set up a standard of 0·0, and endeavour to reduce all the elements of life and death to it. No smells, no smoke, no dirty water, no dust, no noise, no anything. These are our millennial aspirations. Such periodical sanitary hysterics have their foci, their first victims. Curiously and paradoxically enough, these are not delicate, over-sensitive women, or precocious boys and girls, who have been stimulated into a readiness to feel anything and believe everything. Names of strong men decorated with the alphabets of all nations in a state of dislocation, are known in every popular lecture-room in the kingdom. Even the President of the Microscopical Society has been detected prying into an invisible film of water, with an incalculable power of vision ; and lo ! we must no longer drink. Locks are put on the handles of the parish pumps. Nothing is fit for poor thirsting mortals but the genuine, pre-Adamic, virgin element, drawn from the lowest depths of the primitive, non-fossiliferous, volcanic, hypogene rocks. The contagion spreads. Old women sniff at the steam of their tea-kettles, dogs are difficult to please with their puddles, analytical chemists are seen dabbling in the drinking-fountains, and our quick-suspicioned young imps turn away in scientific disgust from the tempting, but per-cented, trickle. The great Metropolitan County Coroner is another "local source of infectious emanation." He has a pious fear of fraud and filth, and commissionises the town. Henceforward the public buys nothing but certified grocery, and cigars rolled by fingers washed in rose-water. Every panic-struck shop-keeper hastens to add to the notice of his licence to sell tea, coffee, tobacco, and spices, the coveted words, "Warranted pure and clean by the Sanitary Commission." We are inspired with all sorts of culinary doubts. Domestic vigilance is aroused; agitated mistresses institute manuary inspections among the Soyerinas of the basement, and explore the alluvial deposits in crateral abysses.

> "Magna movet stomacho fastidia, seu puer unctis
> Tractavit calicem manibus, dum furta ligurrit,
> Sive gravis veteri crateræ limus adhæsit.
> Vilibus in scopis, in mappis, in scobe quantus
> Consistit sumtus ?"—Horace : Sat. Lib. II. 4.

"When the Funeral Pyre was out, and the last Valediction over, Men took a lasting Adieu of their interred Friends, little expecting the Curiosity of future Ages should comment upon their Ashes." So the stately and magniloquent Sir Thomas Browne. But the howl of another revivalist comes from the tombs. Dr. Letheby sings a hideous requiem over the dead. His meditations are more lugubrious than Hervey's. He fills our churches with horrors more sulphureous than those of Calvinism. His vocabulary, as exemplified in one short paragraph of his last Report on the City Burial-Grounds, would scare an ogre :—"Human remains, rank remnants of graves, the sanctuary a charnel-house, festering rottenness, grave-yards used as building sites, putrid remains, stagnant atmosphere, soil charged with corruption, sanitary requirements,—hazardous in the extreme,—rash risks, fraught with danger to the community." What Christian pulse can vibrate rhythmically under the reverberations of such a Dantesque volley ? With horrid sounds like these in his ears, who would approach to read an epitaph, or hang a garland over the grave of innocence ? The man who heeds the silent appeal "Siste, Viator !" must be more than hero himself. Dr. Letheby's sepulchral calculations are simply disgusting. He writes about the superficial area of grave-yards, their average elevation, square yards and cubic feet, and "thirty thousand tons of rank, festering rottenness," till one sickens at his figures as if they were the breath of a vampire. How strangely, too, extremes meet. How harmoniously the aspirations of the "highest developments of science" chime in with the cravings of the lowest forms of cannibalistic

appetite. Dr. Letheby has not lost all the propensities of his pre-historic originals.

"Go, knock and call,
He'll speak like an Anthropophaginian unto thee;
Knock, I say!"—SHAKSPERE: "Merry Wives of Windsor."

"Natural selection" has not yet elevated him into the foundership of a new species. He yearns for the time when the human remains, now desecrated by his foul epithets, shall "once more be the constituents of a living body or the harmless elements of a mineral compound." To become again the constituents of a living body someone must eat, drink, or breathe them, and he sighs out the plaint, that "years and years must go by before they can pass through their appointed changes." Let the City people beware in time, lest they become the victims of their own Frankenstein.

But what does all this mean? Why is society incessantly pestered with these villanous phantasms? Has the instinct of self-preservation been lost from among men? Do the restorative powers of nature want prompting? The bare fact is, that in one of our occasional panics about what we should do to take care of ourselves and families, we raised a few enthusiastic gentlemen to a little parochial elevation, and they have grown giddy and lost their balance. They neither see things as they are, nor speak plain English. All their senses are bewildered. Everything they look at is distorted, all they hear is discordant, and whatever they touch, taste, or smell, has a smack of the abominable about it. But when matters come to such a pass that we are told to believe all our grain is mildewed, all our cattle are diseased, all our springs are polluted, all the air we breathe is tainted, that all our stores are shams, that we are the prey of one universal swindle; and we find ourselves, after all, led by the machinations of these very same wholesale denouncers into the egregious folly of expending millions to throw away, by a gigantic system of drainage, the very thing we most ought to preserve, it is high time to rouse up and see for ourselves, to call things by their right names, and burst the bubble of the new sanitary glossary. If our officers of health must pry into the workings of everything in nature, and concoct reports of their peddling, let us at any rate insist upon the exercise of a little common sense and clear vision, and upon the use of ordinary, uninflated, unimaginative description.

Our readers will see that we think some of our sanitary scribbling very nonsense. The season of pantomimic exaggeration and licence is just over. Surely the Lord Chamberlain might take official sanitary performances under his correcting care. We make no objection to rational precaution, to calm demonstration, to fair discussion, nor to faithful reports. Our protest is against foolish excess.

"Dum vitant stulti vitia, in contraria currunt."—HORACE: Sat. Lib. I. 2.

THE MEDICAL ACT AND ITS DEFECTS.

ONE object of the Medical Act was to enable persons requiring Medical aid to distinguish qualified from unqualified Practitioners. This was sought to be attained by establishing a system of registration. The new "Medical Register" has sufficiently accomplished all that was desired thereby; and now the public have no difficulty in ascertaining who are not, and who are properly qualified Practitioners. Another purpose, and one no less important than the former, was to put down unqualified Practitioners. With this view, Section xl. enacted, that "any person who should wilfully and falsely pretend to be, or take or use the name and title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner or Apothecary, or any name, title, addition, or description implying that he was registered, or that he was recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, should upon conviction pay a sum not exceeding £20." Several cases have since occurred where this penalty has been inflicted by magistrates. But it is only very lately that the construction of this particular section of the Medical Act has occupied the attention of a superior Court at Westminster. The case now referred to we reported last week. The magistrates at Kingston had dismissed an information laid before them against a Chemist and Druggist, "for that he did take and use the title of Surgeon without legal qualification, he not being registered under the Medical Act; that he had in that capacity treated a patient for a Surgical complaint, and supplied her with medicine contrary to the form of the statute, and for which said medicine he was paid." In support of this information it was clearly proved that the respondent had examined the patient, given her a liniment, and for which he was paid one shilling; and that the words "Surgeon and Mechanical Dentist" were upon his shop-door, along with the words "Chemist and Druggist." Upon this evidence the magistrates were of opinion that the respondent had used the word "Surgeon" simply to show what branches of the business of a Dentist he carried on, and not to represent himself as a Surgeon within the meaning of the Act; and, at all events, that there was not sufficient evidence that he wilfully, as well as falsely, pretended to be, or had taken or used the name of a Surgeon or other title implying that he was recognised by law as a Surgeon, and therefore they dismissed the information. Against this decision an appeal was brought to the Court of Queen's Bench; but that Court gave judgment for the respondent, the Lord Chief Justice Cockburn saying that he did not think there was any false pretence in using the name of a Surgeon, or any intention on the part of the respondent to deceive, which he considered was necessary in order to bring the case within the Act,—that it was like the case of persons who called themselves "Surgeon-Dentists," who were known generally not to be Surgeons, though some of them were; and Mr. Justice Crompton likened the case to that of the "Surgeon-Chiropodists." The Court was also of opinion that it was a question of fact for the Justices to determine whether the respondent had by the use of the word "Surgeon," coupled with the words "Mechanical Dentist," been guilty of the offence created by the above enactment, that the Justices had decided that fact in favour of the respondent; and although they might have found either way, the Court could not upon the evidence say that they were bound to convict.

It will thus be seen that unless an unqualified Practitioner uses one of the names or titles specified in Section xl. of the Act, simply, he is not guilty of the offence created by the Act. This, it must be admitted, is a great defect in the Medical Act; and it is hoped that measures will be promptly taken for its removal. Penalties should, however, only be imposed upon persons acting as Physicians, Surgeons, etc., not being registered as such under the Act. The prohibition should be similar to that against persons acting as attorneys and solicitors in Courts of Law and Equity. There the enactment is in substance as follows:—"That in case any person shall commence, prosecute, or defend any action or suit, without being admitted and enrolled, he is hereby made incapable of maintaining any action or suit for his fees; and such offence shall be deemed a contempt of Court, and shall and may be punished accordingly." At present there would seem to be no law to prohibit an unqualified person from practising as a Surgeon, so long as he takes care not to pretend to be a Surgeon, or to assert that he is duly registered under the Act. If a properly qualified Practitioner chooses to forego the privilege of recovering his charges in a Court of Law, he need not place his name upon the Register to entitle him to practise. He is, however, disqualified from acting as a Poor-Law Medical Officer, and from holding certain other appointments,

granting certificates, and so forth, which restrictions have been found quite sufficient to secure the registration of almost every qualified Practitioner. It is, however, against those persons who practise without any qualification whatever, that Legislative interference is now absolutely required; and we trust some effective measures will soon be taken to put down completely all unqualified pretenders who seek to prey upon the gullibility of an over-anxious community.

THE WEEK.

Death has been busy amid our ranks of late. Since our last number appeared, Dr. Todd and Mr. Alexander have been called from among us; and only a few days before Mr. Hale Thompson had "joined the nations underground." Dr. Todd died on Monday evening. He returned in the morning from a Professional visit in Wales, and spat a little blood at Gloucester, on his way to town. But he saw his morning patients as usual, and at one o'clock his carriage was at the door to take him on his afternoon round. Just then the hæmorrhage recurred. Sir Henry Holland, his next-door neighbour, attended immediately, but all help was in vain; the bleeding continued, and at eight o'clock in the evening, the thoughtful Physiologist, the busy Physician, was no more. He died of hæmatemesis. A post-mortem examination was made on Tuesday, when the blood was found to have been extravasated from the capillaries of the mucous membrane of the stomach, the liver being in a state of cirrhosis. The funeral will take place this day (Saturday), at 1.45 p.m., at Kensal-green Cemetery. As a number of former pupils and professional friends have expressed a desire to pay a last tribute to Dr. Todd's memory, by following his remains to their final resting-place, arrangements have been made that those who wish to be present will meet at the entrance-gates of the Cemetery, where they will join the procession. On Wednesday morning Mr. Alexander, Director-General of the Medical Department of the Army, died, also suddenly, although he had been suffering from an attack of gout and its consequences for about five weeks previously. The Department has lost a Chief who attained his position by merit and hard work, who laboured unceasingly and cheerfully for the good of the soldier and of his own officers; and who obtained, in a great measure by his own firmness and perseverance, the late Warrant improving and securing the position of the Army Medical Department. It will be difficult to replace him. One who knew him well says: "He was a public servant those only can appreciate who worked under him." In some future number we will endeavour to give such an account of the life of Dr. Todd as will interest our readers. A very well-deserved tribute to Mr. Alexander's memory, taken from the *Times* of Thursday, will be found in another column of this number.—The death of Mr. Hale Thompson must not be passed over without an expression of regret at his sudden loss. He died very suddenly, and it is supposed from the effects of an overdose of chlorodyne, a preparation which he had been in the habit of taking, acting upon a heart much enlarged and altered by fatty degeneration. An inquest was held, and the verdict of the Jury was "Disease of the heart, death being accelerated by chlorodyne." He was Consulting-Surgeon to the Westminster Hospital, to which he had formerly been Surgeon. He became a Member of the College of Surgeons in 1822, thirty-eight years ago, and was nominated a Fellow in 1843. His principal publications were Lectures delivered at the Westminster Hospital on Spinal Diseases and Deformities. He will be long remembered as an energetic and amusing speaker at various Medical Societies.

The Profession will be most glad to hear that Professor Owen has received an apology from the Council of the Royal College of Surgeons of England. The Council candidly admit that they made an error when they stated in the Preface to the Hunterian M.S., just published, "that the M.S. would have been printed sooner had proper information of its existence been given them by the Hunterian Professor." Mr. Owen has shown most clearly that the charge implied against him was utterly without foundation; and we beg to add, that it is utterly without excuse.

Our readers may remember that we commented strongly at the time on the very anomalous character of the proceeding, which was finally resorted in the case of Smethurst, viz. the submitting the whole history of it to Sir B. Brodie for his opinion. After a Jury had constitutionally and legally settled the question, Sir B. Brodie was called upon to play the part of a High Court of Appeal. Our opinion seems to be shared by Mr. E. James, who on Friday evening brought this subject before the House of Commons, and pointed out the very unconstitutional and dangerous character of the proceeding. His remarks brought out from Sir G. C. Lewis some new and curious facts in reference to Smethurst and his sentence. He asserted that there was nothing "anomalous" in the proceedings in this case, and that he had only acted as all other Secretaries have done heretofore in similar cases of difficulty. He then goes on to say:—

"The course which I adopted was to call for the shorthand writer and notes of the trial, to hear everything which could be alleged on the part of the prisoner by his friends or legal advisers, and to refer all the papers which were brought before me to the learned judge who tried the case. The learned Chief Baron, after long consideration of the subject, made a very full report, in which he recommended that the matter should be referred to some eminent Medical Practitioner; and I accordingly placed his report in the hands of Sir Benjamin Brodie, whose eminence and fitness will, I think, be universally admitted. In a conversation which I had with him in order to obtain his permission to the reference, he assured me that he had but a superficial knowledge of the subject, and had formed no opinion whatever with regard to the case; and therefore I believed that it would be impossible for me to find a more impartial referee. After full consideration, given, I can assure the House, with the utmost attention of which I was master, and after hearing an infinite variety of opinions from different persons, I came to the conclusion that the proper course for me to adopt was to advise the Crown to grant a free pardon; and I can only say that nothing which has occurred since I gave that advice has made me entertain any doubt as to its rectitude. I think it right to state that the Chief Baron expressed an opinion that the prisoner ought not to be executed, and he subsequently made the suggestion that Smethurst did not administer drugs to Miss Isabella Bankes with a view of taking her life, but possibly with a view of procuring abortion. That was the hypothesis which a consideration of all the evidence had suggested to him, but it was a hypothesis wholly different from that which was adopted by the prosecution at the trial, or from that which was submitted by the judge to the jury, and it is impossible for me to say whether, if that view of the evidence had been submitted to them, they would have found a verdict of guilty. I think the House will be of opinion that this was not a case in which Her Majesty could have been advised to commute the capital sentence into one of penal servitude."

It is singular that this hypothesis of an attempt to procure abortion was suggested by ourselves in a leading article, published on August 27, 1859, in which we pointed out how the symptoms coincided with those produced by savin. Dr. Wilks afterwards supported the same view in a letter published by us on September 10, 1859. There are two other points suggested by this discussion—one is treated on at some length by our Berlin Correspondent, in a letter which will be found in another column, the conclusion being that a reform in the Coroners' Court, and a better system of preliminary

inquiry, would render a Court of Criminal Appeal unnecessary. This able letter is well worthy of attentive consideration. The other point is the mistaken, but general feeling, that in Smethurst's case Medical opinion was discordant. There cannot be a greater error. Two or three Medical witnesses, it is true, differed from the opinion of the whole Medical Profession, who agreed with wonderful unanimity that the case was one full of suspicion, but that guilt was *not proven*. It is not true that the failure of justice, if it have failed, is due to Medical disagreement. The case was decided on *circumstantial* evidence: the sentence has been reversed on *Medical* evidence.

We have to direct attention to a trial of some interest. The plaintiff, the Medical officer of a Poor-Law Union, sued the defendants, the Guardians, in the County-court at Uxbridge, for £21 10s. for extra Medical fees. The defendants paid £20 10s. into Court, leaving £1 in contest for a fee due to the plaintiff for setting the dislocated arm of a poor man named Archer. The claim was resisted, first, because Archer at the time of the accident was not a pauper; and, secondly, because his arm had been set without an order from the Relieving Officers or Guardians. It appeared that Archer hawked fish with a donkey and cart, and earned about 10s. a-week. One morning he was pitched from his cart, and taken at once to the plaintiff's surgery; and as the case was one of great emergency, which might have proved fatal, the plaintiff immediately attended to the case, without waiting for the usual order. Next morning application was made to the Relieving Officer, but he refused to give an order; the Board of Guardians was then applied to, but they also refused to make the order, on the ground that Archer was not a pauper, and could sell his donkey and cart to pay the plaintiff's charges. For the defendants it was contended that Archer was not and could not be a pauper within the 177th Article of the General Orders of the Poor-Law Board; that it was never intended Medical officers should be entitled to the fees specified in that Article, without an order from the Relieving Officer or the Guardians. Further, Archer's name had not been inserted in the Medical Relief-Book; and that, although the Guardians had power to allow any relief without an order, it was discretionary. In addressing the Jury, the Judge said there could be no imputation on the plaintiff, who thought the Guardians would ultimately grant the usual order; that a Medical officer was not competent to judge for what cases he should be paid for, when he attended without orders; that the Articles of the Poor-Law Board were framed for the purpose of protecting the rates; that the Guardians, on inquiry of the Relieving Officer, had found that the case was not one which could properly be paid for out of the rates, and they had therefore refused to exercise the discretionary power vested in them; consequently there did not appear to be any tribunal which could interfere with that decision, and that unless the plaintiff would consent to be nonsuited, he must direct the Jury to give a verdict for the defendants. As the plaintiff refused to be nonsuited, a verdict for the defendant, with costs, was recorded accordingly.

What Sanitary Science has done, and has yet to do, may be gathered from the following facts. The science is quite of modern date; but since the application of its simplest principles, the cleansing of streams, draining of houses, and introduction of pure water, the following evidence of benefits resulting has been given us:—In Liverpool the mortality had fallen from 37 in the 1000 to 27; in Bradford from 28½ to 22; in Gloucester, from 27 to 24. Taking an average of nineteen towns which had been treated in this way, it was found that the death-rate dropped from 28 in the 1000 to 21. Croydon was taken in hand scientifically some time ago; and since then an average of 196 lives have been saved in the town every year! The mortality among the pauper infants and pauper children in the metropolitan unions has been enormously reduced. In the Military School at Chelsea a death-rate of nine in the thousand has been brought down to one of four. The female prisoners at Brixton, who live under sanitary rules, are three times as healthy as the poor needlewomen of London; and at Pentonville, notwithstanding the allowance to be made for moral depression, the death-rate is only one-third of that prevailing in populous towns. But still there is a great work to be done; for as we are told, authoritatively, that at least 100,000 persons die annually in these islands at premature periods and by preventible deaths; and at least 1,000,000 more are wasted and debilitated from similar causes. Talk of war, indeed! why what battles or contests ever wrought havoc like this—havoc, be it remembered, not occurring at intervals, like an exceptional calamity, but carried steadily and incessantly through the ranks of our population? And we have still to remember the lesson taught us by the Crimean war. In that war we lost altogether 20,800 men; but of this number 5000 only were slain by the enemy. All the rest — 15,800 soldiers — fell victims to privation and disease.

At the Medical Society of London, on Monday night, Dr. Richardson read a paper, the third of the kind he has written on the subject, called the "Study of Disease by Synthesis." In detail, as Dr. Richardson admits, diseases have been studied by synthesis for ages; since the unknown time, in fact, when inoculation for small-pox was first performed. But it is his design to reduce this study by synthesis, or, in other words, the study of disease by inducing diseases artificially, to a perfect system adapted to the entire investigation of disease by philosophical experiment. Towards this end, Dr. Richardson divides diseases for study into six great classes—viz.: parasitic diseases; zymotic diseases; diseases the primary origin of which is in the nervous system; diseases in which from a malchemistry a new growth is evolved from the economy, and supplied out of the organic materials—malignant diseases; diseases due to simple transformations of natural tissues—degenerations; and, inflammations. In the paper to which we refer, the most interesting point adduced related to the question, whether inflammation is or is not a local change. According to Dr. Richardson's view, derived from his experiments in the production of endocarditis, there is no possibility of local inflammation unless there be brought to the part to be inflamed a foreign agent which shall excite a primary local change—congestion. But this excitation set up, all else—all future products, even to pus—are purely local, and may be independent of the condition of the blood. There is thus, according to this argument, no abstract difference between inflammation of the skin caused by a blister and rheumatic endocarditis. Such difference as exists is, in short, merely in conveyance of the exciting body: in the case of the blister, the irritant is conveyed by the hand to the part—in endocarditis, by the blood. The results are the same.

Last week was pleasantly closed by a very agreeable *conversazione* at the Hanover-square Rooms, given by Mr. Hilton, as President of the Medical Society of London. In addition to the usual microscopic, stereoscopic, photographic, and electromagnetic standing dishes, which have begun to pall upon the taste of London gatherings, we had many novelties. For example, Dr. Pavy demonstrating the action of the heart in the crustacea; Dr. Dauglish showing his process of aërating bread;

Mr. Tuson and Mr. Town with some exquisite models; Dr. Richardson with some wonderful specimens of induced endocarditis; autograph letters of John Hunter, Jenner, Humboldt, etc.; and, more than all, a crowd of leading members of our Profession to enjoy all that their worthy caterer had provided for their instruction and entertainment. We need not add that the meeting was a great success both for the President and the Society.

We are informed that Mr. Lister of Edinburgh has been appointed by Sir G. C. Lewis Professor of Surgery in the University of Glasgow. A very singular course seems to have been adopted by the Home Secretary in this election. With true Whig instinct, looking for support in the Commons, he consulted the Members for Glasgow; and these gentlemen, with an eye also to the "popularity dodge," sent the following circular to the whole of the Practitioners of the neighbourhood:—

"Dr. Corbett, Glasgow.
"Dr. Edwards, Edinburgh.
"Dr. Fleming, Glasgow.
"Dr. Lister, Edinburgh.
"Dr. Lyon, Glasgow.
"Dr. M'Leod, Glasgow.
"Dr. E. Watson, Glasgow.

"Glasgow, January 16, 1860.

"Sir,—Above are the names, so far as we are informed, for the Chair of Surgery now vacant in the University of Glasgow.

"We request you to inform us which candidate is in your opinion best qualified for the appointment by placing a cross opposite to his name. You will please return the sheet, and post it not later than the 18th inst., as we shall decide on the 19th which of the candidates we shall recommend to Sir George C. Lewis for the appointment.

"You will observe that you do not require to attach your signature, and we shall keep the returns strictly confidential.

"We are, Sir, yours faithfully,
(Signed) "Walter Buchanan, M.P.
"Robert Dalglish, M.P."

About 160 answers were received; but as no clear majority was obtained, a second circular, with only two names, was sent round. It it needless to point out the very great objections to such a course as this. The result seems to have been that as the Glasgow men could not agree to support one of their own body, a young man from Edinburgh has been sent to teach them a lesson. No one can deny that the appointment is a good one,—whether it is the best that could have been made from the list of candidates it is hard to say.

M. Béchamp has recently made an analysis of the blood, and he asserts that manganese, lead, and some other bodies, which have been considered as constituents of it, do not exist in normal blood.

University of Cambridge.—Mr. T. W. Latham, of Caius College, has been elected a Fellow of Downing College. This gentleman, besides being a Wrangler, was in the first class in the Natural Sciences Tripos, being distinguished in Chemistry, Physiology, Comparative Anatomy, Botany, and Mineralogy. His election is, therefore, a recognition by the University of the successful prosecution of these studies which we gladly record, and trust that the example thus worthily set may be followed in other instances.

Dr. Affleck, of Jedburgh.—We are sorry to announce the removal by death of another of our Medical brethren, John Affleck, M.D., who died on the 22nd ult., at the age of fifty-five, of congestion of the brain, brought on, it is said, by a fall which he received during the late frosts. Though ailing, he was, up till the preceding Monday evening, able to make his calls, after which he was confined to bed. He was born in the neighbourhood of Douglas, and graduated at Glasgow College, where he ranked high as a scholar. His practice in Jedburgh has extended over a period of thirty years, and he leaves behind him many sincere friends to mourn his loss.

REVIEWS.

The Action and Sounds of the Heart. A Physiological Essay. By G. B. Halford, M.D. London: 1860. 8vo. Pp. 47.

What a world of labour and what a mine of intelligence has been bestowed upon the investigation of those two little sounds which occur during the heart's movements! "Thirty different explanations," Dr. Halford tells us, "have been offered of the production" of one of them! And can we yet say that we have found the key to a correct knowledge of the true one? The positive in Physiology and in Medicine is alas, too often an unknown quantity; and we fear that even this well-laboured field must still occupy the ingenuity of the philosopher before the last, the undeniable answer to the problem, the causes of the heart's sounds, is obtained from it. Happily, however, what has hitherto been done has not been labour wasted. Enough has been gained from this domain of physiology to enlighten the practical physician in his diagnosis of the heart's diseases; and it is probable that the most complete certainty regarding the causes of the heart's sounds would not assist us to a more correct method of treating this class of diseases. We know enough of the nature of the disordered condition of these sounds to enable us to fix sufficently for all purposes of their treatment, the pathological changes of which they are the indicators.

Still it is impossible, as physiologists, not to feel a deep interest in the solution of such a question; and we consider, therefore, that great credit is due to Dr. Halford for the energy and skill with which he has so long worked at this knotty and most difficult subject. Our attention has been particularly called to it, indeed, by this Essay, which is from the hands of an author who certainly has a better right to speak on the subject than any living physiologist, and for the simple reason that he has probably more fully investigated it, historically and experimentally, than any other.

Now, if Dr. Halford's views are correct, the causes of both heart-sounds are settled once and for ever. He considers that his experiments *demonstrate* the fact, that both sounds "depend upon the same cause, which is simply the vibration of the valves produced by the backward pressure of the blood, first against the auriculo-ventricular, and secondly against the ventriculo-arterial valves." And this is, in fact, the view which has been at different times sustained by various observers,—by Dr. Billing, M. Rouanet, Mr. Bryan, Valentin, and Baumgarten, for example. The very fact of Dr. Halford taking the question in hand, shows clearly enough that when he commenced with it, it was one which still required a demonstrative touch, and was in truth still, in some sense or other, a *quæstio vexata*.

But has Dr. Halford entirely removed the *questionable* part of this history? Has he purged it of its doubts and difficulties, and left a bare, naked, and demonstrated truth for the benefit of all future time? A careful perusal of his Essay does not enable us to say that he has done so to our contentment; and we must even add, that neither did what we observed while assisting at two of his experiments allay the difficulties which are as yet, to our minds, not planed away. We will, therefore, in as few words as may be, state what these difficulties are, and then show how far Dr. Halford's experiments and reasonings leave them still untouched.

As regards the second sound of the heart, there is among Physiologists and Physicians no dispute—all are agreed in ascribing it to the tension of the semilunar valves of the aorta and pulmonary artery. The dispute as to cause is therefore wholly confined to what is called the first sound of the heart. This sound, Dr. Halford affirms, is simply and solely the result of the vibrations of the auriculo-ventricular valves, produced, when they are stretched, by the pressure of the blood during ventricular systole. And he supports this view, chiefly, by the experiment which he has so often performed, viz. of exposing the heart of a living animal, and of arresting the flow of blood through it. So long as blood flows through it two sounds are heard, by help of a stethoscope placed on it, but they instantly cease when the flow of blood is arrested. We willingly bear witness to the correctness of this statement; and we willingly admit, that the *chief* cause of the heart's first sound is tension of the auriculo-ventricular valves. But we do not see in what way this experiment invalidates the proposition, that there are other causes which

aid in its production. That other causes do so aid seems to us to be a necessary fact, resulting from a physical, a physiological, and a pathological consideration of the different actions which coincide with the heart's first sound. And then, indeed, the question resolves itself into this—not whether Dr. Halford stops the sounds of the heart, when he arrests the circulation of the blood through it, but whether he arrests *that first sound which we hear when we listen to the beating heart of a living unmutilated animal?* On the face of the experiment it is evident, that certain of the supposed causes of sound No. 1 can no longer act. There can be no *impulse* against the thoracic walls when they are removed. There can be no *rush of blood through arterial orifices* when no blood is allowed to course through the heart. There can be no true (that is, natural) *bruit musculaire*, where the heart's contractions are, as it were, abortive—that is, when no blood entering the heart, there is no dilatation and no natural systole. But, on the other hand, when the blood is admitted, and when the sounds reappear, then we have these two latter facts in action, viz. rush of blood through arterial orifices and perfect muscular contractions.

Dr. Halford argues off these other possible causes of heart's first sound in a very unsatisfactory way. As regards the impulse against the thoracic walls, which, by the way, and alas! for the frailty of human ingenuity was once demonstrated by Majendie to the satisfaction of an admiring body of young savans, as the *sole* cause of this first sound, he says it is a mistake altogether, "the blow is only apparent." Now in answer to this physiological view, for it is founded on the assertion that the apex is not tilted forward during systole, we would oppose this simple *pathological* fact, viz. the beat of the heart of a nervous hysterical female, as conclusively demonstrative of the fact, that a heart can rap "like a hammer" against the inside of the thorax. This beat gives us a taste of what it may do in its milder modes. As to the *bruit musculaire*, Dr. Halford does not believe in the existence of the thing at all; but as the fact may at all times be heard over the pectoral muscles of a navvy, and as it is received as true by all Medical Christendom, we cannot admit his exception to the fact. Nor must he say, that in an hypertrophied heart, the first sound should, *therefore* (*i.e.* if it were caused by muscular bruit) be increased; because in such a heart, the other causes, which as we assert go to the formation of this compound sound, are no longer in perfect action; and because also in hypertrophy the *contractions* are almost invariably more or less imperfect; and so also are the valves themselves. That other argument (which he thinks proves his assertion to demonstration), viz. "that, although muscular action is going on vigorously, no sound is heard," avails nothing for the reason above stated—viz. that inasmuch as there is no blood admitted to the heart's cavities, there can be neither proper expansion nor proper contraction of the ventricles. If the heart's cavities do not dilate, the muscular fibres cannot return to their natural, relaxed condition which precedes contraction. Then, again, to say that the rush of blood out of the ventricles through the arterial orifices produces *no* sound is a palpable error; for it undoubtedly produces the first *arterial* sound—the sound which corresponds with the dilatation of the arteries, and which may be plainly heard over every large artery of the body, and in certain pathological states is heard, as a bruit, even over the radial artery, on the slightest pressure of the stethoscope. The first sound, therefore, as heard over the base of the heart, at least, undoubtedly, depends in part upon the sudden stretching of the aorta and pulmonary artery. Whether the forcible and sudden expulsion of blood from a cavity like the ventricle through an orifice, which is considerably less in diameter than the aforesaid cavity, produces a sound, is not clear; but it assuredly, *à priori*, appears very probable. The argument used by Dr. Halford—that "he will not admit that the flow of blood either into or out of the heart (in health) can produce sound; for if such were the fact, sound should be developed during the filling of the auricles," etc.—is manifestly a defective one; and for the plain reason, that the flow of blood into the auricles gently, quietly, and equably, is a vastly different affair from the forcible and sudden ejection of blood out of the ventricles into the arteries.

Pathological states of the valves also sustain our position. In some diseased states, for instance, of the mitral valve, we can distinctly hear over the left side of the heart a dull, indistinct sound, which we may fairly suppose to be the first sound *minus* its valvular part. We have heard this sound over the left side of the heart, when the mitral valves have been converted into a rigid cone. And the very difference in the character of the healthy first and second sounds, also strengthen the argument. They differ not only in duration, but also in tone. If the second be purely membranous, and differs considerably in tone from the first, then we may fairly conclude that the exciting cause is not precisely similar in both.

The objections which we here raise have not been removed by Dr. Halford; and until we have them answered we feel bound to adhere to the opinion that, although the first sound of the heart is chiefly caused by tension of the auriculo-ventricular valves, it also in part depends upon other causes. The interesting observations made by Dr. Halford on the emeu, etc., in no way invalidate this conclusion.

We have referred to Majendie's *convictions* as to the cause of the heart's first sound; and as another specimen of the reasonableness of caution in coming to conclusions on matters of this complicated character, we cannot do better than refer the reader and Dr. Halford to a paper by Dr. Malherbe, in the last number of Brown-Séquard's *Journal of Physiology*: "I propose," says the author of it, "to establish, by considerations physiological and pathological, the fact—*that the auriculo-ventricular valves cannot produce any sound;* and that the first sound of the heart is caused by the sudden rush of blood into the ventricles, caused by the contractions of the auricles"!

FOREIGN CORRESPONDENCE.

GERMANY.

BERLIN, January, 1860.

BEFORE leaving the Pathological Institute of Berlin, I purpose to call the attention of your readers to a suite of rooms on the first floor of the building, which are set apart for the special purpose of carrying out the examination of the dead, in cases of medico-legal inquiry. The arrangements here, and throughout all the German States, as well as Prussia, are of the most efficient kind, and might, with great advantage, be taken as a model by which we might greatly improve our own system. The efficiency of the Prussian system, when contrasted with the daily conduct of our Coroners' inquests, puts us to shame. The apartments in the Institute of Pathology at Berlin are provided with all the necessary means and appliances for conducting the medico-legal examination of a dead body. Throughout Austria, Germany, and Prussia, a medico-legal inquiry is instituted in every case of sudden or of violent death, and a complete autopsy *must* then be made of such cases. Forty-eight hours are allowed to elapse after the fatal issue before such an examination is commenced. Official cognisance is taken of all deaths, and official permission must be obtained before any body is allowed to be buried; and if there should be suspicious circumstances in any way connected with the death, the body must be examined by those legally appointed for this purpose, and no one else is permitted to be present. The officials appointed for this purpose are—first, a *judge*, or member of the legal profession, before whom the medico-legal inspection is made; second, a (*stadt* or *kreis*) *physicus;* third a (*stadt* or *kreis*) *chirurgicus;* and fourth, a *chemist* or *apothecary*, if required. All these are men properly qualified in their respective professions; and to them is invariably confided the investigation of all medico-forensic matters belonging to the respective towns or districts over which these men are in charge. Their services are required in all legal tribunals touching sudden or violent deaths; their office, moreover, is a permanent one, and they are paid by Government. The judicial post-mortem examination is required to be made according to special instructions issued for that end; and a joint report is signed by all the three or four officials present. The duty of the Medical men is to make the necessary dissection, and the duty of the judge present is to see that all the legal forms are observed, and to countersign the Medical Report. The execution of these forensic duties is still further checked before the report can be made use of in a Court of Justice. The joint report is forwarded for examination to a Board of Medical Examiners connected with the chief office

of the State. These men read over the report, not only to see that the examination has been made according to the special instructions, but to see that no point has been left obscure, on which further light might be thrown by any more extended examination. After the report is thus officially approved of in the highest quarter, it may then be used in evidence in the Supreme Judicial Courts, and the opinion thus given as to the cause of death is final. The body is examined most completely, both externally and internally according to the most approved scientific rules and methods of investigation, for the detection of morbid states, or for conditions produced by injurious agents such as poisons. Cases of suspected poisoning require a more prolonged examination than any others, and accordingly during the inspection of suspicious cases of this kind, the œsophagus, the stomach, and the duodenum, are all carefully tied at their orifices before they are divided and separated from the dead body. Thus their contents are preserved, and all are subsequently examined separately by the *physicus* and *chirurgicus*, aided by the chemist or apothecary, and the joint report on the result is received by the Supreme Tribunal. The bodies of children said to be still-born are most carefully examined.

If, now, we contrast this systematic and efficient mode of proceeding with what takes place in our own country, the comparison leads to no other conclusion than that our mode of proeedure is without system, often irregular, always uncertain, and generally unsafe in fulfilling the ends of justice. In the first place, too much undefined power is centred in our coroner, who is permitted to decide, in the first instanee, whether or not an inquest should be held. The greater number of our coroners are chosen from among well-to-do business men, country lawyers, or Medical men of considerable practice. This functionary need not belong to any particular profession. He need not be a legal man; although he requires to do the office of a judge in weighing evidence and directing the jury. He need not be a Medical man; yet he often ventures to decide upon Medical topics. Indeed he not only decides whether or not an inquest should be held, but his responsibility is so decidedly "on the loose," that he may even carry on the inquest or suppress it at the solicitation of interested parties. We instance the celebrated case of Palmer and Cooke in illustration of this statement. Moreover, he may declare, as is daily done, that no Medical witness need be called, and that no post-mortem examination is required. There is a very obvious inducement on the part of our coroner for the frequent exercise of his veto on these points. He must give an order for the payment of the Medical man for his inspection and report. On the other hand, the power vested in him leads him to secure Medical opinions from among his own personal friends in the Medical Profession. Thus he may not only lay himself open to the charge of favouritism, but if he and his Medical friends should be both biassed as to the verdict, the ends of justice must suffer. It is well known, also, that frivolous and unnecessary inquests are very often made; but our limits do not permit us to go into this topic. A publication of the highest forensic authority in Germany—Hencke's "Zeitschrift"—prefixed the following observations to an abstract of Palmer's trial. They show the estimation in which our medico-legal investigations are regarded in Germany:—"This trial has, through the medium of the daily papers, been made as familiar to the German public as was the famous Bocarmé trial in Belgium; but whereas in the latter case, the experts conducted their investigations and delivered their testimony with great exactitude and circumspection, Palmer's trial presents a very sad picture of the carelessness of the experts, and of the superficial or even frivolous procedures employed for the detection of the poisoning, and for the foundation of their opinions. They were involved in such contradictions, that at last, in place of unprejudiced seekers for truth they became mere party witnesses and lost all credit with the jury. This was the more to be deplored as some of them were men of scientific eminence; but in fact the blame is not so much attributable to the individuals as to the peculiarities of English Jurisprudence; which, however much it may deserve preference to ours in some respects, is wanting in all formal rules for the medico-legal inspection of dead bodies, and for the drawing up, and justification of, the judgment arrived at by its experts. In England there is no Medico-forensic body empowered to examine and control these judgments. The coronerships offer no compensation for the want of such a body. They are characterised by many defects, some of which became very glaring at Palmer's trial. A reform suitable to the age has become urgent."

What must be thought of the recent case of Smethurst, where the final decision was left in the hands of *one* man—he, it is true, one of the most eminent members of our Profession? Such an absurd conclusion to a most important trial, and such glaring defects as may be seen or heard of every day at our coroners' inquests, afford abundant reasons for urging upon our Government a careful consideration of this subject in all its bearings. More especially I would urge—

(1.) That the powers vested in the coroner, of holding an inquest or not as he pleases, ought not to remain in his hands.

(2.) Cases for inquest, and cases requiring a post-mortem examination, ought to be more clearly defined than they are at present; so that frivolous inquests or post-mortem examinations might be avoided, and those that are necessary efficiently carried out.

We have abundant evidence now to prove that the cause of justice has been endangered, if not frequently frustrated, at our coroners' inquests, on account of the dead body not having been properly and completely examined. I can point to numerous examples recorded in your own and other Medical Journals. To remedy this evil I would, therefore, urge—

(3.) That the power to appoint the person to make the post-mortem examination ought not to be vested in the coroner.

(4.) Government ought to appoint Medical officers in every town, or district of a town or county, upon whom would always devolve the duty of making the post-mortem examinations. They ought to be paid by Government a fixed salary, besides fees for reports and attendance on trials.

(5.) Every inspection made by them ought to be made according to formal rules drawn up by a board of competent and experienced pathologists, presided over by the Medical officer of the Privy Council. Such rules should be systematic, embracing minute details of the mode and order in which the parts of the body ought to be examined by the most approved and scientific methods of research; and they ought to receive the sanction of Government.

(6.) The coroner ought to be a member of the Legal profession; and ought to be present as a member of the Legal profession at all post-mortem examinations. His duty here would merely be to see that the examination was conducted according to the prescribed legal form.

(7.) One Medical man is not sufficient to conduct a post-mortem examination as it ought to be done; but how many experts may be required to meet the end in view, may be a question for consideration. I would suggest the necessity of a Physician and a Surgeon, both skilled in pathology and morbid anatomy; and in cases of suspected poisoning, let them have the assistance also of a Chemist or Toxicologist.

(8.) These three, and no others, ought to conduct every medico-legal inquiry within their district, in presence of the coroner of the district, and draw up a conjoint report; and the coroner, merely as a legal official present, ought to countersign their report.

(9.) Such a report ought to be final as to the immediate cause of death. How the death was brought about, or if the guilt or innocence of an individual came to be a question, let that question be determined by the coroner's jury; and accordingly as they decide, or as the Lord-Advocate or public prosecutor may decide, let the case go to final trial or not.

Other questions connected with our Profession in relation to judicial tribunals also demand consideration; and of themselves, at once suggest the necessity for having competent, and always the same persons to conduct post-mortem examinations. At present it is not uncommon for the Physician or Surgeon who attends a case during life to make the post-mortem inspection and report. Now, it must be obvious "to the meanest capacity" that where an unbiassed opinion is required as to the nature of the disease from which a patient dies, such an opinion cannot be expected under such circumstances. Opinions are *always* formed by a Physician or Surgeon in attendance on a case as to the nature of the disease before death, and as to the cause of death

itself; and these preconceived opinions will always influence the view they take of the morbid appearances which any part, organ, or viscus, of the dead body may exhibit.

Without disparagement to the practical skill of Medical Practitioners, it is notorious that those engaged in the daily routine of practice very rarely conduct an autopsy; and there are many morbid appearances and modes of detecting them with which their observation ceases to be familiar. For these reasons, as well as others already noticed, competent and experienced persons ought to be appointed to examine the dead for coroners' inquests, and to conduct medico-forensic investigations.

(10.) Lastly, I would urge that the evidence of the Medical men who saw and attended the case during life should be called for at the trial; and that no other but those so qualified to speak should be permitted to enter the witness-box. I do not see upon what grounds men can give evidence who never saw the case in point. Yet, at the recent trial of Smethurst this fatal mistake was made, because our judicial forms permitted it, and the advocates on both sides fully took the advantage. Medical men thus pitted against each other became party witnesses, and gave evidence on Medical doctrines and matters of opinion which were duly twisted about to suit the purpose of the respective advocates. The exhibition was disgraceful to our Profession and to science; the result, as all the world knows, was a lamentable break down of trial by jury. The decision of the jury and the sentence of the judge were alike set aside by the final opinion of Sir Benjamin Brodie, that the evidence was not sufficient to warrant the verdict; and the prisoner obtained a free pardon.

I conclude with another case in point.

A man, named Collison, was tried in Edinburgh some time ago for the murder of his wife, and condemned to death. He had injured her most severely in a drunken brawl. The unfortunate woman was taken to Mr. Syme's wards in the Infirmary of that city, where, after lingering a few days, she expired. The Procurator-Fiscal directed Professor Miller and Dr. Gairdner to examine her body; and in their official report, as also in their oral evidence at the trial, they gave an unhesitating opinion that the woman had died in consequence of the injuries inflicted by her husband; and on this he was sentenced to death. *Mr. Syme was not examined at all.* On this the Professor addressed a petition to Lord Palmerston, as Home Secretary, containing, among other allegations, the following:—

"1. That neither he nor any of his assistants had been examined.

"2. That the Medical men who were examined as to the morbid appearances found on dissection had never seen the deceased during life.

"3. That there was, therefore, a want of evidence as to the cause of death, the case affording room for a diversity of opinion as to whether it should be ascribed chiefly to the injury or to *delirium tremens*.

"The capital sentence was thereupon remitted."

The Right way to Address the Feelings of a Discerning Public.—The following is the style of thing which a learned Professor finds suited to his Kentish admirers:—"Are you in agony? A well-spring of hope for all. Holloway's Ointment.—To the very core and centre of all diseases which afflict the surface of the body, this remarkable preparation penetrates. It disappears under the friction of the hand, as if it were literally drawn inward by some internal force, and performs its healing errand rapidly, safely, and without pain."

Celibacy in Relation to Mortality.—The mortality of persons in a state of celibacy is greater in France in women than in men below 20. Above that age, the reverse prevails; probably, in some measure, on account of military service. The difference between the mortality of single and married persons, both men and women, is in favour of the former below 20, and from 20 to 25 years. But above that age it is more favourable to the married. In 1851 the population of France exceeded 36 millions, of which number 13,935,046 individuals were married, 8,564,049 (viz. 4,014,105 men, and 4,549,944 women) were single, and 2,524,092 (836,509 men, and 1,687,583 women), were in a state of widowhood.

GENERAL CORRESPONDENCE.

THE REGISTER.

Letter from Mr. A. B. Steele.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the Medical trial at Newark, noticed in your columns last week, an important omission on the part of the prosecution has subjected the parties to the delay and expense of an appeal, which might easily have been avoided.

A list of additional entries on the Register is published monthly under the authority of the Registrar, who will supply them to purchasers on application; and if these had been produced at the trial, no appeal on the ground taken would have been granted. As this information may be of service in other cases, you will perhaps publish it in your Journal. I am, &c.

A. B. Steele,
January 27. Hon. Sec. Liverpool M.R.A.

ANOTHER CASE OF AMPUTATION OF THE FOREARM AT THE LOWER THIRD.

Letter from Mr. Alford.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have read with much interest the communication from Mr. Hugh Croskery on a Case of Amputation of the Right Forearm at the Lower Third, in your Journal of Saturday last; and I cannot refrain from sending you the account of a case which I had under my care in the Taunton and Somerset Hospital, which is of interest from the exact similarity it bears to the case of Mr. Croskery.

J. A., aged 22, a well-built, plethoric young countryman, was admitted into the Hospital on May 24, 1859. His right hand was fearfully crushed, the metacarpal bones fractured, the muscles pulpified. It was quite evident that amputation was necessary, and this I immediately performed. Chloroform having been administered, I made an anterior and posterior flap, by transfixing the limb on both occasions, and then sawed through the bones about the lower third. I then drew forward the tendons, slightly cut them, and they immediately retracted within their sheaths. The flaps were then united by sutures. The case did remarkably well, and was discharged cured on June 14, 1859. He had not one untoward symptom, and the tendons gave no trouble whatever. I found great benefit in placing a small splint on the posterior or extensor side of the limb, which tended to keep the flaps in more perfect apposition. The stump was all that one could desire, and the man now has a very useful limb.

I am, &c. Henry James Alford,
Surgeon to the Taunton and Somerset Hospital.
Vivary-lodge, Taunton, Jan. 30, 1860.

LE DOCTEUR NOIR, M. VRIES.

[To the Editor of the Medical Times and Gazette.]

Sir,—I see in your number of January 21, a sketch of the life of M. Vriès, the quack cancer-curer. Perhaps an incident which I witnessed in the course of his career, may be of interest. In 1847 I was quartered with my regiment in Trinidad, and, for a time, had charge of the excellent Leper Hospital of that island; having volunteered for this duty during the absence of Dr. Saturnin, the Surgeon, who had accidentally fractured his leg. It was during this period that M. Vriès came, with very eulogistic testimonials from Georgetown in Demerara. His trade was then to cure leprosy; and, according to his advertisements, confirmed by alleged assurances and verifications from various quarters, this repugnant disease in all its forms yielded to the specific remedies in his possession. Influenced by the high testimonials in his favour, Lord Harris, the Governor, who took a great interest in the unfortunate inmates of the Leper Hospital, allowed M. Vriès to select a limited number for "cure." He had sagacity enough to choose four or five cases of simple Barbadoes leg:

avoiding all those exhibiting tubercular swellings in other parts of the body, or showing marked constitutional leprous degeneration. These Barbadoes legs he subjected to immense pressure, by bandages and a kind of boot capable of contraction under the influence of screws. He also, I fancied, made incisions to facilitate the escape of serous discharge. He gave something as medicine, but I have no idea of its nature. After a fortnight or three weeks, he showed the legs greatly reduced in size—but, I need hardly say, without any approach towards cure. However, he gained his object, which was notoriety; and with it, I have no doubt, a goodly number of fees during his stay at Trinidad. I enclose my card. I am, &c. T. L.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 24, 1860.

F. C. SKEY, Esq., President, in the Chair.

A paper, by Mr. R. L. BOWLES, was read, being

OBSERVATIONS ON STERTOR, AND ON THE VARYING CONDITIONS UPON WHICH IT IS DEPENDENT; WITH THE TREATMENT NECESSARY FOR ITS RELIEF.

Mr. Bowles commenced by stating that in the majority of instances, he had found, from experiment, that stertor arose from one of three conditions—1st, from paralysis of the velum palati; 2nd, from the paralysed tongue lolling back in the throat; 3rd, from the presence of mucus in the pharynx and air-passages. His attention was first attracted to this subject when assisting Dr. Marshall Hall in elucidating the subject of artificial respiration on the dead body. It was found that the position of the body invariably influenced the relations of the tongue—namely, that in the prone position it fell forwards and away from the pharynx; whereas, when the body was supine, it fell back towards the pharynx, and would form a serious obstacle to the passage of air into or out of the trachea. It was also observed that mucus or fluid ejected from the stomach tended to drain away in the prone position, and to remain in the back of the pharynx in the supine; and this would greatly increase the danger of apnœa in the latter. The author stated that, in November, 1857, he was called to a case of apoplexy, in which coma and stertorous breathing had persisted for some hours. The patient was wholly unconscious and uninfluenced by external impressions, and the pupils were contracted and immovable. Whilst watching the case, some fluid was ejected from the stomach, which lodged in the pharynx, and would have caused death by suffocation had not the patient been quickly turned on her side, and the fluid allowed to drain away. In this position the stertor entirely ceased, but on resuming the supine position it returned as loudly as before. The experiment of change of posture was tried several times, and always with the same result; and, what was equally remarkable, the general symptoms were greatly modified after the lateral position had been maintained for a few minutes; the pulse became calmer, the skin cooler and less bedewed with moisture, the eye sensible to the touch; and the general sensation returned to such an extent that the patient evinced signs of discomfort at the removal of a mustard poultice. In a case of epilepsy in which stertorous breathing had supervened, the moment the lateral position was assumed the stertor ceased, and the patient very soon became conscious, and recovered. Other cases were related, all of which tended, with the foregoing, to demonstrate—1st, that the paralysed tongue *may*, under certain circumstances, cause even death by suffocation; 2nd, that stertor arises from the tongue falling back in the supine position of the body, so offering a serious impediment to the respiration; 3rd, that mucus (another respiratory impediment) drains away when the patient is placed on the side; and 4th, that great improvement of the general symptoms follows the establishment of easy breathing in the lateral position. The anatomy of the parts was then referred to; and it was shown that the pharynx, having only a fixed boundary posteriorly, may have its capacity materially altered by the ever-varying positions of its sides, of the soft palate, the tongue, and the larynx. With the closed mouth, the tongue cannot, in the majority of cases, reach the back of the pharynx, as it is fixed to the inside of the symphysis of the jaw; but when the jaw drops, the symphysis describes the arc of a circle, and approaches very nearly to the spine, thus allowing the tongue to come in contact with the posterior wall of the pharynx. Diagrams of some dissections were shown, to illustrate the position of the tongue and epiglottis in the various positions of the jaw and of the body. If the chin be bent upon the sternum by raising the head with pillows, the tongue will lie in dangerous proximity to the pharynx, even if the mouth be closed. Stertor was divided by the author into the three following varieties:—1st. Palatine stertor. In this, if the mouth be closed, the soft palate is pushed upwards and backwards by the base of the tongue, and thus narrows the opening between the palate and the posterior wall of the pharynx. If the mouth be open, the velum palati drops upon the tongue, and vibrates as the air rushes between it and the tongue. 2nd. Pharyngeal stertor, which is the most frequent in apoplexy, and by far the most dangerous. This variety depends upon the base of the tongue dropping back into the pharynx, and acting as a serious impediment to the passage of air; it occurs when the mouth is wide open, and is a harsher and sharper noise than either of the other varieties. 3rd. Mucous stertor, which depends upon the presence of mucus in the bronchial tubes; it may exist alone, or in combination with either of the preceding varieties. A case was related, to show that palatine stertor, with closure of the mouth, may accompany deep coma; but it was considered that it was the rule for persons in deep coma to breathe through the mouth, and for this reason: the muscles of the jaw being paralysed, the jaw drops and opens the mouth; whereas, the dilators of the nose, being also paralysed, the alæ nasi are forcibly drawn by the in-going air towards the column of the nose, and thus close the orifice of the nares altogether. With reference to the importance of stertor, the author remarked that the impediment to the entrance of air into the lungs, as it tends to retard the flow of blood through the veins, might very possibly be the first step towards death in cases of apoplexy with degeneration of blood-vessels, or fracture with laceration of the sinuses or vessels of the brain; for the blood would make its way, where there was least resistance, through the wounded or ruptured vessel. If, however, there were no obstruction in its natural course, it would more probably follow that, than turn aside through an opening, in which perhaps a coagulum had already formed. Besides the ultimate dangers which might result from a persistence of stertor in apoplectic and similar conditions, the more immediate dangers of the supine position were pointed out—*e.g.*, 1st. Fluids or other foreign matters making their way into the larynx from the mouth or stomach; 2nd. The falling back of the tongue, causing sudden and complete apnœa, which may occur in all cases of paralysis, whether from syncope, apoplexy, concussion of the brain, chloroform poisoning, suffocation from carbonic acid or drowning; for if a disaster arise from any of the above conditions, the patient is almost invariably laid flat on the back. The paper was concluded by the relation of a case, by Mr. Lewis, of Chester, of profound coma supervening upon several severe attacks of epilepsy, following each other in quick succession. When the patient was seen, the pupils were contracted and insensible; the pulse small, weak, and irregular; the surface pale, with cold, clammy perspiration; breathing irregular, slow, and extremely laborious. The stertor was very marked; very little air seemed to enter the lungs; the cheeks were puffed out during expiration. The patient was placed well over on his side. There was an immediate flow of saliva from the mouth, followed by a considerable quantity of sanio-mucous fluid. The breathing instantly became more free, and in less than a minute all stertor had ceased. The other symptoms gradually subsided, and in an hour's time, the bowels having been acted on by croton-oil, there was a partial return to consciousness, and the next day the patient was walking about the wards of the Asylum.

Dr. ROBERT DICKSON said that in cases of gastric fever he had seen patients so debilitated that when desired to put out

their tongue it fell back in the mouth, not only creating considerable difficulty in breathing, but almost threatening suffocation. In one case, a patient being *in articulo mortis*, he placed him on his side, putting the pillow in such a position that the saliva could flow freely out, and by that means the sounds so distressing to bystanders, known as the "death-rattle," were prevented. He should in future adopt the same plan in similar cases.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, JANUARY 19, 1860.

MR. HENRY THOMPSON, President, in the Chair.

MR. HENRY THOMPSON thanked the Society for the honour they had done him in electing him to the office of President, and hoped to receive the support of all its members in carrying out the intentions of the founders of the Society.

Mr. W. F. CLEVELAND showed a specimen of

A HEART EXHIBITING EXTENSIVE OSSIFICATION.

It was taken from a gentleman, aged 83, who had been subject to fits of angina, but had been enabled to walk ten miles five weeks before his death. The powers of life began to give way only a week before his death. The aortic valves were extensively ossified, and there was a large lump of bone in the septum. The left lung was found filled with gritty matter.

A paper, by Mr. WEEDEN COOKE, was read on

THE SUCCESSFUL TREATMENT OF GONORRHŒA AND GLEET WITHOUT COPAIBA.

After referring to Sir Astley Cooper's method of treating gonorrhœa, the author stated his belief that he was only giving utterance to a largely-acknowledged experience, when he ventured to affirm that copaiba in the treatment of gonorrhœa was not only unnecessary, but that it was in a great many instances injurious, and that in all it was offensive to the last degree. During the last fifteen years at least 6000 cases of gonorrhœa had come under the author's care at the Royal Free Hospital, and he had availed himself of these large opportunities to test all the methods of treatment which had been suggested, in order to arrive at the safest, quickest, most efficacious, and least disagreeable mode of curing this disease. As introductory to the subject of treatment Mr. Cooke discussed the subjects of the cause of chordee, the reason for the scalding of the water, the distinction between true and spurious gonorrhœa, and the time when infection may or may not be apprehended. The conclusions he arrived at were,—1. That chordee in ninety-nine cases out of a hundred was due to spasm, and not to effusion of lymph; and that cubebs, acting as an anti-spasmodic, formed the most efficacious remedy for this symptom. 2. That the scalding of the water was the result of the acid urine passing over the highly-inflamed mucous surface of the urethra, and that this was to be remedied by the administration of the alkaline carbonates, for the purpose of neutralising the acidity of the urine—thus removing the principal cause of the continuance of the inflammation. 3. That in all disputed cases the true gonorrhœa may be known from the spurious by the presence of redness, heat, pain, and swelling, together with a purulent discharge more or less green and offensive, whilst a discharge produced by connexion with a person who has leucorrhœa, or has recently been confined, will not be accompanied with these inflammatory signs, and the discharge will be milky in consistence and colour, differing much from the thick, purulent discharge of the veritable gonorrhœa. 4. The time when infection may or may not be apprehended was discussed in its incubative stage, and at its close a case was given showing that the disease may be caught from one person and not communicated to another two nights after, because the purulent discharge had not commenced at the time of the second intercourse. Respecting infection at the close of the disease, the author had been enabled from experience to establish as a law for his own guidance, that gleet, *i.e.*, a mucous discharge from the urethra consequent on gonorrhœa, does not set up gonorrhœa in another person; but that whilst any pus is to be found in the discharge, there is probability of infection. Passing on to the subject of treatment, Mr. W. Cooke says that upon inquiry at the London Custom House, he finds that 118,396lbs of copaiba were admitted to the port of London only, during the first ten months of the year 1859. If this be administered at the rate of half-a-drachm three times a-day, and supposing each patient takes it for three weeks, we have here copaiba enough to treat 473,584, or close upon half-a-million persons, and that in ten months only of the year. Considering how often it fails to cure the disease, how frequently it is rejected by, or at any rate disorders the stomach, how tell-tale and disagreeable is its odour from the mouth and skin, how occasionally it produces a papular eruption all over the body, and that in many instances swelled testicle, and stricture may be traced to its irritating influence, whilst gonorrhœal rheumatism and ophthalmia have been attributed to its administration, Mr. Cooke asks—"Considering all these objections, is it not extraordinary that this disgusting medicine continues so long to hold its ground?" The abortive treatment by strong injections of nitrate of silver had proved a failure, because in some instances inflammation of the bladder had resulted. The treatment by diluents was slow in its action, and not readily employed by persons engaged in active business. That by diuretics was scarcely more successful, whilst the administration of saline aperients was generally attended with an aggravation of the ardor urinæ as well as chordee. The treatment which had been most successful in the author's experience, was the chemical treatment by the alkaline carbonates given with a view of neutralising the acid in the urine. Thus one great source of irritation was removed from the inflamed urethra, and the subsidence of the inflammation which Nature would effect is allowed to take place. As auxiliaries, especially when there is œdema of the prepuce, lead lotions and elevation of the penis against the abdomen were commended. The inflammation having subsided, and a mucopurulent discharge being left, Mr. W. Cooke had found, after giving trial to all the injections which have been at any time in vogue, that the chloride of zinc, introduced into this branch of practice by Mr. Lloyd, of St. Bartholomew's Hospital, was the most efficacious of any in curing the disease, and that with less discomfort, and in a much shorter time, than by any other means. Since employing this treatment he had had little, if any, orchitis, among his patients. The strength of the injection he most commonly employed was two grains to the ounce, but in some instances one grain to the ounce was sufficient. While advocating this treatment in persons of healthy constitution, it was necessary to altogether change it in others. In the strumous, in the dyspeptic, in those of dissipated habits, and where the diseased person is an old offender, the alkaline carbonates are not called for, because either the urine is not acid, or the inflammation does not run high. In such cases the tincture of iron, or sulphuric acid and bark, or gentian, or calumba, may be advantageously employed from the commencement, and the chloride of zinc injection in these cases is also of the utmost value in rapidly overcoming the disease. Respecting diet, Mr. Cooke considered that after the subsidence of the inflammatory symptoms, scarcely any restrictions need be enforced; and that beer and wine, in moderate quantities, may be advantageously used by those who are accustomed to these beverages. He had found long-established cases of gleet yield readily to the chloride of zinc injection, accompanied with tonic treatment and generous living. In conclusion, he would rejoice if the treatment he had found so serviceable should be followed out by others, and thus assist in banishing altogether from Surgical practice the use of so nauseous a drug as copaiba.

An interesting discussion ensued, supported by Mr. C. Browning, Dr. Stewart, Mr. Ballard, Dr. Langmore, Mr. Times, the President, and Mr. Acton.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

MONDAY, DECEMBER 12TH, 1859.

A Paper, by Dr. DRUITT, was read

ON THE REMEDIES FOR DIARRHŒA,

the object of which was to discuss the plan of treatment best adapted for popular use on a large scale in epidemics, that is

to say, when medicines are dispensed wholesale, and the attendant is unable to see or analyse individual cases before prescribing. He passed in review his own experience of the use of acids, calomel and opium, both separately and in combination, meat, vegetable astringents, and warm absorbent medicines so-called, such as chalk mixture. Having stated his own experience of the uses of these medicines, and having observed that it is easy to discriminate in individual cases, where individual analysis is possible, what remedy is best calculated to be of service, he expressed his belief that the acids, mineral and vegetable, and especially lemon-juice, are the remedies most likely to do good in the greatest number of cases, and the smallest amount of harm; and he called particular attention to the fact, that if a craving for acids exists on the part of the patient they are sure to agree, otherwise not. He observed, further, that opium, although widely beneficial in a large number of cases, is yet decidedly poisonous in some, which cannot be said of the acids; and treated further of the great value of the acids as preventives. The paper will be shortly published in extenso.

A paper, by Dr. Ballard, was read

ON THE PRACTICAL IMPERFECTIONS OF THE "NUISANCES REMOVAL ACT."

He commenced by stating that no doubt all the members of the Association could testify to numerous instances in which this Act had failed to be of any service in abating a variety of conditions offensive to the public or injurious to the public health. He observed that there were also many conditions which ought to be specially provided for in an Act professing to supply a ready means of removing the occasions of disease which are entirely overlooked by the Act. He then adduced facts in support of these statements, and maintained, first, that a dead body kept too long in dwelling-rooms ought to be brought within the category of nuisances to be abated by this Act. He next alluded to the loop-hole afforded to persons carrying on offensive trades by the section which provides, "that no accumulation as shall be necessary for the effectual carrying on of any business shall be punishable as a nuisance," etc. He thought that the clause which prescribes on what conditions a magistrate's order may be given for admission to inspect premises required alteration, because it requires that not only a suspicion be entertained that nuisance exists, but a belief which involves some real information as to the real state of the premises. That the facilities given for entry after a nuisance has been proved to exist are still defective. A deficiency, he considered, existed in the clause relating to overcrowding; that is, the absence of any definition of what constitutes overcrowding. Each Officer of Health has probably formed his own opinion on this subject, and such opinion, if carried into practice, would necessitate the erection of at least as many more habitations for the poor as already exist. Here lies the practical difficulty. So that the law can only be put in force for the punishment of extreme instances of overcrowding. It would be well that some arbitrary standard of cubic space should be fixed by law as the minimum for each individual where families live in single rooms.

A discussion ensued, in which many members took part, all concurring in the main with Dr. Ballard's views, and the paper was ultimately referred to the General Purposes Committee to report upon.

An Operation for Cancer Two Hundred Years Ago.—Two hundred years ago, in the diary of the Reverend John Ward, of Stratford-on-Avon, we read of "a cancer in Mrs. Townsend's breast, at Alverston, taken off by two surgeons.—First they cutt the skin cross, and layd itt back. Then they workt their hands in ytt, one above and the other below, and so till their hands met. They had their needles and waxt thread ready, and also their cauterising irons, but did not use them. She lost six ounces of blood in all. Dr. Needham said it was a melliceris, not a perfect cancer. They cutt off first one bitt and then another, and putt in a glass of wine and some lint, and so let itt alone to the next day; then they opened itt again, and injected myrrh, aloes, and such things as rejected putrefaction, and so bound it upp again." In the very next page we find that Mrs. Townsend, "being dead of a cancer," was opened, and her breast found "very cancerous!"

OBITUARY.

THE LATE DIRECTOR-GENERAL.

(from the "Times.")

Not only the Medical Service, but the army and the country at large, have sustained a great loss in the death of Dr. Alexander, who has been taken from us in the midst of a career which promised the largest results that could be effected by untiring industry, unswerving honesty, a clear intellect, the highest practical knowledge, and the warmest sympathies with the body over which he was so recently called to preside. The feelings of private friendship, however lively, cannot lead to exaggeration in eulogising the kind, skilful, large-hearted Physician who, though very young comparatively as regards the station he occupied, had given a long life to the service of his country with such zeal and energy as brought great profit to it and ultimate honour to himself. The following dry statement of his services will best illustrate the events of a life now brought prematurely to a close:—

Thomas Alexander served 25 years and three months on full pay, 19 years and six months of which were passed on Foreign service thus—in the West Indies, 5 years 6 months; in Nova Scotia, 4 years 7 months; in Canada, 3 years 2 months; at the Cape of Good Hope, 2 years 2 months; in Turkey and the Crimea, 2 years 4 months; in Canada, 6 months. He entered the service on the Staff in 1834, and proceeded to the West Indies, where he did duty for the period above stated, at the end of which he came home in charge of invalids. He remained at home only nine months, when he embarked for Nova Scotia, where he did duty till he was removed, in August, 1846, as Second Class Staff-Surgeon, to North America, where he served with the Rifle Brigade as Regimental Assistant-Surgeon, till he embarked for the Cape of Good Hope in 1851, and served with the 60th Rifles for the next two years throughout the Caffre war. He was principal Medical officer of the expedition despatched beyond the Kei, and he was thanked in General Orders for his services throughout the war. In 1854 he was promoted to the rank of First Class Staff-Surgeon, and received orders to join the Turkish Expedition. He was in charge of the Light Division under Sir George Brown, and landed at Gallipoli, with the first detachment of the expeditionary force, consisting of his old comrades of the Rifle Brigade, and a detachment of Royal Engineers, Sappers and Miners, on March 6. With the Light Division he remained to the close of the war. At the Alma his tenderness, his inexhaustible endurance, and noble devotion in the most terrible trial to which a Surgeon, overwhelmed with calls on his utmost powers, and poorly provided with the means of relief, could be exposed, were especially remarkable. At Inkerman, for hour after hour, day after day, he toiled through scenes which those who have not witnessed a battle-field and the terrors of the hospital-tents can never imagine or conceive, upheld by the noblest sense of duty; and many men now alive can bear witness to the heroic calm and skill which saved life and limb for them, and the prodigality and care he bestowed on others, regardless of everything but his sacred duties. In Lord Raglan's despatch he is described "as deserving to be most honourably mentioned." All through the winter he never left his post—nay, more, from the time he joined the Light Division till the British army quitted the shores of the Crimea, he never was absent from his duty a single day. On January 12, 1855, he was appointed Deputy-Inspector-General, and he went to Kertch with Sir George Brown as principal Medical officer of the expeditionary force. In General Codrington's despatch of March 18, 1856, in answer to an address from the House of Commons, Dr. Alexander is also mentioned, and he was recommended by Dr. Andrew Smith for promotion to the rank of Local Inspector-General for service during the Russian war. Dr. Alexander remained at home just one month and twenty-one days, when he was again ordered for service in Canada as principal Medical officer; but, after performing that duty for six months, Lord Panmure nominated him one of the Royal Commissioners to inquire into the sanitary state of the army, and he returned to England to discharge the functions of his appointment. He was also selected to draw up a new code

of regulations for the management of barracks and hospitals, and, on the retirement of Sir Andrew Smith, on June 22, 1858, Dr. Alexander was appointed Director-General of the Army Medical Department, which appointment he held up to the day of his death. He was also one of the Honorary Surgeons to Her Majesty, and a Companion of the Bath. About three weeks ago he was interrupted in the usual assiduous discharge of his duties by an attack of gout, complicated with an inflammatory condition of the venous system. A few days ago the symptoms became alarming, but he was better on Tuesday evening. In the course of the night he was, however, severely attacked; and he died at seven o'clock on Wednesday morning, at his residence in Norfolk-square, the immediate cause of death being, it is supposed, determination of gout to the heart. He leaves a widow to mourn his loss, and in her grief she has many deep sympathisers, for few men ever had a larger number of sincere friends among those whom he admitted to his acquaintance than Dr. Alexander. Simple in his tastes and frugal in his habits, though generous and genial in his demeanour and conversation, he did not seek the society of the great; but, retired within the circle of his duties and of his private friendships, he there gained the approbation of his conscience and the love of those among whom he lived and laboured.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora held on Wednesday, February 1st, the following Members of the College were admitted into the Fellowship:—

Black, James, M.D., Edinburgh
Smith, Sir Andrew, K.C.B., M.D., Thurloe-square

At the same Comitia, the following gentlemen were admitted Members of the College under the temporary Bye-Laws:—

Bell, Henry, M.D., Aberystwith
Black, Cornelius, M.D., Chesterfield
Black, Glass, M.D., Torquay
Day, Henry, M.D., Stafford
Fearnside, Henry, M.B., Preston
Hall, William, M.D., Exeter
Hodges, Edward, M.D., Bath
Lund, George, M.D., Madeira
Macturk, William, M.D., Bradford, Yorkshire
McNicoll, David Hudson, M.D., Southport
Roberts, William, M.D., Manchester
Wilson, Edward Thomas, M.B., Hên Castle, Pembrokeshire
York, James, M.D., Market Harborough

The following gentlemen were on Wednesday last admitted Licentiates of the Royal College of Physicians of London:—

Allan, John
Badgley, Francis
Brown-Séquard, Charles Edward
Burton, Matthew
Campbell, Donald Cochrane
Carmichael, James
Cunningham, Lennox Thompson
Elliot, William Henry
Fairbrother, Alexander
Falconer, Randle Wilbraham
Finch, William Corbin
Fielding, George
Fraser, Donald
Gaulter, Thomas Coke
Grabham, John
Hardwick, Robert George
Hunter, Thomas
Lawrence, George William
Lewis, John Riggs Miller
Lichtenberg, George Philipp Justus Ludwig
Logan, Thomas Galbraith
Moss, William Chapman
Piggott, George West
Prichard, Thomas
Scott, John
Thudichum, John Louis William
Torry, John Cooper
Tuke, Daniel Hack
Vitré, Edward Denis de
Williams, William White
Wilson, John Grant
Wilson, George

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the primary Examinations in Anatomy and Physiology, were reported to have done so to the satisfaction of the Court of Examiners on January 30, and when eligible will be admitted to the Pass Examination:—

Adair, James Jackson, Dublin
Amy, Frederick, King's College
Baker, John Penning, University College
Batten, William Smith, St. George's Hospital
Bell, Thomas, King's College
Bourke, John, Cork
Bournes, William Henry, Dublin
Bridges, John Henry, St. George's Hospital
Clarke, Alfred, Manchester
Colby, George, St. Thomas's Hospital
Comerford, Edmund Henry, Paris
Cooke, Robert, Charing-cross Hospital
Curme, Decimus, King's College
Don, Henry Boothby, Grosvenor-place
Folkes, William, Manchester
Fyffe, Benjamin, King's College
Gardner, Edward Barton, St. Thomas's Hospital
Guest, John, Manchester
Harding, George Daniel, Guy's Hospital
Harrison, Samuel Norton, Hull
Hayward, Sidney, Middlesex Hospital
Holt, William, Leeds
Hope, Samuel, St. Mary's Hospital
Hosteller, John, Pennsylvania
Jones, Walter Williams, Dublin
Keele, Charles Ferdinand, St. Thomas's Hospital
Leach, Abraham, Manchester
Leech, Daniel John, Manchester
Long, Charles Frederic, Westminster Hospital
Lovegrove, John, Grosvenor-place
Maurice, Oliver Talley, St. Thomas's Hospital
Mahony, William Augustine, London Hospital
Middlemist, Robert Percy, King's College
Milson, Richard Henry, St. Mary's Hospital
Nash, Frederic, University College
Nash, William, King's College
Nesham, Thomas Cargill, Newcastle
Nicholson, Edward, St. Mary's Hospital
Page, William Irving, St. George's Hospital
Rayner, William, Manchester
Rew, James, St. Thomas's Hospital
Ridsdale, Symons, Guy's Hospital
Roberts, Carr Holstock, Charing-cross Hospital
Robinson, George Hilgrove, St. Bartholomew's Hospital
Rolls, Thomas, St. Bartholomew's Hospital
Russel, Henry, Guy's Hospital
Sealy, John, King's College
Sequeira, James Scott, London Hospital
Skegg, John Joseph, Charing-cross Hospital
Smith, Henry, Glasgow
Smith, Samuel, Birmingham
Temple, Thomas Burnet, Edinburgh
Thompson, Samuel, London Hospital
Thursfield, William, Aberdeen
Tibbits, Edward Thomas, University College
Todd, Joseph, Birmingham
Trimmer, Henry, Guy's Hospital
Trimmer, Francis, Guy's Hospital
Willett, John, Manchester
Williams, John Hughes, Dublin.
Wilson, James, Birmingham
Winter, William Thomas, Bristol

The following gentlemen, having undergone the necessary examinations for the Diploma, we admitted members of the College, at a meeting of the Court of Examiners on January 20:—

Balding, James, Barkway, Royston, Herts
Breary, Charles Benson, Titchfield, Fareham, Hants
Candy, John, Littlehampton, Sussex
Clapham, John, Thorney, near Peterborough
Clayton, Robert Palmer, Manchester
Cremer, Robert, Norwich
Curtis, Henry Batt, Paulton, Somerset
Dukes, Esq. Acton-place, Kingsland-road
Gradwell, William, Kirkham, Lancashire
Greenwood, Thomas Bryan, Horselydown-lane, Southwark
Kenworthy, John, Hollinwood, near Manchester
Marshall, Charles George, Woodbridge, Suffolk
Muggeridge, Henry Harris, Reading, Berks
Riley, Henry, St. George's-road, Belgravia
Robinson, Mark Anthony, Charing, Kent
Steele, John Sisson, Reigate, Surrey
Stickings, George, Lenham, Kent
Thompson, Alfred Boyle, Coleraine, Londonderry
Warren, Samuel Haymen, Tutbury, Staffordshire
Watts, William, Newark-on-Trent
Wollmer, Joseph Benson, Warwick-square, Pimlico

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, the 19th of January, 1860:—

Griffith, Alfred Lecte

Also on the 26th of January:—

Braddon, Charles Hitchman, Upton-on-Severn, Worcester
Bullock, Thomas William, Stow-on-the-Wold
Culling, Robert, West Lydford, Somerton
Hicks, Charles, Smethwick, near Birmingham

Hudson, George, Newport, Yorkshire
Murphy, Joseph Beauval, West Ella, Yorkshire
Warburton, Charles Wesley, Betley, Staffordshire

The following gentlemen also on the same day passed their First Examination:—

Eccles, Edmund, St. George's Hospital
Harris, William John, Worthing

DEATHS.

CHAWNER.—January 25, at Hanley, Staffordshire, J. C. Chawner, aged 66.

HORLOCK.—January 17, Henry Horlock, of Dunmow, aged 37.

IRISH.—January 13, at New York, Dr. Elwood Irish, aged 69.

JOHNSON.—January 17, at Brussels, James Proud Johnson, M.D., of Belmont, Shrewsbury.

TAGGART.—January 22, William Taggart, of Great Bolton, aged 46.

THOMSON.—January 22, at No. 4, Clarges-street, Piccadilly, Frederick Hale Thomson, F.R.C.S., aged 60.

JOHN GUEST, Esq., of Dudley, has made the munificent donation of £1000 to the funds of the General Hospital at Birmingham.

THE measles have broken out among the crew of the flagship *Royal Albert*, 121 guns, in Plymouth Sound. Several officers and men have been sent ashore to the Naval Hospital.

REAL SENATORS.—Seventy members of Parliament claim this session to be wholly excused from serving on election committees, on account of being more than sixty years old.

M. TROUSSEAU says, that when he first commenced the use of steel preparations in France, thirty years ago, the whole of the shops of Paris did not sell half a kilogramme of steel in a year.

GUM-MASTIC, given to the extent of 8 grammes (120 grains) per diem, and continued for some days, is said by M. Debout to be an infallible cure for nocturnal incontinence of urine in the young.

HYPNOTISM is a positive rage at this moment in the Medical world of Paris. Dr. Michéa finds that the Gallinaceæ are readily reduced to this state of artificial insensibility. He renders cocks and hens completely motionless and indifferent to punctures and prickings by running a white line down their beaks, and then continuing it along a board, against which the said beaks are held and fixed. The hint may be of service in the manufacture of capons.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The following gentlemen will be balloted for, as Fellows, on Tuesday evening, February 14, 1860:—Dr. Adam Bealey, Mr. Thomas Bryant, Dr. Andrew Clark, Mr. John Couper, Mr. Thomas George Fitzgerald, Dr. Edward Headlam Greenhow, Mr. Thomas Longmore, Dr. John Maclean, Dr. Segismund Sutro, and Dr. Arthur Wynn Williams. The ballot will be opened at half-past seven o'clock, and will close at half-past eight precisely.

AT a meeting of the Glasgow University Abstainers' Society, held in the Merchants' Hall, on the 20th ult., and attended by Medical men and a large number of students, J. M. McCulloch, Esq., M.D., of Dumfries, delivered a lecture on Alcoholic Liquors, which he contended were poisonous in all quantities, in a state of health. Joseph Bell, Esq., M.D., Clinical Lecturer to the Royal Infirmary, who occupied the chair, corroborated Dr. McCulloch's opinion, and stated that he had been an abstainer for upwards of forty years. James Gray, Esq., M.D., in moving a vote of thanks to the lecturer, remarked that he had been a total abstainer during his entire professional career.

CONVICTION FOR MALPRAXIS IN MIDWIFERY IN FRANCE.—A M. Lepilleur, an *Officier de Santé*, of Boulogne-sur-Seine, has been fined 50 francs and sentenced to a year's imprisonment on the ground of a double accusation of having caused homicide by imprudence, and of having gone beyond his right in undertaking a difficult case of midwifery and operating the decollation of the fœtus without calling in a Doctor of Medicine—the woman, moreover, having been allowed to remain so long undelivered that her death was produced in consequence. [If the French tribunals proceed thus rigorously with the lower class of legalised Practitioners, what would they do with the utterly ignorant and unlicensed Practitioners who every now and then meet with such tender consideration from our own judges?]

A HINT TO SURGEONS.—"The external table of the cranium," says M. Flourens, "is formed by the external periosteum, and we may consider the dura mater as the internal periosteum, which gives rise to the internal table. This, however, is not quite correct, and may lead to confusion; for, in reality, there are three periostea; two external, one of which is extra-cranial, and the other intra-cranial (the dura mater); the third, which is really the internal one, is the periosteum of the diploe, and lines the cells of the diploe. Skilful Surgeons have said that holes in the cranium are closed by the thinning and prolongation of the bones which surround them. This is a mistake; the bones are never prolonged; and it is, in fact, the periosteum of the diploe which, gradually ossifying as it reaches towards the centre of the hole, gives this appearance, and leads to the idea of the lengthening of the bones."

ENGLAND'S RUIN.—"When, after tremendous efforts and sacrifices, we are at length successful, when our cellars have been tunnelled through and our streets undermined, when Boards have done quarrelling and engineerss are of one mind, when contractors have made up their accounts, and a final rate of 16s. 8d. in the pound has been declared—then we shall be on the high road to ruin. England's sun will really have set in the great Deptford reservoir, and Britain's glory will have run out through the main sewer. What ruined Rome? Not the barbarians of the North-East, says Baron Liebig, but the *Cloaca Maxima*. What would have saved the empire?—Not courage, but cesspools. The Romans squandered their sewage, and they perished. The Chinese saved their sewage, and they have survived to this day. What the Assyrians did in this respect we don't think Mr. Layard has ever told us; but if Nineveh adopted the 'aqueous system' of sewerage, of course its career is accounted for. The wealth of nations resides in an element overlooked by Adam Smith, and the ruin of Empires in a practice unnoticed by Volney."—*The Times*.

EX PARTE WILLIAMS.—At the Court of Queen's Bench, Westminster, Jan. 30, (before Lord Chief Justice Cockburn and Justices Wightman, Crompton, and Hill,) Mr. Slade, Q.C. moved for a rule calling upon the Commissioners of the High Court of Admiralty to show cause why a *mandamus* should not issue commanding them to restore the applicant, Dr. Williams, to his rank of full Surgeon in the Royal Navy, of which office he had been illegally deprived as far back as the year 1826. The learned counsel stated that, although the applicant had been deprived of his rank so long ago as the year 1826 he had left no stone unturned to be restored, and, with that view, he had brought an action against the Lords of the Admiralty, and made an appeal to Parliament, but all without success. He had, therefore, made up his mind to apply to this Court, and to invoke the high prerogative writ of *mandamus*, in order that he might be restored. Dr. Williams had been induced to enter the service by certain statements published under an Order in Council; and, without any inquiry, or having any opportunity afforded him of answering the charges which were made against him behind his back, he was summarily dismissed from the service. Lord Chief Justice Cockburn asked whether Dr. Williams held the Queen's commission? Mr. Slade said he did not, but, like all the officers of the navy, he was appointed by the Lords of the Admiralty. Mr. Justice Wightman asked whether the Court could restore him by *mandamus?* Mr. Justice Crompton intimated that the delay in making the application would be fatal. Mr. Slade said that if the Lords of the Admiralty could dismiss Dr. Williams in this summary manner, they could do the same to any admiral in the navy. Lord Chief Justice Cockburn asked the learned counsel if he had any authority for the application? Mr. Slade said he had not, but the Court had granted a *mandamus* to the Lords of the Treasury. Lord Chief Justice Cockburn said that was when the applicant had certain rights under an Act of Parliament. The Lords of the Admiralty were amenable to Her Majesty if they did not do justice. His Lordship said the Court could not interfere by granting this application. The other judges concurred.—Rule refused.

VITAL STATISTICS OF LONDON.

Week ending Saturday, January 28, 1860.

BIRTHS.

Births of Boys, 1089 ; Girls, 978 ; Total, 2067.
Average of 10 corresponding weeks, 1850–59, 1691·4.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	703	683	1386
Average of the ten years 1850-59	572·8	601·3	1174·1
Average corrected to increased population..	..	..	1291
Deaths of people above 90	..	1	1
Deaths in 15 General Hospitals	44	21	65

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	4	4	7	2	7	2	3
North ..	490,396	7	4	5	2	10	1	10
Central ..	393,256	5	2	3	1	5	1	5
East	485,522	4	5	5	2	19	3	10
South ..	616,635	6	4	13	4	9	5	7
Total . ..	2,362,236	26	19	33	11	50	12	35

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·258 in.
Mean temperature	38·4
Highest point of thermometer	49·0
Lowest point of thermometer	27·5
Mean dew-point temperature	32·9
General direction of wind	S.W.
Whole amount of rain in the week	0·28
Amount of horizontal movement of air in the week.. ..	1215 miles.

TO CORRESPONDENTS.

A Mad-Doctor.—Many thanks.

C. L.—We are not able to give the information asked for as to the salary of an Assistant in the United States or Canada.

Candidatus.—1. £10 is the only payment for the licence. 2. No secession from College or Hall is required.

A Surgeon.—No one who is not a Doctor of Medicine has any right to put M.D. after his name.

W. E. P. wishes to know, from some one who has actually used them for a time, how leech aquariums answer.

Erinensis.—No good purpose could be served by publishing the names of rejected Candidates for the Membership of the College of Physicians.

G. B.—The marks referred to (‴) are the Paris line, 0.088 inch. The inch is (″).

Æsculap. Doncaster.—Our Correspondent has been deceived by his bookseller. On no single occasion, for several years past, has the publication of this Journal been delayed. Those gentlemen who receive their Journal direct from the office, receive it *on the day of publication*, in any part of the United Kingdom, and booksellers should supply it on the same day.

Excision of the Hip-Joint.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—On a former occasion you were good enough to insert in your Journal, a request that any Surgeon who had performed the operation of excision of the knee-joint (not publicly recorded) would kindly furnish me with a few of its leading particulars. I am now anxious to obtain correct statistics and details of the operation of the complete or partial removal of the hip-joint for disease, and, as the insertion of my former appeal was attended with many obliging and satisfactory replies, I trust you will again accord a similar favour to enable me to collect much important information which is intended not solely for myself, but for the Profession.

I am, &c. P. C. Price.

7, Green-street, Grosvenor-square, January 30.

Voluntary Examination, June 1860.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The Council of the Royal College of Surgeons has omitted to inform the Profession whether there will be a special certificate granted to those gentlemen who think well to go up for and pass the Voluntary Examination in June next. Can you, by inserting this, wake up "the powers that be," and obtain information about the matter? Perhaps you could urge that a certificate be given, somewhat similar to that accorded by the Universities at the Middle Class Examinations; for you are aware that every student is proud of his certificates or diplomas, not so much because they authorise him to practise, but because they are testimonials of his attainments. Such pride is rational and laudable. Young men should be encouraged to embrace the opportunity afforded by the proposed examination. The adage, that "reward sweetens labour," is very applicable here. I believe, that as the examination is voluntary, neither the present, first, second, or third years' men, will trouble themselves to pass it, unless they can have something to show for it.

I am, &c.

Worksop, January 30, 1860. F. G.

Poor-Law Medical Reform.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the pamphlet addressed by me to the Members of the Legislature, a copy of which I have sent to each Poor-Law Medical Officer, reference is made at page 6, to three poor widows, and their large families, but by some unaccountable mistake, the case of one, Mrs. Gall, was omitted. Her husband "was in practice at Ripley, Surrey, for seventeen years, and after two days' illness, died of Diphtheria, occasioned by his attendance on the poor of his district, leaving her and six children unprovided for." The widow now seeks the assistance of the Governors of the Royal Benevolent College, for her son, aged eleven, which I am sure will be cheerfully given to her, in common with the other cases I have mentioned. Permit me to call the attention of the Governors of that excellent Institution, to the case of Mrs. Milsom (mentioned in the pamphlet), which I trust will be the means of stopping that expensive system of canvassing for votes, which seriously cripples the resources of the already impoverished applicants. It would be an act of real kindness if a law were to be passed that canvassing for votes by printed letters or cards, should be a disqualification. Mrs. Milsom says, in her second letter to me, "I cannot stand the expense of the application for either of my other boys; the expense I have already incurred regarding the dear little fellow departed, has sorely shrunk my little store, and in future, I dread to think of what will become of me and my children." Surely something may yet be done for her and her family.

Mr. Pigott has written to me, stating that on Thursday, January 26, he gave notice in the House of Commons "that on an early day, he would ask leave to bring in a Bill on the subject of Poor-Law Medical Relief, with a view to improve the position of the Medical Officers, and to secure more efficient relief to the poorer classes."

I sincerely trust the Poor-Law Medical Officers will immediately petition the House of Commons, and also beg their Members to support Mr. Pigott.

Should any Poor-Law Medical Officer not have received a copy of the pamphlet, I shall be happy to forward him one on application.

I am, &c.

12, Royal-terrace, Weymouth, Jan. 28, 1860. Richard Griffin.

COMMUNICATIONS have been received from :—

Professor Simpson; M. Claude Bernard; Dr. Conolly; Dr. Robert Lee; Dr. Jenner; Mr. Longmore; Dr. McWilliam; Dr. Aldis; Mr. Humphrey; Mr. Oliver, Calcutta; Dr. Doig; Mr. Littlewood; Mr. Steele; Mr. Griffin; Mr. Kerr; Dr. Dowson; Mr. Shout; Mr. Gramshaw; Mr. Davies; Dr. Maudsley; Mr. Horsley; Mr. Rivers; Mr. Solomon, Birmingham; Mr. Waters, Liverpool; Dr. Ossieur, Roulers; Dr. Coghlan, Wexford; Mr. Williams; Mr. Campbell; and Dr. Mapleton.

APPOINTMENTS FOR THE WEEK.

February 4. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. Dr. Lankester "On the Relations of the Animal Kingdom to the Industry of Man."

6. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Epidemiological Society, 8 p.m. R. F. Foote, M.D. "On Quarantine in the East.

Medical Society of London, 8½ p.m. Clinical Discussion.

Entomological Society, 8 p.m.

7. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 3 p.m. Professor Owen "On Fossil Reptiles."

Pathological Society, 8 p.m.

8. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

North London Medical Society, 8 p.m. Annual Meeting, Election of Officers.

9. *Thursday.*

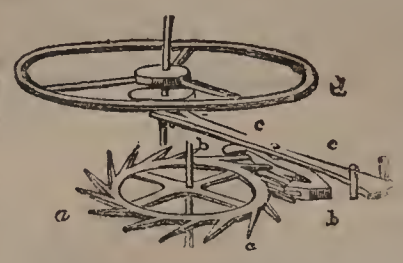
Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Institution, 3 p.m. Professor Tyndall "On Light."

10. *Friday.*

Operations, Westminster Ophthalmic. 1½ p.m.

Royal Institution, 8 p.m. Professor T. H. Huxley "On Species and Races and their Origin.



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ORIGINAL LECTURES.

ON THE MENTAL PECULIARITIES AND MENTAL DISORDERS OF CHILDHOOD.

DELIVERED AT THE

Hospital for Sick Children,

JAN. 7, 1860.

By CHARLES WEST, M.D.
Physician to the Hospital for Sick Children.

Importance of Studying Peculiarities of our Patients often overlooked in the case of Children—Mental Peculiarities of the Child—His Existence entirely in the Present, his active Perceptive Powers, his feeble Reason, his keen Affections—Influence of Disease in Dulling the Powers of Mind varies according to Age—Prognosis in mere Intellectual Dulness less Grave than in Moral Perversion—Insanity in Children assumes the form of Moral Insanity, and why—Influence of Mental Shock; of excessive Mental Labour—Cases of Feigned Disease in Childhood, their Relation to Mental Disorder.

GENTLEMEN,—Those of us who have been for some years engaged in the practice of Medicine, must be aware of important changes which time has wrought, not only in our powers of observation, but also in the objects to which those powers are directed, and that we now watch minutely many things which in days past we were wont to pass by almost without notice. At first, and for a time, we studied diseases, the changes which they wrought in the frame, the symptoms which gave token of their presence, and we did well. We found, however, that in spite of all our care, we often fell into error, especially in the opinion we formed of the probable issue of the case; that according to the different individualities of our patients, the same disease ran an unlike course; that it was widely modified by the habits, occupation, disposition of the sick person; that if we were to avoid mistake, our prognosis and our treatment must often vary in accordance with other rules than those which can alone be laid down in nosologies. We no longer studied diseases only,—we studied the diseased.

The importance of this two-fold study is not equally recognised by all, and hence it happens that the most successful Practitioner of Medicine, (successful, I mean in a far higher sense than that of being he who makes the largest income) is by no means always the man of highest scientific attainments, but often the one who, though otherwise inferior, has a more genial character, a livelier sympathy with his fellows; qualities which not merely enhance the personal regard of his patients, but which greatly heighten the real value of his opinion, and lead him, not infrequently, to right conclusions, even when he is unable to assign perfectly satisfactory reasons for them, either to himself or to others.

The strongly-marked individuality of the adult gives constant occasion for the exercise of these qualities, and even they who are the least possessed of them cannot fail to perceive their importance. In the case of children, however, individuality is far less marked; its influence, therefore, is too often practically ignored, the mental and moral peculiarities of childhood are little thought of, and disease in early life is often looked on as though its course were altogether undisturbed by those influences which in the grown person are recognised by all as having a large share in conducting the patient to death, or in bringing about his recovery.

It is, I think, worth while to look at the child from its mental as well as from its physical side; to see how in its immaturity the mind reacts on the body as well as the body on the mind, and to take a hasty glance at the Mental Peculiarities and Mental Disorders of Childhood.

No one can have watched the sick-bed of the child without being struck by the almost unvarying patience with which its illness is borne, and the extremity of peril from which, apparently in consequence of that patience, a complete recovery takes place. Much, indeed, is no doubt due to the activity of the reparative powers in early life, but much also to the unruffled quiet of the mind. No sorrow for the past, no gloomy foreboding of the future, no remorse, disappointment, nor anxiety depresses the spirits, and enfeebles the vital powers. The prospect of death, even when its approach is realised, and this is not so rare as some may imagine, brings in general but small alarm; it may be from the vagueness of the child's ideas; it may be, as the poet says, that in his short life's journey, "the heaven that lies about us in our infancy" has been so much with him that he recognises again more clearly than we can do—

> ". . . . . the glories he hath known,
> And that imperial palace whence he came."

I refer to this, gentlemen, because the truth is one which has its practical side; because to keep the sick child happy, to remove from it all avoidable causes of alarm, of suffering, of discomfort, to modify our treatment so as to escape a possible struggle with his waywardness; and even, if death seems likely to occur, to look at it from a child's point of view, not from that which our larger understanding of good and evil suggests to our own minds, are duties of the gravest kind, which weigh on the Physician, on the parent, on the nurse; and which it behoves us to remember none the less because they are not dwelt on in the lecture-room, or in the medical treatise.

But not only does the child live in the present far more exclusively than is possible for the adult, but there are besides other important points of mental difference between the two which have a serious influence on the manifestations of disease, and also on our treatment of it. The mind of the child is not merely feebler in all respects than that of the adult, but in proportion to the feebleness of his reasoning powers, there is an exaggerated activity of his perceptive faculties, a vividness of his imagination. The child lives at first in the external world, as if it were but a part of himself, or he a part of it, and the glad-heartedness which it rejoices us to see is as much a consequence of the vividness with which he realises the things around him, as of the absence of care to which it is often attributed. This peculiarity shows itself in the dreams of childhood which exceed in the distinctness of their images those which come in later life, and shows itself too in the frequency with which even when awake, the active organs perceive unreal sounds, or conjure up at night ocular spectra: and these not merely colours, but distinct shapes which pass in long procession before the eyes. This power fades away with advancing life, until, except under some condition of disease, the occasional appearance of luminous objects in the dark, remains the only relic of this gift of seeing visions with which, in some slight degree at least, most of us were endowed in our early years. The child who dreads to be alone, and asserts that he hears sounds or perceives objects, is not expressing merely a vague apprehension of some unknown danger, but often tells a literal truth. The sounds have been heard; in the stillness of its nursery, the little one has listened to what seemed a voice calling it; or, in the dark, phantasms have risen before its eyes, and the agony of terror with which it calls for a light, or begs for its mother's presence betrays an impression far too real to be explained away, or to be suitably met by hard words or by unkind treatment.

Impressions such as these are common in childhood even during health. Disorder, direct or indirect, of the cerebral functions, more commonly the latter, greatly exaggerates them. The minor degrees of somnambulism, such as getting out of bed while asleep, are by no means uncommon in childhood, and even more frequent are those attacks of night-terrors, in which, after a short doze, the child awakes in a state of intense alarm, with the distinct vision before it of some frightful object, which does not disappear for some minutes, and which returns sometimes the same night, sometimes the succeeding one, with just the same appearance as before.

It follows, then, that the circumstances which surround a child, whether in sickness or in health, are of far more importance than are those about the adult; and that their influence, for good or for harm, is far more powerful, and is never to be lost sight of in the treatment of the diseases of early life.

But while the child lives thus in the present, and while this present is but the reflection of the world around, its impressions uncontrolled by experience, ungoverned by reason, the moral qualities are not in the same undeveloped state as the intellectual powers. The child loves intensely, or dislikes strongly; craves most earnestly for sympathy, clings most tenaciously to the stronger, better, higher, around it, or to what it fancies so; or shrinks in often causeless, but unconquerable dread, from things or persons that have made on it an unpleasant impression. Reason as yet does not govern its caprices, nor the more intelligent selfishness of later years hinder their manifestation. The waywardness of the most wilful child is determined by some cause near at hand; and

he who loves children and can read their thoughts, will not, in general, be long in discovering their motives and seeing through their conduct.

One word more I have to say with reference to that intense craving for sympathy so characteristic of the child. It is this which often underlies the disposition to exaggerate its ailments, or even to feign such as do not exist, and in which attempts at deception it often persists with almost incredible resolution. Over and over again I have met with instances both in private and hospital practice, where the motives to such deception were neither the increase of comfort nor the gratification of mere indolence, but the monopolising the love and sympathy which during some bygone illness had been extended to it, and which it could not bear to share again with its brothers and sisters. This feeling, too, sometimes becomes quite uncontrollable, and the child then needs as much care and as judicious management, both bodily and mental, to bring it back to health, as would be called for in the case of some adult hypochondriac or monomaniac.

These mental peculiarities of early life may seem at first to have little to do with the cure of disease; but in reality you will find that this is not so; but that in proportion as you make them your study, and as you become able in consequence to sympathise more completely with your patient, will your diagnosis in many instances be more accurate, and your treatment more successful.

This brief sketch must suffice for the first part of my subject, and will, I trust, have prepared you for the better examination of the second—namely, the influence of disease upon the mind in early life. This shows itself either in weakening of the perceptive powers or in altering and perverting the moral faculties. Of these, sometimes the one, sometimes the other, is the more obvious, though it is very rarely that either exists absolutely alone.

As in diseases of the body, so in the affections of the mind in early life, the power of repair furnishes us with a constant ground for hopefulness, which we should be less warranted in indulging in the case of the adult. The dulness, the apathy, the cerebral disturbance, which accompany many of the diseases of early childhood have therefore by no means so grave an import as we should be compelled to attach to them if present to the same extent at a more advanced age. The whole of the child's intellectual energy is expended on his commerce with the world around him; his relations to it are disturbed; night terrors, bad dreams, distressful phantasms, betoken this; or the ear is pained by sounds, and the eye by light,—not because the organs of sight or of hearing are specially disordered, or the brain is specially affected; but beeause, with the limited mental endowments of the child, such are the only ways in which their sympathetic disorder can manifest itself. Or the disease has passed away; the active, intelligent, observant child is left dull, takes no interest in what goes on around him, forgets his prattle, seems scarcely to know the simplest word, though before he spoke fluently. This, again, need not cause too much apprehension. The child's memory is feeble; during the protracted illness the customary impressions were no longer made upon his senses in the sick-room, or they passed unnoticed in the unconsciousness of fever; so that when recovery takes place the lesson has to be learnt again, and learnt with faculties weakened by the by-gone ailment. For this you must be prepared, and prepared also for the very gradual process, extending sometimes over months or years, by which the ground lost is made good again: the time occupied by it being in general all the longer in proportion as the child was younger when the original attack of illness came on. The infant of eight months old will show for months no ray of dawning intelligence, the little one just beginning to speak, will remain silent for months; while the child of four or five years will generally in a few weeks regain his forgotten lore. Simple as all this seems to be, and really is, it yet is not always borne sufficiently in mind; and these hints may enable you to save your patients' friends from much needless anxiety.

There is a caution, however, not to be lost sight of in these cases; namely, that protracted illness, even when unaccompanied by evidence of serious disorder of the brain, is sometimes succeeded by permanent impairment of the sense of hearing, and that the child's dulness may be the result of the loss of the power of receiving impressions, through one most important medium, from the external world.

A little girl two years and nine months old was attacked at the age of one year and nine months by what was said to have been inflammation of the lungs, though it is uncertain whether or no a convulsion occurred at its outset. She got well without any other sign of cerebral disturbance having manifested itself. Before the illness she was beginning to talk, used to call her father, and to say many little words, but since then she had not spoken at all. The question raised was whether the silence, and some strange ways different from the child's previous manner, were indicative of disease of the brain and of incipient idiotcy, or were merely the results of her loss of hearing. I took the child into the Hospital for a time to watch her; her intelligent countenance and strangely earnest manner showed almost at once that her intellect was acute enough. A very few days' observation confirmed this impression; the child was dumb because she had become deaf, and her speech had ceased so soon because the progress she had made at the time when illness first overtook her was so small.

If the same accident occurs somewhat later in life, when the child has learnt to speak pretty well, its nature is more likely to be misunderstood; for the child does not all at once forget to talk, but speaks imperfectly with gradually lessening distinctness; and forgetting first some words, then others, her condition more nearly resembles one of imbecility; and unless special care be taken to test the powers of hearing, error is very likely to be committed. I confess I made this mistake myself in the case of a little girl four years and seven months old, whom I first saw a year after an attack of a somewhat ill-defined febrile character, accompanied by a comatose condition, which lasted for several days, and left her in a state of great weakness. Though she regained strength, it yet was a long time before she tried to speak again; and, when she did, her articulation was very indistinct. In the course of time she seemed as strong as ever, and her intelligence appeared not deficient, but her utterance grew more and more indistinct; she became flushed, angry, and excited, and made inarticulate noises when she could not obtain what she wished, and when I first saw her she had for some time ceased to talk. Her altered temper, her fits of passion, the inarticulate sounds which had taken the place of speech, suggested the idea that idiocy was supervening on the disorder of the brain, which had formed so marked a feature of her illness. In a short time, however, careful observation ascertained that speech had ceased because the sense of hearing first had failed, that the case was one for the Deaf and Dumb School, not for an Idiot Asylum.

The arrest of development, or the positive retrocession of the mental faculties in childhood may be regarded almost invariably as of far less serious import than any manifest perversion of the moral powers. The child who, in spite of intellectual dulness, attaches itself to those about it, and manifests the ordinary childish feelings, is not one concerning whom there is any occasion to despair, or whom judicious training will not do very much to improve. Several circumstances influence the degree of dulling of the mental powers, and are to be taken into consideration in forming an estimate of the child's condition, and his capabilities of improvement. In proportion as the original illness was accompanied with convulsions or serious cerebral disturbance will the subsequent impairment of the intellectual powers be profound, and their recovery slow in taking place. In proportion, too, to the early age at which such illness occurred will its results be serious; and this not necessarily owing to the gravity of the mischief, but owing to the low scale of attainment to which the child had reached when its further advance was interrupted. Thus, for instance, the apparent obscuration of intellect will be greater if it had overtaken the child before it had learnt to speak, than if it had come on later; and though not the less teachable, yet more will remain to be taught in the former case than in the latter; and a child perfectly capable of improvement may be passed over as utterly destitute of all capability of intellectual progress owing to the age at which disease overtook it not being borne in mind. Lastly, it must be remembered that a very large number of children whose intellectual progress has been arrested at an early age are allowed to grow up for years without any culture whatever, and that as much of their apparent dulness may be due to unintentional neglect as to actual disability.

Thus it happened to me, not very long since, to see a little boy, aged six years, the eldest of three children of parents in

whose family no other instance of intellectual deficiency had appeared. This little boy had been attacked by convulsions when eight months old, at which time teething was just commencing. These convulsions were not violent; they recurred at intervals for two months, when they ceased; and neither fits nor any other form of cerebral disorder had subsequently appeared. He was left, however, by these attacks unusually dull; and though his bodily development had been uninterrupted, he had never made any attempt to speak. He was attached to those about him, was cleanly in his habits, decided in his likes and dislikes, was almost always happy: amused and pleased with trifles, but in a state of constant unrest, scarcely quiet for a minute at a time; not to be persuaded to sit down except when thoroughly worn out, and unable to fix his attention on any object whatever. His parents called him a dumb boy, and as such he had been passed over almost without a thought by those who had seen him. I found that his hearing was perfect; I noticed, too, that the sounds he uttered, though inarticulate, were modulated according to the feelings of which he intended them to be the expression. I said that he was not dumb, that speech would be acquired under judicious teaching; that to fix his attention to simple objects was the first step towards his improvement: that, this step gained, ideas would not be long in being followed by words.

He was sent by my advice, in the absence of other means of teaching, for a few hours daily to one of those institutions in which, under the name of the Kinder-Garten system, a modification of the Pestalozzian and infant-school system of education is carried out; and here, for the first time in his life, an attempt, and necessarily a very imperfect one, was made at training and teaching. At the end of six weeks he was already much improved. He uttered a few words, and these were associated with ideas, not parrot-like, acquired by mere imitation. That, however, which to my mind was the most satisfactory index of improvement was, that he who before could not be induced to remain quiet for a minute, now sat by his teacher's side for five or ten minutes attending to his instructress. He distinguished colours, selected them according to their names: he plaited sticks, and built with bricks in imitation of patterns; he saw when he had failed, and himself endeavoured to rectify his mistake—achievements very humble indeed in comparison with most children of his age; but yet to my thinking a great triumph as the results of the first six weeks of teaching which (from no want of love or care, but from mere want of knowledge) had ever been expended on the child.

Apart from those instances, almost exclusively congenital, in which arrested development of mind is associated with arrested development of body, where the feeble and misshapen frame forms a fit tenement for the feeble and unformed spirit; where the body seems almost as little alive to physical impressions as the mind is to intellectual perceptions, where the feet refuse to walk, the hands to grasp, and almost the jaws to masticate, where in fact the lowest degree of idiocy is present; I think the state of the moral powers more important as a guide to our prognosis than the condition of the intellectual. Want of affection, mischief, spite, causeless rage, indicate a state from which recovery is far more hopeless than from mere intellectual dulness; and more than this, the cases in which such perversion of the moral powers begins to manifest itself, assume at once a far graver aspect than they had before presented; and in such cases the establishment of moral control is the first step towards mental progress.

This brings me now, in the next place, to remark on some of the mental perversions of children, which come on independently of mere intellectual feebleness; or, if associated with it, the latter is frequently the consequence of the other, or at any rate succeeds it in point of time. Such phenomena we occasionally observe accompanying the development of epilepsy in childhood; attacks of fury coming on without obvious cause, neither preceding a fit nor following one.

A boy, aged nine years, was admitted into this Hospital in June, 1852, suffering from epilepsy, which had come on causelessly during the preceding year. These fits were sometimes violent, and succeeded by much dulness, at other times they were of short duration, and followed only by slight head-ache. The boy remained in the Hospital for about two months, and was then discharged unrelieved. The reason for his dismissal was that he had become liable to occasional seizures of maniacal excitement, in which he attacked the other patients; besides which if any circumstance displeased him, he not infrequently stripped himself and walked about the ward naked, and this although usually a perfectly well-conducted child.

A little boy came under my observation at the age of eight years, of whom I learnt the following history. His health was perfectly good until, at the age of three years, he had a fall, which was followed by a violent convulsion that lasted for sixteen hours; and a second fall, a year afterwards, was succeeded by another fit; and ten or twelve more occurred, though with diminishing intensity, during the ensuing twelve months. Afterwards fits took place only about once in six months, and they continued only for two or three minutes, and though accompanied were not followed by unconsciousness. He passed through the diseases of childhood with no impairment of his general health, and went to school, where though backward he learned to read, and was not remarkably duller than other children. At the age of six years, while still weak after a fit, he was taken into the park, and came back in a state of great excitement, running about, throwing things down, though not falling nor having a fit; and during the continuance of this condition he still went to school, and though regarded as very naughty and troublesome, his mind was as active as before. His ungovernable disposition, however, led to so many quarrels with his schoolmaster, that at seven years of age he was removed from school; but it was not till more than seven and a-half years old that any marked dulling of his intellect became apparent. He then began to leave off speaking; not articulating indistinctly, and losing by degrees the power of utterance, but apparently intentionally abstaining from speaking, and for two months before I saw him he had not uttered a word, but made signs for whatever he wanted, and became violently excited if these signs were not comprehended. When I saw him he was in a state of restless excitement, moving incessantly, and if left unwatched, either attempting to destroy any object that was within reach, or trying to gratify a propensity to masturbation, to which he had recently become much addicted.

I need not give more details of this case. I referred to it only as exemplifying the way in which perversion of the faculties sometimes precedes their dulling—sometimes exists altogether without it. Between such cases and cases of real idiocy the difference is very wide indeed; though, for obvious reasons, not at first so striking as between the insanity and imbecility of the adult. The child whose mind becomes disturbed at a time when his education is still imperfect, his stock of ideas very limited, his experience very small, rapidly retrogrades, forgets his recently-acquired attainments, and, at the age of nine or ten, will be found—if his mental disorder has lasted for a year or two—as destitute of intelligence as the child who from birth had been incapable of education.

These attacks of maniacal excitement and the more acute forms of insanity usually, though not invariably, follow or accompany epileptic attacks; but slight degrees of mental perversion sometimes manifest themselves in early life, which, for want of being understood and properly dealt with, assume with advancing years the character of insanity, and of insanity in its least hopeful forms.

As I have already mentioned, almost all of the mental disorders of early life take the form rather of moral than of intellectual disturbance. Distinct hallucinations, fixed ideas, the various forms of insanity or of monomania, such as appear in the grown person, can hardly occur in the child; but the whole moral equilibrium is sometimes suddenly shaken, by a cause which may perhaps hardly seem equal to the production of so grave a result; or more slowly the temper may alter, the passions grow ungovernable, or the child sink by degrees into the condition of the most morbid hypochondriac.

How grave an effect a sudden shock may produce on the nervous system of a young child was shown in the case of a little boy, five years old, who, when in not very good health, was taken, on October 23, to his father's funeral. The strange, sad scene overcame him, he shivered violently, became very sick, complained by signs of pain in the head, but had lost the power of speech, and was unable to protrude his tongue. He was able to swallow, but refused food; he lay listless and indifferent to all surrounding objects, but rested ill at night. On October 26 he was admitted into the Hospital, when his expression was dull, his pupils were unnaturally dilated, he could not close his right eye, his mouth was drawn to the

left side, and the saliva dribbled from the right corner of his mouth, power over the right arm was impaired, and the head was drawn to the left side. These symptoms did not persist; power over the right side returned by degrees, as did the power of speech, and that of protruding the tongue; but no corresponding improvement took place in his general condition. On October 28 he had for a few hours a gleam of cheerfulness—sat up, and played with toys—but this soon passed away. His days were spent in a drowsy, apathetic condition, varied only by calls for his mother, which did not always cease even when she was by his side; and the nights were, without exception, restless and excited. On November 3 convulsions occurred, and they were followed by deep drowsiness. The drowsiness deepened, the convulsions from time to time returned, and, early on November 7, he died—just sixteen days after his father's funeral. A little fluid in the ventricles of the brain, a little congestion of its vessels, was all that the anatomist could find. I suppose his mother was right. She said he died of a broken heart.

It behoves us to bear in mind that the heart may break or the reason fail under causes which seem to us quite insufficient, that the griefs of childhood may be, in comparison to the child's power of bearing them, as overwhelming as those which break the strong man down. In France during the ten years from 1835 to 1844, 134 children between the ages of 5 and 15, committed suicide, or on the average 19 every year.

"In the greater number of the instances," says M. Durand-Fardel (a),—to whose researches I am indebted for the figures I have just quoted,—"in which the cause of the suicide of children is mentioned, one sees that they have killed themselves in consequence of punishment, or of reproofs, or of ill-usage. These facts deserve special attention; they prove how much more the susceptibility and sensitiveness of children need to be taken into consideration than is commonly done."

The lesson which such cases teach is as important for the doctor who tends the child in sickness, as for the teacher who trains him when in health.

But besides cases in which some comparatively sudden impression produces a sudden disturbance of the intellect, there are others in which the process is far slower, though the results are little less serious. Such are the cases in which mental disorder occurs as the result of over-tasking the intellectual powers. This over-work, too, is by no means in all cases due to the parents unwisely urging the child forward, but is often quite voluntary on its part. Sometimes, too, the friends of the child are so alive to this risk, that they limit the hours of work, a precaution which nevertheless often proves inadequate from the want of some due provision for turning the thoughts and energies during play-hours into a perfectly different channel.

In many instances, the neglect of physical health for the sake of mental culture, lays the foundation of grave constitutional disease, and the child dies at a comparatively early age from the supervention of acute hydrocephalus, or sinks under some form or other of the tubercular cachexia. In other cases, however, the body suffers less exclusively, but the whole nervous system seems profoundly shaken, and the moral character of the child is seriously and even permanently injured.

It is well for the child when the over-work produces for a season dulness and inability for further intellectual labour, for then comes, as a matter of necessity, the much-needed repose. In many instances, unfortunately, the power of application continues, and an almost morbid desire of learning takes the place of other feelings; but the temper becomes irritable, the waywardness extreme, self-control so lessened, as to be almost lost, and though affection is felt to its relatives and is often expressed by the child in exaggerated language, yet that affection by no means suffices to restrain the fits of obstinate ill-temper, or of ungovernable passion. Headache is frequently complained of, and an alleged headache is often made the excuse, almost the justification of an outburst of bad humour. Sometimes too, slight threatenings of epilepsy come on:—a momentary unconsciousness, an unsteady step, a trip of the foot in walking, but even these are often so slight as scarcely to attract the attention of those who deplore the child's altered character. With these changes in its disposition too, there is often a morbid anxiety with reference to its own health, and the child exaggerating its ailments, alienates the love of those to whom it has become a daily source of anxiety and torment, and thus grows more and more self-involved and less accessible to the kindly influence of others. It is, too, in this morbid condition of body and mind that the habit of masturbation is not infrequently contracted, and weakens alike the physical powers, the intellectual capacity, and the moral sense. The gradations are almost imperceptible, by which the slighter degrees of mental disorder—arising in these circumstances—pass into a state of confirmed insanity in youth or in adult age. In the boy, fortunately, the changes in external circumstances as he grows older often save him from progressive deterioration; and restore him at length to usefulness, though often with diminished powers, a feeble body, and a stunted mind. The girl does not enjoy the benefit of any similar changes as she emerges from childhood, and hence, though in her case also the worst issue is not the most common, she yet often remains a nervous and hysterical invalid, unfit to manage a household, unfit to bear children, or to rear them; a creature of whims and fancies, a burden to herself, a trouble to her friends.

Reference has already been made to the disposition, amounting almost to a monomania in some children, to exaggerate the ailments from which they are suffering, or to feign such as have no existence. A morbid craving for sympathy seems to be the main-spring of their complaints, and children will put up with scanty fare and painful treatment as long as they can engross attention, and be the centre around which everything in the household turns.

A few months since a little girl was admitted into the Hospital in a state of extreme emaciation, who had been ill for nearly twelve months; various hysterical symptoms, the nature of which had been recognised by the Medical man under whose care she had been, having marked the commencement of her ailments. On their subsiding the child had pronounced herself unable to walk, and for seven months had obstinately remained in bed, had eaten little, and had lost flesh and strength together, till she was brought here as a case of almost hopeless paralysis by her mother. "Put her down," I said to her mother, "and let me see her stand." "Oh, sir! she has not put a foot to the ground for seven months." The order was repeated, the child obeyed the unwonted tone of command, and stood. "Now walk!"—again a remonstrance, but she walked. She was admitted into the Hospital, and the first surprise over, she reiterated her statement of inability to walk. She could not take food, she said, and for some time had to be watched at every meal, and fed almost like an infant. Self had occupied all her thoughts; to call her out of herself, to induce her to occupy herself, bribes and promises and threats were tried by turns. By degrees she was got to stand, and no support being left within reach she kept standing rather than fall upon the floor, and then she walked to the nearest object against which to rest herself. She gained flesh and strength when proper nourishment was not only supplied, but when she was compelled to partake of it. Her mother's visits by my desire became few and brief; good-humoured raillery and the occasional jokes of her fellow-patients took the place of the too-ready sympathy which she had received at home, while praise and rewards followed every attempt to do as she was desired. At last, in the course of some two months, she ate and drank, she walked, and employed herself much like other children, except that she still persisted in bending her back almost double, save when under apprehension of galvanism to the spine which she greatly dreaded, and to avoid which she would sometimes walk about almost as upright as another child. She was sent into the country about a month ago, and having vainly attempted to deceive the intelligent person who has charge of her, holds herself upright, and seems to have given up all pretence of illness.

It would be easy to multiply instances of these feigned diseases in children. I have referred to them not merely because it is of importance to avoid being misled by them, but rather because they illustrate one phase of mental disorder which is not very rare, and which can be corrected only by much care, much gentleness, and patience.

Thus I have endeavoured briefly and imperfectly to sketch some of the mental peculiarities of early life, and some of the more common manifestations of mental disorder. One chief object which I have aimed at, has been to prove by a fresh

(a) "Etude sur le Suicide chez les Enfants," par le Dr. M. Durand-Fardel, in the "Annales Médico-Psychologiques."

illustration, that mere routine is as much out of place in the management of the diseases of the child, as of those of the adult; that careful study is as necessary to excellence in the one case as in the other; and to urge those who have the opportunity not to go into practice, as too many do, profoundly ignorant of all that concerns the health and the diseases of a third of their future patients.

ORIGINAL COMMUNICATIONS.

ON ACUPRESSURE IN AMPUTATIONS.

By J. Y. SIMPSON, M.D.
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"Come, lay aside your stitchery."—*Coriolanus.*

If after amputation of a limb any British Hospital Surgeon at the present day were, for the purpose of arresting hæmorrhage from the bleeding stump, to sear its raw surface over with red-hot irons, or besmear it with boiling pitch or turpentine, or apply to it potential caustics, the practice would be regarded as cruel and outrageous in the highest degree. Yet when Paré, in 1564, proposed in amputations the ligature of the bleeding vessels as a substitute for these cauteries and caustics, he was bitterly denounced, and decried by most of his contemporaries; the French Parliament was petitioned to suppress the publication and dissemination of his doctrines; and the Surgeons of the great Hospital at the Hôtel-Dieu at Paris—the city in which Paré himself lived and practised—still continued, a century and a-half afterwards, to use, as we learn from Dionis, in 1707, the vitriol button—a form of potential caustic, instead of the ligature, in all their amputations. And half-a-century later, Mr. Sharpe, Surgeon to Guy's Hospital, when writing in 1761, found it necessary, in his well-known work entitled "A Critical Inquiry into the Present State of Surgery," formally to advocate the employment of the ligature for the arrest of hæmorrhage from wounded arteries, in preference to styptics or the cautery, on the ground that "it was not as yet universally practised among Surgeons residing in the more distant counties of our kingdom." (a) In some semi-rude countries and communities, caustics are still the only hæmostatics employed after amputations. A few years ago my friend, Dr. Arthur Mitchell, when in Algeria, passed some time as a guest with a powerful sheik in the Sahara. His host, who had been an officer of high rank in the army of Abd-el-Kadir, had his leg shattered by a French cannon-ball, and it was subsequently amputated by the Surgeons of his country at the knee-joint. They stemmed the hæmorrhage by applying hot pitch to the raw surface of the wound; and the stump itself was, as Dr. Mitchell assures me, an excellent and useful one.

If some correspondent of the *Times*, writing at the present hour from the camp of the army of Morocco, were to inform the English readers, professional and non-professional, that the African Surgeons there, after amputating the damaged limbs of the soldiers wounded at Tetuan, placed five or six seton-threads between the surfaces of the flaps and attached and anchored these several seton-threads to little strangled pieces of flesh in the depths of the wounds, necessitating the seton-threads slowly to ulcerate, suppurate, and mortify through the points to which they were fixed before they were allowed to escape or be detached,—perhaps many would, at first sight, deem such strange practices as characteristic of "the barbarous Moor." Yet in truth, after all, this is only and truly what enlightened Surgeons of Modern Europe do, when they staunch the hæmorrhages after amputations by tying silken ligatures around the drawn out and isolated ends of the bleeding arteries. For, assuredly, these silken ligatures, with the imbibed dead, and sometimes morbid, animal fluids decomposing in them, speedily and certainly become small irritating setons along the whole course of their tracks; and, as is known to every practical Surgeon, and as has been especially pointed out by Bell, Crosse, Brodie, Picot, Velpeau, Wise, and others, the portion of every artery strangled by the ligature ultimately sloughs off and generally comes away in the loop of the ligature itself. Thus the author of the latest work published on Surgery in the English language, namely, Professor Gross, of Philadelphia, when treating of this subject, observes:—"The process by which the separation of the ligature is effected is worthy of inquiry. It is generally ascribed to ulcerative action, and this is undoubtedly true; but it is equally true that that portion of the artery immediately embraced by the ligature *mortifies, and comes away in the form of a slough*" (b).

Union by the first intention of the flaps of a stump after amputation is certainly an object worthy of being aimed at by all possible means, more especially as the operation of amputation is usually performed in persons who have their constitutions damaged and shattered by previous disease or injury, and who are hence little capable of sustaining without danger any prolonged or severe local morbid action. For entire closure of the operation-wound by the first intention would transform a cure which usually lasts for many weeks into a cure of almost as many days; it would save the patient from the protracted suffering and distress produced by the continued dressings and discharges; and no doubt it would avert in many instances the dangers of pyæmic poisoning and surgical fever arising from the absorption of decomposing matters produced by any local suppurations and sloughings in the depths of the wound.

But, for the reasons above adverted to, complete closure of an amputation-wound by the first intention is extremely rare; or, indeed, impossible, when ligatures are employed to secure the bleeding vessels. On the contrary, surgical wounds under the most disadvantageous circumstances, readily enough unite by the first intention when arterial ligatures do not happen to be employed—as we see in the primary adhesion of the wound in hare-lip, despite the presence of the saliva; in the successful reunion of the revivified lips of vesico-vaginal fistula, despite the constant contact of urine; in the rapid closure of the wound in lithotomy; and in the success attending upon the whole class of operations included under the term of "plastic surgery"—a class of cases in which arterial ligatures are almost never employed.

Under the name of *acupressure*, or acupression, I some time ago proposed a plan of arresting hæmorrhages in Surgical wounds and operations by the employment of metallic pins or needles instead of ligatures. For the mode or modes of using these, I can only here refer to the descriptions which I have elsewhere published on the subject (c). They have this one very great advantage over ligatures, that the heads of the needles being left out in the cutaneous surface of the flap, the needles themselves can thus in every case be entirely withdrawn in forty or fifty hours, or as soon as the complete closure of the artery has been established, leaving no foreign body whatever in the flaps or walls of the wound to prevent their speedy and complete union. Besides, during the brief period that they are thus left in the wound, they are, as contrasted with organic ligatures, comparatively innocuous. For, in accordance with the general pathological law of the tolerance of animal structures for metallic bodies imbedded in them, metallic needles cause little or no irritation by their presence, as seen in the harmless retention for months or years of bullets, small-shot, pins, etc. in the body; in the relative innocuousness of long needles introduced and lodged for the purpose of acupuncture; in the non-irritating character of iron, silver, and other metallic threads, when used as Surgical sutures; and in the employment, by all our best Surgeons, of metallic pins or needles in the union of hare-lip, where the whole aim and object of the operation is to secure and establish primary adhesion of the lips of the wound.

The great practical question, however, is—granting that acupressure by metallic needles is simpler and safer than the silken ligature—Is it actually sufficient for the closure of the arteries usually divided in surgical operations? Before publishing on the matter I had experimented on the subject in the lower animals, and had shut up easily by it the carotid artery of the horse—the largest living vessel which it was within my power to experiment upon. I had made various experiments with it, in the way of amputation and other experiments, on the dead human subject—imitating the flow of blood by the injection of tepid water along the arteries;

(a) Erichsen's Surgery, p. 141.

(b) "System of Surgery," 1859, Vol. I. p. 810.

(c) See *Edinburgh Medical Journal* for January 1, 1860, p. 645, and *Dublin Hospital Gazette* for January 2, 1860, p. 7.

and, lastly, I had used it with perfect success in the living human subject, in shutting up the arteries that were divided in three cases of excision of the cancerous mamma. In the last of these three cases I had to close six separate arteries with an equal number of acupressure needles. But, not being a practical Surgeon, I had, of course, no opportunity of testing it myself in any of the graver operations of Surgery, such as amputations of the limbs. Through the kindness, however, of my Surgical friends, I am able to report the effects of acupressure in four cases of amputation in which it has been employed during the past month.

For the first application of acupressure to the arrestment of hæmorrhage after amputation of the limbs, I am indebted to one of the most accomplished and advanced Surgeons in this country—my friend Dr. Greig, of Dundee. Formerly as Surgeon to our army in the East, and latterly as Surgeon to the large Hospital at Dundee, Dr. Greig has enjoyed great opportunities as an operator. His very interesting letters to me on the subject of acupressure indicate the change and struggle which every earnest and ingenuous mind has in setting aside old-established and cherished practices for the adoption of what is new. When I first took the liberty of directing his attention to the subject, as contained in an abstract of a paper on it in the January number of the *Edinburgh Medical Journal*, and asked him to be so good as to test the plan, he wrote me, January 8, 1860, that he could "see no great difficulty in giving the thing a fair trial." But he adds :—"Of its general adoption I have great doubts. We have been always taught to look upon the ligature as the only true means of arresting hæmorrhage, and this feeling is somewhat difficult to get out of one's mind. Your illustration of fixing a flower in the lapel of the coat by means of a pin, explains the whole thing."

Case 1.—Two days afterwards, January 10, Dr. Greig wrote me :—"I performed amputation at the forearm this afternoon in a case of laceration of the hand from the bursting of a gun, and I used the needles instead of ligatures for arresting hæmorrhage. Both the radial and ulnar arteries bled freely, but were easily controlled by a needle placed on each, almost half-an-inch above the cut end. Both needles were, of course, in the palmar or anterior flap, and were applied *quite as easily as a ligature*." These last words are underscored in Dr. Greig's letter, and show that thus the very first trial of acupressure proved as easy as deligation in the hands of a Surgeon who for years had been in the constant practice and habit of applying ligature to arteries for the staunching of hæmorrhage in his operations.

Case 2.—Three days afterwards, January 13, Dr. Greig again wrote as follows :—"I have had another amputation at the middle of the forearm to-day, and used acupressure with ease and success. The process, so far as I have tried it, is *the simplest* one can imagine; and, unless I see some good reason for changing my mind, it must ultimately come into universal adoption. It is really surprising how very little pressure is required to stop bleeding from an artery. In fact, I had no idea of it till I tried acupressure.

On January 20 Dr. Greig writes :—"Both the cases of amputation in which I used acupressure have done remarkably well. There has been less irritation and less suppuration, and the wounds are healing more kindly than had ligatures been employed. The first case did not close by the first intention, owing to part of the anterior flap having been lacerated by the explosion. The second has gone on as well as could be wished—no fever, no irritation—and the wound is healing by the first intention. What surprises me more than anything else is, the very small amount of pressure which is required to stop arterial hæmorrhage. In passing the needle over an artery I do not think it will be found necessary to turn it sharply over the vessel, thereby binding it very tightly to the flap. Such a degree of pressure is by no means required. Less irritation is caused by passing the needle more lightly across the artery, and taking in more tissue along with it."

"It is a great comfort also," Dr. Greig adds, "to both patient and Surgeon, that by acupressure the artery is closed in about forty-eight hours (a large artery may, of course, require a longer time), and all cause of irritation at once removed. In my first case I allowed the needles to remain in for three days; but in future I will consider two days long enough; and, for all I know, perhaps it is longer than is required."

"I have now the greatest faith in acupressure. I intend employing it in all kinds of cases that may come under my care, and I will have no fear whatever to use it in my first thigh amputation."

"In giving directions for securing the vessel, you advise the Surgeon to place the forefinger over its bleeding mouth, etc. Now you will find it much better when you have a flap to keep the finger of the left hand on the skin side and use the thumb. You feel the vessel beating between the thumb and forefinger, and you can introduce the needle in the dark."

I heard again from Dr. Greig on January 23. "The amputations (he states) are doing well, and both patients are walking about the wards. Yesterday (he continues), at a case of removal of the mamma, I again used the needles, and easily arrested the hæmorrhage from two arterial branches which were spouting freely in the upper or axillary flap. A small branch of an intercostal was the only other bleeding vessel, and torsion was used for it. Nothing could have been easier or more beautiful than acupressure applied in this case, as the procedure was seen in its simplest form—more so than in a flap." "I see," Dr. Greig adds, "that in France M. Foucher (d) has tried acupressure on the dead subject, and also on a dog. I wonder why he did not try it in an amputation. Nothing can be easier, and if a Surgeon uses it once I am sure he will do so again."

Case 3.—On January 30 I had an opportunity, kindly afforded me by Mr. Edwards, Lecturer on Surgery here, of applying acupressure to stop the bleeding following an amputation of the foot through the first row of tarsal bones. The patient had been unable to work for one or two years, in consequence of an injury to the foot, which led to necrosis, and intractable caries of the anterior row of tarsal bones. He was a strumous subject, and his health was much damaged and broken down by the effects of the disease. Mr. Edwards performed the operation with great dexterity and rapidity, and the four or five vessels that bled were easily secured by as many acupressure needles. The section of the astragalus showed the existence of some disease in its cancellated tissue, which necessitated the removal with the gouge of a portion of its structure. The whole surface of the bone laid bare by the saw and gouge was vascular, and continued to ooze out blood as long as it was exposed. But as the patient was so weak and reduced, Mr. Edwards was anxious to close and stitch up the wound as soon as possible, and before the chloroform-sleep was over. The needles were all removed from the stump about fifty hours after the amputation. During the two subsequent days, there twice occurred a slight oozing of blood from the outer angle of the wound, but not more than enough to redden the moist dressings; and this altogether ceased on the removal of an old ash-coloured clot from the situation above mentioned. To-day, eight days from the date of the operation, the stump is healing kindly, and the patient feels well.

Case 4.—In the preceding three cases of amputation, acupressure was effected by passing the needles from the cutaneous surface of the flap, over the track of the bleeding vessel, and then causing their points to emerge through the skin at some distance. In other words, in all of these cases the cutaneous portion of the flap was used as the point of resistance against which the wounded artery was compressed by the bridge of the needle passing over it. In an instance of amputation of the leg immediately below the knee, performed on January 31, in the Hospital at Carlisle, by my esteemed friend Mr. Page, I had an opportunity of applying acupressure in another of the modes suggested in my paper on the subject, viz., by compressing the principal bleeding arteries against a neighbouring bone as the resistant point. The cause leading to the amputation was very extensive and old-standing, irremediable disease of the tibia. It is, I believe, generally acknowledged amongst Surgeons, that in consequence of the deep situation of the two tibial arteries, between the tibia and fibula, and in proximity to the interosseous ligament, seizure and deligation of these vessels in amputation immediately below the knee are, as a general rule, more difficult to accomplish than the ligature of the arteries cut across in any of the other amputations of the limbs. After Mr. Page had removed the diseased limb in the case in question, I stayed the hæmorrhage from the two tibial arteries by compressing and closing them with two needles introduced through the cutaneous surface of the anterior flap, about half-an-inch

(d) See *Medical Times and Gazette* for January 21, p. 72.

above the level of the ends of the amputated bones. The points of these needles after producing the requisite degree of compression of the vessels against the bone, were pushed onwards into the substance of the stump behind. They were not, in this way, visible at any point on the raw surface of the stump. The first needle that I passed failed in producing an adequate degree of compression; but the two next succeeded. Half-way down on the inner surface of the large and fleshy posterior flap, an artery gave rise to some difficulty, for a reason which I had not previously prepared for. I passed a needle through the flap, a few lines on the upper or cardiac side of this bleeding orifice. so as to produce a sufficient degree of compression across the supposed track of the vessel leading to it, but without the effect of arresting the hæmorrhage. On sponging the bleeding point, and examining it more carefully, we found that the jet from the artery was coming from below upwards, and not from above downwards. In consequence of this discovery I removed the acupressure needle, passed it through the flap nearer its apex, so as to produce compression two or three lines *below* instead of above the bleeding point—on the peripheral instead of the cardiac side of that point—and the hæmorrhage was forthwith arrested. Mr. Page closed the wound most carefully with a large number of metallic sutures. He withdrew the acupressure needles seventy-one hours after their introduction. In a letter which I received from him four days after the operation Mr. Page says:—"The man continues to eat and sleep well. Indeed," he adds, "I never had a patient who suffered less after amputation of the leg; and the condition both of the patient and the stump are altogether most satisfactory."

In addition to the four preceding larger amputations, I have heard of some smaller amputations about the fingers and hands performed during the last month, in which acupressure was successfully used for arresting the subsequent hæmorrhage. I saw a case of amputation of one of the fingers, in which my pupil, Mr. Pierce Simpson, operated. The arterial bleeding, as well as some general oozing from the surface of the flap, ceased immediately upon the introduction of an acupressure needle. The finger was irritated, and its vessels full and injected, in consequence of the effects of a severe injury received two weeks previously.

In one of the extracts from Dr. Greig's letters, the simplicity and facility of the arrestment of arterial hæmorrhage by acupressure, as compared with the ligature, is adverted to. Any Surgeon accustomed to try both will speedily find acupressure to be far the easier and the more expeditious process of the two. Besides, in applying ligatures, the operator always requires the aid of an assistant; he can himself, however, apply acupressure needles without any such aid. While acupressure is thus far simpler in its application, it will also, I firmly believe, be found also far surer in its results as regards all the chances of obtaining complete reunion of the sides of the flaps by the first intention; and far safer too as far as respects the avoidance of the dire mischances of surgical fever from the absorption of morbid and septic matters formed by local suppurations and sloughs in the depths of the wound. Every ligature applied around the isolated extremity of a bleeding artery inevitably tears and mechanically lacerates the two interior coats of the artery, and afterwards inevitably produces ulceration, suppuration, and local gangrene at the tied point, before the thread can separate and become detached. No such severe and morbid local consequences necessarily result when a bleeding vessel is closed by the temporary contact of a needle.

Edinburgh.

CLINICAL MIDWIFERY.

By ROBERT LEE, M.D., F.R.S.

Obstetric Physician to St. George's Hospital, London.

(Continued from Vol. xl., p. 476.)

Case 601.—On July 5, 1850, I was called to see a patient in the Commercial-road East, who had been delivered with the forceps two weeks before, and the perineum had been torn down to the rectum, but the sphincter ani had escaped. Sloughing had followed, but the slough had separated before I saw the patient, and the whole surface was granulating, and presented a healthy appearance. The questions put by the Medical Practitioners, whom I met in consultation, were Whether ligatures should be passed through the edges to cause union of the granulating surfaces? Would granulating surfaces unite more readily if held together with sutures? The parts we thought might be held together by a proper position and by strips of adhesive plaster. Sutures it was thought might induce pain and inflammation and fresh sloughing, and could not make the parts reunite more rapidly. The Medical Practitioner who had delivered in this case with the forceps without a consultation expressed his regret at having done so, and his surprise that the head should have escaped so suddenly and the perineum been torn. It was not discovered that the injury had been inflicted by the forceps till some days after it had happened. In 1851 I was informed that the parts had healed up in a satisfactory manner.

Case 602.—On July 5, 1850, I saw a case of puerperal convulsions, with Mr. Knaggs, at the full period of pregnancy. Six weeks before the patient had seen only the half of objects for a short time, and had suffered from headache. Two of her sisters had suffered from puerperal convulsions. These circumstances had excited a suspicion that she would not escape an attack during her labour; and the pains had scarcely commenced when a fit took place, which lasted half-a-minute, but was not very violent, and she recovered her consciousness afterwards. Twelve leeches were applied to the temples. The labour went on slowly, and another fit, more severe, took place. The pulse was feeble and rapid, and there was little appearance of fullness about the head; but twelve more leeches were applied. Six grains of calomel and afterwards some purgative medicine was exhibited, and cold was applied to the head. After the labour had been completed by the natural efforts consciousness returned, but for some time she talked incessantly; the pupils were dilated, and the pulse was slow and feeble. Recovered.

Case 603.—On Sunday morning, July 14, 1850, about four o'clock, I was requested to see a patient in Doctors'-commons. Two Medical Practitioners were in attendance. It was the first labour, and the patient was advanced in life. Labour commenced on Thursday with rupture of the membranes. It went on the whole of that day and the next, and the Saturday, and a dead, putrid child was expelled this morning (Sunday) about one o'clock, three hours before I was called to see the patient. Two doses of the ergot of rye had been given, and two doses of laudanum. Repeated attempts had been made to extract the placenta, and the cord had been broken off. There was no hæmorrhage. The os uteri was firmly closed. The whole placenta was inside the uterus. I introduced my right hand into the vagina. Considerable difficulty was experienced in getting two fingers through the os uteri, but it gradually yielded, and I succeeded in grasping the edge of the placenta with the two fingers, and —gradually getting hold of a little and little more—drew the placenta into the vagina, without ever having had the whole hand in the uterus. Left at five, all well.

Case 604.—On July 17, 1850, Mr. Thornton called and informed me that a patient under his care, in Great Wild-street, had died undelivered, and that the body was to be examined on the morning of the 18th. Mr. Thornton had attended this patient several times in labour, and the labours had all been natural. This morning he was sent for at six o'clock, and on making an examination he found the membranes nearly protruding through the os externum. Proceeding to make a complete examination they gave way, and, to the best of his belief, the face presented. There was nothing extraordinary in the labour, the pains were good, and the labour proceeded regularly. The only thing that the patient complained of was a stiffness or crampy feeling of the right thigh and leg, and faintness on rising up. The labour went on till about mid-day. She complained of a peculiar dragging pain in the epigastrium high up, and began to sigh and breathe quickly. Just previous to these symptoms the pains had abated, but the presenting part had not receded. Sitting at her bed-side, the nurse observed, "Look how faint she appears to be." Mr. Thornton immediately proceeded to attend to her, and found there was no pulse. Stimulants were immediately given and the window opened. She complained of being cold, and expressed a desire to sit up, but she expired in less than a quarter of an hour. No ergot of rye had been given and the patient was never left. July 18.—Examined the body this morning, Mr. Thornton and Dr. Richards were present.

There was a great quantity of blood in the abdominal cavity. The peritoneum and a portion of the muscular coat of the uterus were torn behind. The muscular coat was not entirely lacerated, only about one-half had given way. The head of the child was at this part. The uterus was of a dark colour and soft around the rent.

Case 605.—At eight a.m., August 17, 1850, I was requested by Mr. Norton, of Camberwell, to see a young married lady, who had been forty hours in her first labour. The head of the child had not advanced during ten hours. The meconium was passing abundantly; fœtal heart could not be heard; she had been slightly delirious; pains becoming more and more feeble; pulse 100. Delivery was immediately required, and we formed the opinion, after mature consideration, that the forceps could not be employed with safety or advantage. I opened the head, and the great and long-continued exertion subsequently required to extract it, proved that the delivery could not have been safely accomplished by any other method. The uterus contracted feebly, and some difficulty was experienced in the removal of the placenta. She remained partially incoherent for several days. No sloughing of the parts followed. Several months elapsed before she was able to walk. A second pregnancy has taken place since, and the labour was natural. The propriety of inducing premature labour was suggested, but this I did not consider necessary.

Case 606.—August 30, 1850, the labour commenced soon after midnight. At five a.m., the os high up, and scarcely at all dilated. Presentation not ascertained. I left the patient at nine, and was sent for in a great hurry at twelve. Very little progress; remained with the patient all day; the os uteri gradually, but very slowly, yielding; a vast deal of complaining without any effect. At nine p.m. the head was entering the outlet of the pelvis, and I thought the labour would be safely over in a few hours. Suddenly, about ten, the pains entirely ceased, and a fit of convulsions took place. ℥xij. of blood were drawn from the arm. Mr. Blagden then saw the patient in consultation with me. The pains having returned vigorously, we waited till half past twelve in the hope that the child would be expelled by the natural efforts. It then became evident that this would never take place, and Mr. Blagden applied the forceps, and very considerable time and force were required to extract the head. The child was born alive, but the scalp had sustained a slight injury, which caused no permanent mischief. Another violent fit of convulsions soon followed. Cupping from the right temple to ℥xij. was employed; and eight grains of calomel, and afterwards a cathartic draught were given. 31st.—No fits; consciousness had returned; a large quantity of urine drawn off with the catheter; pulse rapid; slight sloughing of the vagina took place, and the catheter was required daily during nearly a fortnight. Both mother and child did well.

Case 607.— On Sunday, September 22, 1850, at eight a.m., I received the following note from a Medical Practitioner:—"I have been in attendance on a lady here for several hours past. Her labour commenced on Friday evening, but no perceptible progress has been made during the night. I have proposed to request your opinion. I may tell you, the head appears to me impacted, and from the trifling change, notwithstanding several pains, I anticipate we must employ instrumental means." Ten a.m.—The labour had continued nearly forty-eight hours. The head so large that it could not pass through the brim, and press upon the os uteri; this not half dilated; not rigid; violent pains, and constant pain on the right side of the abdomen. The danger of rupture of the uterus appeared very great. The operation of turning was not considered. Delay could have done no good; and immediate recourse was had to the perforator and the crotchet. When the perforator entered a great gush of a dark-coloured fluid, like blood, rushed forth, and continued to flow for some time. There were no coagula in this; it resembled the dark fluid sometimes vomited, or passed from the bowels. Not having before seen such a fluid pass from the brain of a child, I thought it might have flowed from the uterus, but this could not be the case, because there was no symptom of internal hæmorrhage, and it was not common blood. I had a good deal of difficulty in extracting the head. Some ordinary blood followed with the placenta. 23rd. — Recovering favourably. No fluctuation in the head was felt in this case.

Case 608.—On September 27, 1850, Mr. Berry requested me to see a patient who had been thirty hours in her first labour. There had been no progress made during fourteen hours. The movements of the child had not been felt during two days, and the sound of the fœtal heart could not be heard. The os uteri was fully dilated, the head was in the cavity of the pelvis, and an ear could be felt. The blades of the forceps were applied in a satisfactory manner, but the force required to extract the head was so great, that after a proper trial the blades were removed, and the perforator and crotchet employed; and the head was not delivered without much difficulty. The soft parts, however, were not much injured, and the patient recovered favourably after a time.

Case 609.—On September 28, 1850, at half-past seven a.m., I was called by Mr. Ballard to a case of labour, which had commenced on Wednesday night. There had been great distension of the abdomen and swelling of the legs during pregnancy. The cord being round the neck of the child and without pulsation, the head was immediately opened and extracted. Mr. Ballard said he thought there was a second child. The abdomen continued large and hard. I could feel no part of a second set of membranes, and no part of a second child. The placenta not coming away, the hand was passed up to extract it, and then I felt a foot through a second bag of membranes. These were ruptured, the foot seized, and the nates, trunk, superior extremities, and head delivered without difficulty. Child alive. Waited half-an-hour, then passed up the hand, and found one placenta adhering to the uterus: the other detached. They were removed, and a great flow of blood followed; but this was checked by the pad and binder; cold vinegar and water dashed over the nates, and the liberal internal exhibition of brandy. September 30.—Mr. Ballard called, and informed me that the patient was going on well, and the little child also.

Case 610.—On November 14, 1850, I saw (in consultation) a lady, aged 24, who had been married in June, 1849, and was soon after pregnant. In two months after marriage she perceived a small moveable swelling on the left side of the hypogastrium. It gradually increased in size till October 25, when she was prematurely confined. She took iodide of potassium twice daily for some time, and the swelling disappeared entirely. She became pregnant again in March, 1850, and as soon as she became pregnant the tumour reappeared, and at the time of her delivery was nearly the size of a child's head. Now, it can just be felt over the pubes. An internal examination had not been made, to determine whether it occupied any part of the pelvis. She had been confined prematurely, only three weeks before. The labour was natural, and the child lived some hours; and she had recovered favourably. On examining the hypogastrium the tumour could not be felt above the brim of the pelvis; but, on forcing the fingers down into the brim, I could feel a hardness and resistance in the left side. Internally, I felt on the left side of the uterus a cyst of considerable size, and anteriorly to the uterus, and adhering to the uterus on the left side. On June 10, 1857, I was informed by the Medical attendant of this lady that she "had two premature confinements after our consultation in November, 1850—the first in January, 1852, and the other in February, 1853. The tumour did not increase in size, and was only apparent during pregnancy; and, after the last birth, I examined the state of the uterus, and found the os in a diseased state, which I treated in the usual way. She again became pregnant, and, in June, 1854, gave birth to a fine female child, which is now living, and the pride of the parents—being their only one, as no pregnancy has occurred since. I never hear anything of the tumour."

Case 611.—On November 25, 1850, I was called to see a lady in Cambridge-terrace, in whom the placenta had been retained three hours after the birth of the first child. The patient had been long under the care of a physician addicted to the abuse of the speculum and caustic, and the application of leeches to the os uteri. The practitioner in attendance had become alarmed without reason—said he could not feel the uterus, and that there was some tumour. I found the placenta detached, but retained by the os and cervix uteri, and had no difficulty in removing it, and the patient recovered favourably.

Case 612.—On December 20, 1850, I was consulted by a lady who had been delivered with the forceps three months before, while in a state of complete insensibility from chloroform. It was the first labour. The child was dead, and the perineum was extensively lacerated, there being

only a small portion of the sphincter ani left. The catheter had been required twice daily during two weeks, and the power of walking had not been restored. The lacerated parts were still sore. By rest and care, in the course of time, the rent contracted considerably, and the contents of the bowels did not escape involuntarily, so that she was able, without great inconvenience, to go into society. In April, 1857, she was suffering from occasional diarrhœa, and inability to retain the contents of the bowels for any length of time. The inconvenience had greatly increased since the birth of her third child, on September 6, 1856. Only a small portion of the sphincter now remained. In the month of February, 1859, Mrs. —— being again pregnant, a large abscess formed in the right breast, which required to be opened. On July 16 the confinement took place, and was natural; but the small portion of the sphincter which remained sustained some injury, and, for a time, there was no control over the action of the bowels, and she was very miserable. I did not consider it advisable, in this case, to recommend a surgical operation, having seen no operation perfectly successful in repairing the injury when the sphincter ani had been so much torn. At the close of 1859 I was informed by the Medical attendant of this patient that she was in good health, and suffered much less inconvenience than she had done from the laceration.

My next communication will contain a report of all the cases of difficult, preternatural, and complicated labour which came under my observation during 1851.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

CASE OF ACUTE IDIOPATHIC TETANUS, ENDING FATALLY.

(Under the care of Mr. CURLING.)

The occurrence of idiopathic tetanus of an acute type is very rare, at least in this country. Almost always when tetanic symptoms come on without any history of preceding injury, they are mild in character, and usually result in recovery. The example of acute tetanus ending fatally, to which we have this week to ask our readers' attention, occurred a fortnight ago under the care of Mr. Curling, in the London Hospital, and excited much interest. Mr. Curling, whose able monograph on this peculiar disease is well known, stated that he had never witnessed a more acute case in a female. He expressed himself as also fully satisfied that the disease was idiopathic. A fracture of the ulna had been received three months before; but the interval was, he said, too long to allow of this injury being deemed the exciting cause. The woman did not know of any subsequent one, nor could any scar or other trace of external violence be discovered on her person. The interest of such a case, in its medico-legal aspect, is self-evident.

For the following notes we are indebted to Mr. D. W. Bush, one of Mr. Curling's dressers:—

Mrs. P., aged 41, was admitted on January 12, 1860. She stated on admission that she had been accustomed to work hard at washing, and attributed her present illness to overwork and exposure to cold and damp. She said that she had not received any external injury during the last three months (at which date she was admitted into the Hospital with fracture of the ulna). The husband stated that in her youth she had a fall from a swing, and injured her spine; and that, ever since that time, she had complained of great pain in the back whenever she took cold. The present attack commenced at five p.m. on the evening of January 11, up to which time she was in good health, with the exception of a cold. The first symptoms (which came on suddenly) were inability to swallow—the attempt causing spasm of the constrictors, and also of the muscles of the face, the mouth being drawn up on one side. She went to bed, and obtained a little sleep, but was disturbed by the spasms; and in the morning came to the Hospital. When admitted (at twelve) she complained of stiffness of the neck, with difficulty in deglutition, and pain in the region of the diaphragm. The abdominal muscles were not particularly tense, but those of the neck were. Jaw closed, but able to be opened about a quarter of an inch. She could answer the questions put to her. There was more or less opisthotonos; and the knees were drawn up during the continuance of the spasm. Pulse 108, weak.

Mr. Curling saw her at two p.m., and prescribed milk and beef-tea, wine ʒviij. (if able to swallow, *ad libitum*), porter Oj., and a draught containing twenty minims of chloric ether, and like quantity of laudanum and sal volatile, to be taken every three hours; also, that injections of beef-tea and wine were to be used if the patient became worse. She was placed under the influence of chloroform, during the influence of which the pulse fell to eighty; respirations fifty-three in a minute; jaw could be opened an inch, and she swallowed a little wine; it was kept up for about fifteen minutes, but no good effect appeared to follow. During the evening she was in great pain, and shrieked continually; but continued to take the medicine, etc., up to four a.m., when she had a severe spasm, after which she became insensible, and passed her water unconsciously. At six, the spasm again occurred, with greater severity, lasting about two minutes, during which the nurse thought she would have died. At eight, she had another, but less severe. After this time they returned at different intervals, coming on spontaneously, and also immediately the introduction of any fluid into the mouth was attempted. During the spasm the expression of the countenance underwent a great many changes; the eye-lids, at the commencement, were closed, but open towards the termination; eyes slightly divergent; pupils dilated; there was great lividity of the face and frothing at the mouth; the legs being straight and the feet everted; respirations fifty-six in a minute; pulse about 120, and weak; jaws firmly closed. At eleven.—"Has been gradually getting worse. She has been for some hours unable to swallow, but the injections have been regularly continued every three hours." At twelve.—"Gave chloroform, and while she was under the influence she swallowed several spoonsful of wine. The influence was kept up about fifteen minutes, and as soon as it passed off the introduction of fluid into the mouth brought on a spasm." At length, about forty-five minutes after twelve, a spasm more severe than before came on; the pulse suddenly stopped (although she breathed five or six times after); her death apparently being due to spasm of the heart, respiratory movement having been observed after cessation of pulse at wrist.

At the post-mortem, which was carefully performed by Dr. Andrew Clarke, nothing particular was found, with the exception of a small quantity of fluid which was present in the lateral ventricles, and marks of incipient pneumonia in one lung.

ST. BARTHOLOMEW'S HOSPITAL.

FRACTURE OF THE PELVIS AND RUPTURE OF THE URETHRA — STRICTURE WITH FALSE PASSAGES AND A FALSE BLADDER—OPERATION—SUCCESSFUL RESULT.

(Under the care of Mr. PAGET.)

The following is an example of the most difficult class of cases of urethral stricture with which the Surgeon can ever be called to deal. When a stricture is simply impassable, there is hope that by patience it may be dilated; but when, in addition to that lesion, there exists a false passage leading past the stricture, there is little prospect that the instrument can ever be made to find its way into the proper channel. If the false passage be large, and if it lead merely out of one portion of the urethra into another, or into the bladder, it is quite possible that the patient may not suffer greatly, and that no Surgical interference may be called for. But if, on the contrary, a false chamber has been formed, admitting of an accumulation of urine, and subjecting the patient to the risk of urinary abscesses, infiltration, etc., the case becomes at once one of extreme difficulty and danger. In the case before us a severe injury to the urethra and pelvic contents had been received, and, as a consequence of extravasation, a large subsidiary cyst had been formed between the pubes and the true bladder. Into this false bladder the urine constantly escaped, and although catheters were easily introduced to their full length,

yet they passed into it, and not into the proper receptacle for that fluid.

It is in cases such as this that the operation of perineal section is at once peculiarly valuable and peculiarly difficult. In commencing its performance the Surgeon can never feel sure that he will be able to find the proximal or vesical tract of the urethra; and if he should fail in this, the end of the procedure is not attained. The rules for success are to cut freely, and to keep most carefully in the median line, and to obtain by examination per rectum a clear idea as to the position of the prostate.

We have abridged our narrative of the case from the notes taken by Mr. Rogers, one of the House-Surgeons of the Hospital.

E. D., a miner from North Wales, a hardy, robust-looking man, was admitted into Darker Ward, on October 5. Two years ago he had received a severe blow on the pelvis by the falling of a large and heavy piece of rock. He was seen by a Surgeon next morning, who found that he had got paralysis of both legs, and had lost all control over his sphincters. A catheter was passed, and a large quantity of pure blood was drawn off. This was repeated for three days with the same results. On the fourth day some urine flowed. The perineum was very hard and tender, and according to the man's statement it was incised on the fifth day after the accident. He was subsequently admitted into the Chester Infirmary, where he remained twelve weeks, the catheter still requiring to be passed, and its use being always attended with great difficulty. The perineum had, however, become less painful, less swollen, and softer; but the urine still came through a fistulous opening left during the healing of the wound. After a short time the whole of the urine was passed through the fistulous opening alluded to. About five weeks after leaving the Chester Infirmary (about five or six months after the accident), he was seized with great pain in the perineum, which was also very hot and tender. Mr. E. Jones attempted to pass a catheter. Mr. Jones writes:—"I first came to a stricture under the pubic arch, which firmly embraced the instrument. In passing it about half-an-inch further, I met with another, which so impeded progress that I at once desisted, and ordered him to apply twelve leeches to the perineum, to have a hot bath, a strong purgative, etc." This treatment relieved him very much, and next day a catheter (No. 6) was introduced. Mr. Jones, a fortnight later, laid the two fistulous openings into one. He could soon afterwards pass urine by the natural channel, the first time since the accident, and for three months he continued able to do this by placing his finger over the fistulous opening. At the expiration of this time he had again fits of retention, but by warm baths, etc., he was generally enabled to pass water either by the fistula, or by the urethra.

We have given a very condensed *resumé* of the principal facts in the poor fellow's history during the two years which elapsed between the date of his accident and his admission into St. Bartholomew's. He had been under surgical treatment the whole of the time; and a detailed statement of his case was sent up to Mr. Paget when he came to the Hospital. He had now wholly recovered from the paralytic symptoms, and was in good general health; but his sufferings from inability to relieve his bladder, and from constant dribbling of urine, were very severe. His perineum was greatly indurated and swollen, and in its centre was a fistula; which latter, however, did not lead directly into the bladder. We now proceed to the treatment adopted:—

On admission Mr. Paget was able to pass a catheter (No. 5 or 6). He remarked that the instrument went in "with all the facility of error," and stated that he felt sure that it did not enter the true bladder. Resistance was encountered at a certain point. Urine was drawn off, but its flow was preceded by a discharge of pus. Having consulted with his colleagues, on December 5 Mr. Paget determined to perform perineal section. The patient was placed under the influence of chloroform; a grooved staff was introduced, and an incision next made in the middle line. A hard, cartilaginous mass was encountered, which Mr. Paget freely divided. An attempt was now made to discover the vesical tract of the urethra by passing a large probe from the perineal incision. This was successful, and a catheter having replaced the probe, the urine flowed freely, thus proving that the cavity of the true bladder had been reached, since the fluid contained in the false sac had been drawn off in the beginning of the operation. Mr. Paget next passed a No. 8 flexible catheter through the penis, and having brought it out at the wound, next guided it on into the bladder, by the side of that previously introduced. This was left in, no hæmorrhage, shivering, or any other unfavourable symptoms occurred. The bowels were left undisturbed for several days, and during a whole week the catheter was left in, causing no uneasiness. He continued to improve in every respect until November 23, when he had an attack of severe pain in the testis and loin. This was relieved by warm baths and a narcotic, and did not return.

Dec. 3.—He was now able to pass the catheter himself. It was left in an hour daily. A little urine still passed through the wound.

20th.—It is noted,—"He is going on very satisfactorily. He passes the catheter every day, and leaves it in an hour. The urine now comes the right way. Mr. Paget desires him to pass the instrument for a month longer."

He was discharged on December 21.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

It should be clearly kept in mind that the operation for the external division of stricture with which the name of the distinguished Edinburgh Surgeon has been so creditably associated, is one quite distinct from those performed either in the case from St. Bartholomew's Hospital just given, or in the two which are now to follow. Mr. Syme divides the stricture upon a grooved staff previously passed through it, and serving as a safe guide to the knife. Neither in Mr. Paget's case, nor in the two following, could any instrument be got through the strictured tract, and there was, therefore, a considerable degree of risk that the portion of urethra beyond it might not be found. In Mr. Paget's case, the operation was undertaken, not on account of retention of urine or under conditions of immediate urgency, but in order to mitigate the chronic misery of perineal fistula, a false bladder, and incontinence. In the two cases subjoined (for the particulars of which we are indebted to Mr. Evans, the House-Surgeon to the Hull Infirmary), the circumstances were wholly different, although a similar operation was required. What these circumstances were will be clearly developed in the respective narratives, and we need not anticipate their explanation. They are full of interest to the practical Surgeon. We may, however, just allude to the circumstance that there are two methods of treatment for cases of retention in which no instrument can be introduced, each of which has at present its warm advocates. The one is that adopted by Dr. Lunn and Mr. Craven of cutting down in the perineum and endeavouring to divide the stricture, and at the same time open the urethra beyond it. The attractive feature in this plan is that, should all do well, the patient has, in all probability, been relieved of the retention, and permanently cured of his stricture. Mr. Cock, of Guy's Hospital, has, however, for many years strongly advocated puncture of the bladder by the rectum as preferable in these cases to the perineal operation. He holds that it is a procedure in itself almost devoid of risk; that it affords certain and immediate relief; and, further, that a man suffering from acute retention is not in a state suitable for the performance of so severe a measure as perineal section. Mr. Cock also urges that puncture of the bladder, being in itself attended by little or no danger, ought to be resorted to at a comparatively early period in the treatment, and without waiting to permit the risk of extravasation occurring. Of course when, as in Mr. Craven's case, extravasation has occurred before the patient comes under treatment, the perineum must be incised without loss of time.

THE HULL INFIRMARY.

RETENTION OF URINE AND IMPASSABLE STRICTURE—PERINEAL URETHROTOMY—DEATH.

(Under the care of Dr. LUNN.)

G. G., a healthy man, aged 24, but of intemperate habits, was admitted on account of thecal abscess in the finger with

inflamed absorbents, on February 24, 1858. He was on the point of being discharged cured, when, on March 17, symptoms of retention of urine set in. He had been the subject of stricture for six years, and had been in the habit of passing a bougie for himself, but had not done so for the last year. This was the first time he mentioned that circumstance. An attempt was made to introduce a catheter, but without success. Fotus perineo appl. ℞ Hst. aper. ss.

8 p.m.—No relief from bladder; hypogastric region swollen, tense, and dull on percussion. Another attempt to introduce a catheter failed. Hirudines vj. perineo, et postea fotus. Suppositorium opii utend. ℞ Tinct. ferri. mur. ʒij.; tr. opii, ʒj.; aquæ ad ʒviij. M. Cap. ℥ 4tis horis.

March 18.—Has passed a little urine. A further attempt with the catheter again failed. ℞ Enema purgans stat. et postea enema opii.

9 p.m.—Bowels acted once. Distension of abdomen more general, with some tympanitis; tenderness on pressure; anxious countenance; and quick feeble pulse. At times there is sickness. Add mist. ether chloric, ʒjss. ℞ Calomel, grs. x.; morph. mur. gr. j.; sacchari, grs. viij. M. Divide in pulv. viij. Cap. j. 2ndis horis. Enema simpl. c. tr. assafœt, ʒss.

19th.—Bowels relieved once, but he has only passed an ounce or two or urine. Peritonitic symptoms more marked. Cont. pulv. Empl. lytta rg. hypogast. app. Countenance anxious, and pulse feeble. He looked as if he had suffered some shock. On consultation it was resolved to open the urethra behind the seat of stricture. After renewed and unsuccessful attempts to get a catheter through the stricture, an incision was made in the perineum on to the end of the instrument, and the urethra opened with some difficulty beyond the stricture, which was then cut through. There was pretty free hæmorrhage. A gush of urine took place, but no great quantity escaped. Considerable difficulty was experienced in passing the instrument on into the bladder. The patient was removed to bed, a short tube passing through the wound into the bladder. When on the operating-table, the patient said that two days before he had felt a sensation as of something giving way within him. ℞ Liq. opii. sed. ʒss. statim. Vespere. Urine flows freely through the wound and tube. Pulse 120; small and feeble. Frequent vomiting of dark grumous matter. ℞ Morph. mur. gr. ½ quadri horis. Wine ad lib.

20th.—Had no sleep. Countenance anxious and sunken. Pulse 120, very feeble. Frequent and copious vomiting through the night of an almost black fluid. He gradually sank, and died at five a.m. on the 21st.

Autopsy :—Abdomen.—Peritonitis evident, chiefly in the two iliac regions; in these parts coils of intestines adherent with recent lymph. All the intestines, except the descending colon and rectum, greatly distended with gas and fæcal matter. Coats of small intestine much congested. Bladder empty, and quite contracted. On separating its peritoneal coat, the cellular tissue in the pubic region was seen to be quite dark and gangrenous, having a strong urinous odour. This appearance was confined entirely to the pubic region. When the bladder was removed and laid open the mucous lining appeared rough and congested; and at the fundus, towards the right side, was an opening about a quarter of an inch long, through which the urine had escaped into the cellular tissue. No other organs were examined. The peritoneal coat of the bladder was perfectly healthy.

IMPASSABLE STRICTURE AND EXTRAVASATION OF URINE—PERINEAL URETHROTOMY—DEATH.

(Under the care of Mr. CRAVEN.)

A thin, haggard-looking man, admitted on December 22, at 7.30 p.m., having a strong expression of anxiety and suffering depicted on his countenance. The scrotum and perineum were much swollen, inflamed, and tender; he said that he had passed water, but could give no very distinct account of himself; in fact, he seemed rather delirious. There was dulness over the region of the bladder. Pulse 100, sharp. He had been under treatment by a Surgeon for about a week. A catheter could not be made to enter the bladder, but it gave evidence of there being several false passages. He had been the subject of stricture many years. The end of the catheter was blackened, and had a gangrenous odour. Believing the symptoms to arise from extravasation of urine, a grooved staff was passed down to the stricture, and an incision made into it through the perineum, giving vent to urine and blood. The stricture was cut through, the staff withdrawn, and a catheter introduced—which, after some time, and with considerable difficulty, was passed on into the bladder, giving vent to about a pint of urine, and procuring great relief. ℞ Liq. opii, sed. ʒss. stat., et horâ somni.

December 23.—A fair night; pulse 100; tongue moist; all the urine comes by the catheter. Wine ʒiv. ordered.

25th.—Pain and tenderness of abdomen, with some tympanitis; swelling of scrotum and perineum much subsided.

30th.—Catheter removed to-day, and the urine afterwards flowed from the wound; more tympanitis; takes his food badly, and is rather sick. Ordered am. sesquicarb. gr. v. ter die.

January 1, 1860.—There is some swelling and œdema of the right leg, and both legs are very painful to the touch. Integuments of scrotum are sloughing at the lower part.

2nd.—Will take scarcely any nourishment; is gradually sinking.

He died at 5.30 a.m. on January 3. No autopsy could be obtained.

SEVERE FRACTURE OF THE SKULL, WITH ESCAPE OF BRAIN SUBSTANCE.

(Under the care of Dr. KING.)

J. R., a healthy lad, aged 16, was admitted at 6.45 a.m., on October 11, having fallen from a ladder, a height of eighteen feet, on a stone pavement. On admission he was perfectly insensible, pupils widely dilated, breathing stertorous; there was occasional convulsive action of both upper extremities, and of right side of face. There was a slight wound at the back of the head, but no depressed bone at that part. Both temporal regions were greatly swollen with effused blood, so much so as to prevent any fracture or depression being detected. There was for a short time, a slight moisture in the left ear, but no distinct flow of serous fluid, certainly not of blood. The head was shaved and an incision made in right temporal region, when a quantity of effused blood escaped, together with a little cerebral matter. There was a vertical fracture on the course of the middle meningeal artery, the bone in front of it being depressed. Two portions were removed with a large trephine and the depressed portion raised, but no remission of the symptoms followed. When the circle of bone was removed the dura mater was found torn, cerebral matter escaped and continued to do so some time afterwards. The extremities continued warm, but he never became sensible, and died at ten p.m., fifteen hours after admission.

Autopsy, fifteen Hours after Death.—On removing the scalp a quantity of effused blood escaped on the left side (that on the right had done so at the time of the incision). There was a large protrusion of broken-down cerebral matter from the opening in the skull made by the trephine.

The fracture on the right side extended upwards to the vertex, where it ended in a starred form; there was also a corresponding vertical fracture on the left side, not extending so far up upwards and not starred; the two fractures did not meet. There was no separation of the bone, and no depression on the left side. Both fractures were afterwards found to extend downwards, and terminate in the middle fossa of the base on each side, in front of the petrous portion, this latter being uninjured. The dura mater was lacerated beneath the fracture on the right side; and the brain-substance beneath broken down. There was an effusion of blood on the surface of the right hemisphere, both above and below; also in its substance, and in the lateral ventricle of the same side. The rest of the brain was normal.

Mr. Dawson is anxious that one-half of the Medical relief granted by the Poor Law Unions of Ireland should be paid out of the Consolidated Fund. Mr. Cardwell replied that the Treasury objected to carry out this particular proposal of doing justice to Ireland.

Our French friends begin to discover that we were, after all, not without reason in paying so little attention to what has so deeply attracted their fancy, viz., to Hypnotism. An authority among them informs us, that sixteen times, when tried for surgical operations of a serious kind, it was a complete failure; and he adds, "in truth we have been making much noise about a very small affair."

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Medical Times and Gazette.

SATURDAY, FEBRUARY 11.

HOSPITALS AND THEIR ABUSES.

In attacking the grievous abuses which pervade the administration of our Medical Charities in London and elsewhere, we are mainly sustained by the conviction of the righteousness of the cause we advocate. It is, indeed, painful to feel that these abuses are so deeply engrafted into our charitable systems as scarcely to be reached except by some great movement on the part of the public. We regret to say that we see little hopes of any reform springing from within their walls. Those who best know of the abuses referred to, are, unfortunately, by pressure of position, the last who will boldly undertake their abatement. And not only have we to lament over existing abuses, but we have also to witness the daily spread and development of them, *pari passû*, with the rise and progress of new charitable institutions. Around these new institutions the old evils gather and cling, and thrive with increased vigour and intensity.

We shall not, however, cease to combat these evils. And if the Profession will not itself step forward to remove them, we must at least hope that the eyes of the public will at length be opened to the mischief, and that the public itself will step in and work the reformation.

We are encouraged to continue our efforts in this direction, because—curiously enough—we do not meet with a single member of our Profession who, in private, does not fully and willingly agree with us—who does not admit the justice of our observations in reference to the mal-administration of our Medical charities. We know, therefore, that though the voice of the Profession may be silent, its conscience and judgment are with us.

While admitting the immense benefits bestowed on society by Medical charities, we have already shown that, in consequence of the faulty principles upon which our Hospitals and Dispensaries are established, they injuriously affect the interests of all parties connected with them,—that their good, in a word, is leavened with an inordinate and *unnecessary* amount of evil. We have shown, in the first place, that the funds of these charities are greatly and grossly perverted from their proper purposes by the admission to the benefits of them of a class of persons, who are by position and means utterly undeserving of charitable relief; or, to put the fact in plain language, that a very considerable per-centage of the patients deriving succour from these Institutions, are shamefully robbing the subscribers of their money, the Medical men of their services, and so also, indirectly, the legitimate objects of charity. We have stated this as a fact well known to, and admitted and rebuked as a crying abuse by, every Medical man in London; but yet patiently submitted to by Hospital Medical Officers, as being an irretrievable evil. We have shown, in the next place, that the condition of the class for whom these charities are especially established, (the artisan, the servant, etc.) has, in these late years, undergone a complete revolution; that the wages and earnings of this class are at the present day amply sufficient to enable them to provide in their years of health for the necessities of their hour of sickness. We proved this, as we consider, to demonstration, by reference to the enormous sums spent by the working classes in spirits and tobacco,—some £45,000,000 per annum; and by reference to the fact, that large bodies of mechanics and labourers in some of our public companies and private establishments are forced to join, and therefore do join, Benefit Societies, and so provide for themselves; and we drew the necessary corollary from it:—That by our present ill-regulated and indiscriminate method of giving Medical relief, we are teaching this class habits of improvidence, and eradicating from their minds that noblest of an Englishman's attributes—self-reliance and self-respect; nay, more, are actually encouraging them in the indulgence of the most prominent of our national vices—drunkenness, by holding out to them a promise of a refuge when attacked by the diseases which their debauchery too often engenders. We also proved that another class—a sadly pitiable class of our fellow-creatures—are injured through the faulty principles we condemn—and this is the pauper class. For the pauper—the unredeemable pauper—these charities were never established; and yet, perhaps, one-half of the out-door patients attending them are of this forlorn class. They come to our Hospitals and Dispensaries for pity and consolation, and cod-liver oil, and the nourishment—a little sago or arrow-root—which is sometimes supplied to them. Their diseases are the diseases of want of food;—let us speak the truth and be plain,—and through the want of food they come for physic, driven there by the brutality of Poor-law officials. Yes! These charities are a sort of sluice, into which the Poor-law authorities turn a large amount of parochial misery, instead of honestly providing for it. Are we wrong, then, in saying that our Medical Charities injure the pauper, and are practising a deception upon the public and upon him, when they give him a box of pills or a bottle of physic to cure diseases which want and misery engender? What do the bills for cod-liver oil consumed by this class of paupers in our charities really represent but so much food paid for by the Governors instead of by the Ratepayers? There are Medical Officers of our Hospitals who confess to being daily ashamed at playing a part in this deception practised upon the pauper; and feel that if our charities were not there to receive the pauper, the Poor-law authority would be wanting in one of its greatest excuses for neglecting its duties towards him. If the doors of our charities were not so opened, the Poor-law officials would be forced to administer *food* to the sickly pauper, instead of sending him to an Hospital for physic. We, obviously, need not stop to indicate the injustice which is perpetrated on the subscribers to these Charities, because that follows, as a natural consequence, from what we have already said. Nor shall we here dilate upon the shameful robbery inflicted upon the Medical Profession at large by the system reprobated; nor of the absurd and outrageous proceeding submitted to by the Medical Officers of these institutions in giving to them their gratuitous services; nor shall we now stop to ask whether gratuitous services are always the best services. This important point we shall have to consider more fully on another occasion.

We would now, however, state in a general way what is the nature of the Reforms which we would bring to bear upon these Institutions. In the first place, a rigid scrutiny should preside over the admission of patients; the words "fit and proper person to be made a patient," should be clearly and distinctly defined; and the Medical Officers should on no account be permitted to prescribe for patients who are able to pay for advice. *Secondly*, mechanics and servants, and labourers should have opened to them the means of obtaining the same quality and character of advice,

which they obtain at present, on subscribing a certain small sum during their health; in a word, our Hospitals and Dispensaries should become Provident Medical Institutions. We have no hesitation in asserting that, if this system were adopted by our Hospitals, *the classes for whom they are especially established, would themselves pay, easily and willingly, one-half, at least, of their present current expenses.* The mechanic, instead of being degraded to the level of the pauper, would then be an independent man, receiving what he had already paid for and had a right to. Instead of spending the superfluous part of his wages in drunkenness, and in the production of many of the very diseases which drive him to the Hospital, he would, thus, be legitimately compelled to provide for himself. And long experience has shown to us that the classes of whom we speak are willing and ready to pay the small sum demanded of them—a sum which would equal half the present expenses of our Hospitals and dispensaries—provided they could thereby obtain the superior kind of advice they suppose is to be had at Hospitals. The Provident Hospital and Dispensary is admittedly and manifestly the right and legitimate establishment for these classes; but such establishments do not exist—in fact, they cannot exist—by the side of our large charities. It is rather too much to expect mechanics to subscribe to any Provident Institution when they can obtain what they consider a far superior article *gratuitously*. Our present charities starve and actually prevent the growth of self-supporting establishments. It is certain that the Governors of our charities do not know the whole truth of the history of this wrongful *advice-gratis* system. It is time they did so; and time that justice was done to the working classes, done to our Profession, and done to the Governors themselves. We can now only further add this: That as a part of our reforming plan, it would necessarily follow that Medical men should be paid for their services; and that the iniquity of their being called upon—they alone of all society—to work gratuitously in the field of charity should cease. We need hardly say, that Charity would still have work enough to do; but its work would be legitimate, viz., to provide for those evils which no foresight or prudent care can prepare for—the inevitable accidents of our mortal life.

THE WEEK.

Mr. Perkins, of Exeter, has just been blamed by a Coroner's Jury, most unjustly as we think, and as the jury themselves seem to have felt. He had no notice of the inquest, and only arrived after the verdtct had been signed. After his explanation had been given, several of the Jurymen said that they did not think the verdict proposed ought to be inserted in any paper after Mr. Perkins' explanation. The Coroner said the only thing that could be done was to take the explanation Mr. Perkins had given. They had returned their verdict, which was now a matter of law. Here is their verdict:—

"The jury are of opinion that deceased died from exhaustion, caused by premature delivery. But they cannot separate without expressing their approval of the highly praiseworthy conduct of Mr. Roberts, in attending directly he was called upon; and their disapprobation of the great and unfeeling neglect exhibited by Mr. Perkins, the Medical man of the family, in refusing to attend deceased when asked to do so."

From Mr. Perkins' explanation we learn that he had not been the attendant on the deceased for some seven years, that he had not been paid an account due in 1853, that he was called up at four o'clock in the morning, and not eliciting from the husband that the case was an urgent one, told him to go to Mr. Roberts, who had attended the deceased and the family of late years. Under such circumstances most men would have acted as Mr. Perkins did; and it is very hard that a jury anxious to correct a verdict that had been given without a full knowledge of the facts, should not be allowed to make the desired correction. The Coroner surely must be to blame in this case.

We are sorry to be compelled to record the fact that Mr. Hind, of Stroud, now nearly seventy years of age, has been committed to take his trial on the verdict of "Manslaughter," brought in against him at an inquest. A housemaid obtained leave of absence from her mistress from the 16th ult. to the following Friday, under the pretence that she had been invited to a wedding. She accordingly returned on the Friday, apparently in her usual health, and pursued her accustomed work on the Saturday. On the Sunday she complained of a chill in her leg: and in the evening, at her request, Mr. Kennard, of Highworth, was sent for, who immediately ordered her to bed. Early on the next morning, Mr. Kennard found her decidedly worse, and very much agitated. She then told him that she had miscarried at Bath; he examined the leg, and considered the inflammation of the vein to have arisen from the miscarriage. He continued to attend her until the following Wednesday, when, being aware that she was in a dying state, she said she could keep the truth no longer. She then told Mr. Kennard, that being in the family-way, instead of going to a wedding, she went to Mr. Hind, of Stroud, and that he used an instrument to procure abortion—giving her brandy to support her during the operation. The girl died soon after making her statement. We, of course, refrain from further remarks until after the trial. Mr. Hind's name does not appear in the *Medical Directory*, although he is described in the local papers as a "Stroud Surgeon." We have been informed that the only diploma he possesses is a certificate of having attended Lectures on Midwifery at Guy's Hospital in 1811.

Another attempt will be made during the present Session of Parliament to do something for the Poor-law Medical Officer that shall lessen the grievous injustice, under which he at present labours. Mr. Piggott brings forward a Bill to reform the present system of Medical Poor-law Relief; and, if he is successful in carrying out some of his reforming measures, the Profession will have especially to thank Mr. Griffin. Mr. Griffin has now for a long time most perseveringly fought the battle of the Poor-law Doctor—and those who differ from him on matters of detail admit that he has fought it in a way which he only can fight who has a good cause to combat for. He has published a scheme for reforming the present system; and if his propositions are carried out, the position of our Poor-law Medical brethren will be most materially ameliorated. We all know well enough where the shoe pinches most grievously. The present payment of these gentlemen is, notoriously, utterly inadequate to compensate them for the services rendered. No Member of Parliament dare rise in his place, and affirm that the pay is equal to the labour done. And now comes the question. Shall the Legislature step in and do that justice to these gentlemen, which it is certain that the Guardians—guardian angels, indeed!—of the Poor will never do? We trust that all our brethren who have influence with any Member of Parliament will exercise it in determining him for this once, at least, to take a power out of the hands of the Guardians, which they have so long shamefully abused. We may be sure that great efforts will be made to retain this local power, and that the point will not be readily carried. Local government, it must be remembered, is considered the soul of the Poor-law. If Mr. Griffin's scheme for payment be adopted, the present pay of the Poor-law Medical Officers will be at least doubled. We must, however, remind our readers that the present condition of the Poor-law Medical Officer

is one for which he has, in great part, to thank his own Profession. If men chose to sell their services cheaply, they have no right to complain that grinding Guardians accept them at the price. We have again and again treated of this immense injury done to our Profession by the outrageous system of gratuitous Medical services rendered in the country by Medical men; and it may be remembered that we have instanced this shameful treatment of the Poor-law Medical Officer as one of the results which has been brought about by that system. A man gives his gratuitous services to an Hospital because he hopes thereby to arrive at private practice. A man competes for and accepts a Poor-law Union, also because he hopes thereby to arrive at private practice; in order to do this, he too often under-bids a brother who is already shamefully under-paid. Would that our Profession could only hang together in unity,—that the body would assist the individual member in attaining justice,—we should then have no occasion to call upon the gods in St. Stephen's Chapel to assist us. We have, alas! to defend ourselves against ourselves! We can blame no *individual member* of the Profession for taking office in this state of things. Necessity, not his will, we freely admit, drives him to do so. But we do solemnly call upon the *whole Profession* to join in a fixed resolve to put down this ruinous system of Gratuitous Medical Services, which is throwing its fatal influence around the entire Medical life. The *whole Profession* is alone equal to the task.

We recently pointed out the probability of females being charged with infanticide when the birth may have taken place suddenly. A case bearing on this medico-legal point has just occurred at Kingsbridge, Devon, where an inquest was held last week on the body of a new-born child, discovered in the water-closet. It appeared from the evidence that a servant living in the house was suspected by her fellow-servant to be *enceinte*, which she denied. On Thursday night, as the servants were going to bed, she complained to the cook of being unwell, and retired to the water-closet. She was absent about an hour, and the following morning the body of an infant was discovered in the water-closet. The cook immediately gave information to her master, who sent for the police, and the girl was taken into custody. Although the child was full-grown, the Medical evidence was not quite conclusive that it was born alive, and the jury returned a verdict of "Found Dead." The girl will be prosecuted for concealment of birth.—An additional fact is furnished by the following account of a birth in a railway-carriage:—On Wednesday week a married woman left the Guildford railway-station, by a third-class train, with the intention of proceeding to the Kingston Union, to await her accouchement. During the journey, the woman was seized with premonitory symptoms, and, before arriving at Kingston, gave birth to a child.

The Medical Society of London holds a General Meeting for the Election of Officers on the 5th of March. Already a little excitement prevails among its Fellows. The reason which led to an entire change of Officers by a large majority last year, is known to our readers. It was to establish the principle that the Officers should not be confined to any one party, that the same individual should not hold office for very many years consecutively. The Society, it was felt, should serve the whole Profession; not invest a favoured few with permanent offices. It was to be expected that so sudden a change would be unpalatable to old office-bearers. Their resentment was possible, and has been expressed; but, until lately, it was hoped that all differences had been arranged, and that all parties were combining for the welfare of the Society. Such does not, however, now appear to be the case. The present Council has deserved the confidence and good-will of the Fellows. The papers and discussions of the Session have been good, and the meetings have been well attended. The *status* of the Society has been maintained; and under the auspices of the popular President, Mr. Hilton, the Session cannot be said to have been otherwise than successful. By a new law enacted, the former obnoxious mode of election has been done away with, and a modified House List is to be recommended by the Council. Before, however, this is issued, and before, therefore, it can be urged that an improper selection of names has been made, we understand a meeting has been called, to be held at Freemasons' Hall this week—the avowed purpose of which is to prepare a hostile list to that to be proposed by the present Council. We trust that the majority will not yield to the bait, or adopt a course open to so much misconstruction. Is office so sweet to a favoured few that the best interests of a Society must be sacrificed to their re-election? Is the Medical Society their property? Are there any not already surfeited by long years of office? Is it right to adopt a course that cannot fail to foment divisions, and lead to the ruin of the oldest Medical Society in London? The answers should all be in the negative; and we do trust that all the Fellows having a due interest in the Society will judge for themselves, will not vote in obedience to any clique, but will exercise their free and unfettered right, with the sole aim of doing what is best for the welfare of the Society.

We have enlarged at various times upon the case of Dr. Wall, and it is therefore quite unnecessary now to say more than that we cordially support the request made to the House of Commons in the following petition:—

"Your Petitioners would here call the attention of your Honourable House to the fact of the Poor-law Commissioners having on, a late occasion, publicly reprimanded a Dispensary Medical Officer, because he, in his capacity of Chairman of the Council of the Medical Association of Ireland, signed a respectful statement to the Poor-law Commissioners, soliciting the reconsideration of a case of a Workhouse Medical Officer, who was dismissed by 'sealed order,' without sufficient cause, as your Petitioners believe; such a course of conduct your Petitioners humbly consider to be strongly calculated to prove detrimental to the public service; and your Petitioners respectfully submit, that the delegation by the Legislature to the Poor-law Commissioners, of such irresponsible power, has been a grave error, and is repugnant to the feelings of men in this or any country where an ardent love of justice exists. Your Petitioners therefore humbly pray for a revision of the 33rd Section of the Poor-law Act, 1st and 2nd Vic., Chap. 56, by which a power is given to the Poor-law Commissioners, whereby they are enabled, *when they shall think proper either upon or without any complaint, to dismiss any paid officer*, such dismissal rendering the party incompetent again to serve under the Poor-law, except with the special consent of the Commissioners."

Adulteration of Food Prevention Bill.—The following is the chief clause of this Bill:—"Every person who shall sell any article of food or drink with which, to the knowledge of such person, any ingredient or material calculated to injure the health of persons eating or drinking such article has been mixed, and every person who shall sell warranted as pure and unadulterated any article of food or drink which, to the knowledge of such person, is adulterated and not pure, shall for every such offence, on a summary conviction of the same before two justices of the peace, forfeit and pay a penalty not exceeding pounds nor less than shillings, together with such costs attending such conviction as to the said justices shall seem reasonable; and if any person so convicted shall afterwards commit the like offence it shall be lawful for such justices to cause such offender's name, place of abode, and offence to be published, at the expense of such offender, in such newspaper or in such other manner as such justices shall deem desirable."

THE LATE DR. TODD.

Robert Bentley Todd, M.D., F.R.S., whose sudden and unexpected decease it was last week our melancholy duty to record, was the second son of Charles Hawkes Todd, Professor of Anatomy and Surgery in the Royal College of Surgeons in Ireland. Dr. Todd was originally intended for the bar, and had kept his terms in Dublin, his native city, when the death of his father occurred in March, 1826, at the early age of forty-six, soon after he had attained the highest eminence as a Surgeon in the Irish metropolis, and before he had time to make sufficient provision for his large family of sixteen children, in whose number the removal of the distinguished subject of this notice is the first breach. In consequence of the loss of his father, and of the circumstances under which it took place, Mr. Todd was advised by several Medical friends, (particularly the late Mr. Peile who ever entertained an affectionate regard for him, and a notice of whose death appeared in our columns only two years ago), all of whom in the handsomest manner promised to assist him in obtaining the necessary qualifications, to adopt the Medical profession. This advice was followed, and with what success is known to the Medical world. As resident pupil during two years in the House of Industry Hospitals, Mr. Todd availed himself to the utmost of the vast opportunities afforded by these Institutions for acquiring an extensive knowledge of pathological anatomy, which undoubtedly laid the solid foundation of his subsequent success as an eminent Physician. As we write this we have before us an introductory lecture delivered in January, 1827, in the Richmond (now the Carmichael) School of Medicine, by the late distinguished Mr. Carmichael, and published in compliance with a request contained in an address from the pupils of the School, among the signatures to which the name of R. B. Todd appears, in which lecture it is stated that the House of Industry "has attached to it three distinct Hospitals, a Fever, a Medical, and a Surgical Hospital, together containing at present 452 patients." In this lecture Mr. Carmichael points out the peculiar advantages presented by these institutions fer the study of morbid anatomy.

Having passed the Irish College of Surgeons, on May 25, 1831, it was Mr. Todd's intention to have settled in Dublin, but he thought it advisable before doing so to spend a winter in Paris. On arriving, however, in London, with the purpose of proceeding to France, an offer was made to him of the Lectureship on Anatomy in the Aldersgate-street School of Medicine, which he thought it prudent to accept. Soon after, having acquired the warm friendship of Mr. H. J. Rose, Principal of King's College, he was appointed Professor of Physiology and Morbid Anatomy to the College. Dr. Todd took an active part in the foundation of King's College Hospital, his connexion with which he resigned only a very short time before his death. He was the originator of the St. John's Institution for the education of nurses; and the plan drawn up by him having been laid before the Archbishop of Canterbury and the Bishop of London, and having received the sanction of those prelates, was acted on in the first instance in King's College Hospital, and has since been adopted throughout England in the formation of sisterhoods.

Dr. Todd was in his fifty-first year, having been born on April 9, 1809. He was educated in Trinity College, Dublin, but, having subsequently taken an *ad eundem* degree in arts in the University of Oxford, he proceeded to the degree of M.D. in Pembroke College, in 1836; and in 1837 he became a Fellow of the Royal College of Physicians of London. He was elected a Fellow of the Royal Society in February 1838. On April 9, 1844, the thirty-fifth anniversary of his birth, he was admitted to the Fellowship of the Royal College of Surgeons in Ireland. Dr. Todd leaves a widow and four children, the youngest of whom, a son, is at present at Eton. His elder brother, the Rev. James Henthorn Todd, D.D., is a Senior Fellow of Trinity College, Dublin, and has for the last four years been President of the Royal Irish Academy.

We have but little to add to the short account of his illness which we gave last week, except (1) that his father died of hæmatemesis; but in his case the cause was ulceration of the duodenum; (2) that for about three years albumen had been detected in Dr. Todd's urine on different occasions, and occasionally a little sugar; (3) that the amount of hæmorrhage was very great, the cirrhosis of the liver well marked, and the kidneys much congested. Neither head nor chest were examined, but shortly before death both heart and lungs had been carefully examined, and found perfectly healthy.

It would be wrong to conclude this notice without some reference to the high position in his Profession attained by Dr. Todd at an early age, and without some attempt to estimate the influence of his labours in introducing physiological truths into Medical practice and teaching, and in the spread—for good or ill, as it may be—of the stimulant as opposed to the antiphlogistic and expectant systems. But we must reserve a critical labour of this kind for a more fitting opportunity, merely adding here that his last work, just published, was completed only a few days before his death, and appeared between the time of his death and burial. It is singular that, in the Preface, he gives a summary of the principles of treatment it has been the work of his life to uphold. It is thus that he who has so lately gone speaks to those who remain to profit by his labours:—

"There will (the author believes) be found in the following pages evidence enough to show that the ordinary so-called antiphlogistic treatment is unnecessary (to say the least) for the cure of acute internal inflammations; and that the supposed necessity for such treatment rested upon an untenable hypothesis respecting the nature of inflammation and of fevers, and cannot be regarded as a legitimate induction from accurately observed clinical facts.

"The conclusions, which the clinical observations detailed in the lectures tend more or less to establish, may be summed up in the following propositions:—

"1. That the notion so long prevalent in the schools, that acute disease can be prevented or cured by means which depress and reduce vital and nervous power, is altogether fallacious.

"2. That acute disease is not curable by the direct influence of any form of drug or any known remedial agent, excepting when it is capable of acting as an antidote, or of neutralising a poison, on the presence of which in the system the disease may depend (*materies morbi*).

"3. That disease is cured by natural processes, to promote which, in their full vigour, vital power must be upheld. Remedies, whether in the shape of drugs, which exercise a special physiological influence on the system, or in whatever form, are useful only so far as they may excite, assist, or promote these natural curative processes.

"That it should be the aim of the Physician (after he has sedulously studied the clinical history of disease, and made himself master of its diagnosis) to inquire minutely into the intimate nature of these curative processes—their physiology, so to speak—to discover the best means of assisting them, to search for antidotes to morbid poisons, and to ascertain the best and most convenient methods of upholding vital power.

"If one may venture a suggestion respecting the future of pathology, and of practice founded on it, it would be that a time is not far distant when all men who practise Medicine in a scientific spirit, and divested of the trammels of routine, will discard the distinction of acute inflammations and acute disease in general, into asthenic and sthenic—that all these maladies will be regarded as more or less asthenic, and as promoting more or less an undue waste of tissue, and that, in treatment, an object of primary importance will be the early adoption of means to uphold vital power, and the watchful and continued use of them throughout the duration of the case."

. . . . . .

"The author has not referred to the hypothesis suggested by some who admit the necessity of a considerable modification of practice in the treatment of acute diseases; namely, that the type of disease has undergone material change of late years, and has assumed a much lower grade as regards vital power, owing either to some change in the human constitution, or to some atmospheric modification which has taken place in recent times. It is supposed that this modification dates from the period of the first introduction of cholera into these countries.

"Upon this point the author can say that he has been a not careless observer of disease for several years antecedent to the first cholera epidemic. At no time was the antiphlogistic treatment (so called) more rife than some years prior to the cholera epidemic, and many excellent observers were then

beginning to see that it was carried too far, and was inadequate for its object in either cutting short or curing disease. Certainly opportunities of studying the morbid anatomy of acute diseases, pneumonia, pericarditis, endocarditis, pleurisy, were then, and for many years afterwards, much more common than now, when such inspections are among the least frequent in our hospital theatres. The author has notes of many cases treated in this way, which he is confident would have recovered, had vital power been not only spared but upheld.

"The author would venture to doubt the proposition that disease is of a lower type now than it was twenty or thirty years ago. Certainly we have long been spared those ravaging epidemics of fevers, dysenteries, exanthemata, all of which exhibited innumerable examples of the lowest type of disease. Their comparative disappearance is now due in part, no doubt, to the improved condition of the people, better food, better clothing, cleaner and better ventilated dwellings, and to many wise preventive sanitary measures. But, on the other hand, population is vastly increased, overcrowding exists to a large extent, and were disease of a very low type, it would spread freely, and epidemics would be common. It is well known that such is not the case, and that the fevers which were formerly the scourge of the poor, occur now on a very limited scale."

REVIEWS.

On Chronic Alcoholic Intoxication, etc. By W. Marcet, M.D. F.R.S. etc. London: 1860. 8vo. Pp. 172.

This little work has been written by Dr. Marcet to demonstrate, as he considers, the highly beneficial effects of oxide of zinc in persons suffering from the excessive use of alcoholic stimulants. He relates, briefly, the history of forty-eight cases of chronic alcoholism treated by himself at the Westminster Hospital; and it is, we suppose, on these cases that he founds his belief in the use of the oxide of zinc for the purpose indicated. Dr. Marcet draws a marked distinction between the disease he treats of, and delirium tremens. One is a furious madness, and runs a rapid course; chronic alcoholism is a long chronic affair.

Now, without being remarkably sceptical in regard to the effects of certain drugs on certain diseases, we feel bound to say that we do not think Dr. Marcet has made out his case in favour of oxide of zinc very satisfactorily. He himself admits that the cure is a slow one; and also that the first thing to be done in the treatment is to persuade the patient to give up his undue potations. Moreover, when the stomach is deranged he prescribes opium at night, and has found it produce sleep, when the oxide of zinc failed to do so; and occasionally he finds it well to substitute carbonate of ammonia for oxide of zinc. Steel and quinine he likewise finds of great service in this alcoholic confusion of mind and body.

Now, inasmuch as most probably every chronic *alcoholist*, who will give up, in time, *i.e.* before organic disease results, his pet vice, purge, and live like a Christian and a man of ordinary nineteenth century common sense, may regain his health, we certainly do feel that Dr. Marcet may have been somewhat mistaken in his conclusions; and have attributed to the oxide of zinc effects which more fairly belong to the regimenal rules followed by the patient. That he may possibly be so mistaken, we think we may fairly imagine, from a little fact mentioned at page 95, where he says:—"I had been induced, at first, to consider this agent, oxide of zinc, as a specific for the treatment of epilepsy." This was in 1855. He now, however, candidly adds:—"I am now obliged to admit that it seldom, if ever, cures the disease." Is it unfair to hint that perhaps Dr. Marcet may in another quinquennial period reject the remedy as a cure of chronic alcoholism?

Here, as ever in therapeutics, the relation between cause and effect, and sequence and antecedent, is a very difficult matter to settle.

But what seems the most puzzling fact in reference to the oxide of zinc is this. At page 79 Dr. Marcet tells us that

"Dr. Herpin, after a long and careful series of observations on the effects of oxide of zinc upon the human body, has arrived at the following conclusions:—

"That it is a perfectly harmless remedy, and may be given in doses of as much as 6 grammes (90 grains) a-day for a very considerable time without producing any other inconvenience than temporary uneasiness.

"That its physiological effects are confined to a mild action on the intestines," causing nausea or vomiting in man, and diarrhœa in children.

And yet Dr. Marcet finds that often *two grains* will produce nausea, and sometimes, though rarely, vomiting. Dr. Marcet makes no comment either on the strange difference of conclusions he arrives at as regards the somnolent properties of the remedy. If *two grains* of oxide of zinc make a man drowsy, *surely ninety grains* must have some effect that way; and yet M. Herpin seems not to have marked any effects of the sort. Dr. Marcet, we think, *gets too much* out of this drug, and does not give credit enough to the dietetic and other remedies which he conjoins with it, in his cure of chronic alcoholism. He makes it even "in some cases produce the very symptoms it is intended to cure." We shall look with interest for Dr. Marcet's opinion, when he has confirmed it or otherwise by more extended experience of its use. Sad experience, alas! has too often taught us the justice of being slow to recommend a novel remedy, or the novel application of an old remedy.

Della Natura e dell' Arte nella Cura del Morbo. Di Giovanni Forbes. Traduzione di Antonio Cosentino.

(*Sir John Forbes's Nature and Art in the Cure of Disease.* Translated by A. Cosentino. Naples: 1859. 8vo. Pp. 202.)

Our opinion of Sir John Forbes's work need not be repeated. We have now simply to deal with the Italian translation. Dr. Cosentino introduces the work of our countryman to Italian readers as a "really good thing," remarkable for "clearness, elegance, impartiality, and honesty." He has given them a very literal translation, closely following the author sentence by sentence, but he has done it without Anglicising his own language. He has appended a number of notes to each chapter. Possibly they may be very good, but they remind us of the old story of the old woman who had an old book given to her with explanatory notes and comments. After reading it she told the benevolent donor that she understood it all except the notes.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

THE EPIDEMIC OF VARIOLA IN PRUSSIA IN 1858.

Variola, which had acquired a considerable extension in Prussia during 1857, increased very much in 1858, both as regarded the number of localities invaded, and the number of individuals attacked. In some places it assumed an intensity which called to mind the ravages of the cholera. In 1857 there occurred throughout the entire monarchy 8922 cases, but in 1858 there were 30,843 cases observed in 2668 localities. Of this number 2789 individuals died, a mortality therefore of 9 per cent., that of 1857 having been 10 per cent. The provinces in which the disease was most prevalent were those in which were the slightest mortality (7 or 8 per cent.) as compared with Westphalia (15 per cent.), where it was much less common This has arisen from the slighter cases having been more promptly reported in some provinces than in others. Some districts exhibited a remarkable amount of mortality, as did others as remarkable a mildness. Thus while in the Arnsberg district the mortality rose to 20 per cent., in the Cologne district it was not more than 3 per cent. Of the 30,843 cases, 8634 were children under 15 years of age, and 22,209 individuals older than 15. Of the children, however, 15 per cent. died, and of the adults 7 per cent. This disposition of the disease to prove fatal in children exhibited itself very markedly in certain localities. Thus in Berlin, 23 per cent. of the children, and but 5 per cent. of the adults died; in the Government of Frankfort 9 per cent. as compared to 2 per cent.; in the Government of Magdeburg, 19 per cent. as compared to 4 per cent.; and in that of

Arnsberg, 31 per cent. children to 11 per cent. adults. In very few localities, indeed, were the proportions alike in both cases. Berlin has not been free from variola during the last twenty-six years, the number of cases having varied from so few as 6 in 1855, to 690 in 1850; but in 1858, the epidemic which had commenced in 1857 (with 596 cases), gave rise to 4535 cases with 406 deaths.

Of the 30,843 patients, 25,995 had been vaccinated, and 4758 were unvaccinated. There were, therefore, 15 per cent unvaccinated. The proportion was 10 per cent. in the adult (2331 in 22,209 cases), and 28 per cent. in the children (2427 in 8634 cases). Of the 25,995 vaccinated, 1730 died, *i.e.*, 7 per cent.; and of the 4758 unvaccinated, 1055 died, *i.e.* 22 per cent. A mortality of two-thirds less in those submitted to vaccination, strongly exhibits the power of this in mitigating the severity of the disease. This influence is somewhat less manifested in the children than in the adults; for while of the 6187 who had been vaccinated, 503 (8 per cent.) died, of the 19,808 of the vaccinated adults, 1227 (6 per cent.) died. The mortality in the non-vaccinated also varied considerably. Of 2427 children, 782 (32 per cent.) died, and of 2331 adults, 273 (12 per cent.) died. Summing up the figures, we find, then, that in vaccinated children, 8 per cent., and in unvaccinated, 32 per cent. (*i.e.* four times as many) die; in vaccinated adults, 6 per cent., and in unvaccinated, 12 per cent. (twice as many) die. These facts surely speak highly for the protective power of vaccination, and for its beneficial influence on the course of the disease. The whole of the recruits for the army, about 40,000 per annum, are revaccinated; and revaccination being always resorted to when epidemics exist, the prevalence of small-pox within its ranks has been almost entirely prevented.—*Medicin. Zeitung.* 1859. Nos. 46—51.

ON CHLORINE LOTIONS IN VARIOLA.

By Dr. EISENMANN.

Several young persons having died asphyxiated at Würzburg, in consequence of the development of the pustules of variola or varioloid in the larynx, Dr. Eisenmann was induced to seek for a means which would limit the eruption to the skin, and prevent its propagation to the mucous membranes.

Most of the acute exanthemata take their origin in a mucous membrane, as scarlatina in that of the throat, and rubeola in that of the respiratory organs and eyes: and as long as it remains localised in the mucous membrane, and is moderate, the affection of the internal organs is not dangerous. But when the course of the subsequent eruption on the skin becomes impeded, or, that when it appears it is in such intensity or abundance, that the economy does not possess sufficient energy to meet the assault, the primary affection of the mucous membrane may then so increase as to give rise to dangerous lesions. The indications which we should have in view are to favour the eruption of the exanthem, and prevent the skin becoming excessively overcharged with it. The asphyxia above alluded to took place when the eruption had undergone a vivid development and had given rise to abundant pustules: and our object in such case should be to moderate the reflex action of the exanthem on the economy. The means of doing this the author believes will be found in applying over the whole surface three or four times a-day weak, tepid, chlorined water, in imitation of a practice successfully pursued by M. Schönlein in scarlatina. He has now tried the plan during various epidemics, and has been able to confirm his own experience by that of others. The general conclusions are as follow:—

1. That chlorine lotions employed at the period of eruption present the following advantages. (1.) They favour the development of the eruption, and thus mitigate febrile action. (2.) The pustules are not too abundant, and do not become confluent. (3.) There is no subsidence or repercussion of the pustules observed, nor any variolous affection of the mucous membrane or of an internal organ. (4.) The patients suffer little during the height of the exanthem, preserve their appetite, and sleep well. (5.) The course of the exanthem is very rapid; and there is neither suppuration with its consecutive fever or tumefaction, salivation, etc. (6.) Scabs do not arise, only thin pellicles forming which soon fall, without leaving any mark or cicatrix. (7.) No consecutive affections are observed. 2. When resorted to only after the eruption has taken place, the lotions produce the following effects:—(1.) They diminish or disperse the inflammatory condition, and accelerate the course of the exanthem. (2.) They prevent its repercussion and the propagation of the variolous affection to the mucous membranes and internal organs. (3.) In cases in which the mucous membranes have already become affected, the lotions exert a derivative action; and if together with them gargarisms, chlorine inhalations, and chlorined water internally are had recourse to, the intensity of these complications is much diminished, so that recovery takes place in cases in which life seemed to have been in great danger. (4.) Employed in good time, the lotions, even when the eruption has become developed, may yet prevent suppuration. If, however, this has taken place, it may still be moderated; and we find neither irritation of the skin, nor intoxication of the blood from absorption of pus, and consequently, no general re-action. (5.) Thin scabs only are formed, which soon fall off, only leaving temporary red marks. (6.) No consecutive diseases arise.

This means is beyond comparison superior to the variety of ectrotic applications having for objects the prevention of pitting, for these, when they can be borne, at most confer this local advantage without diminishing the severity of the disease. It is true that applications of corrosive sublimate or tincture of iodine exert a somewhat similar action on the variola to chlorine; but no one would risk making repeated and general applications of the former; while the sudden arrest of the morbid process over a large surface by means of iodine, which also interrupts the functional action of the integument, would often prove anything but a safe procedure. —*Bull. de Thérap.* tome lvi. pp. 232—240.

EXCERPTA MINORA.

Compressed Sponge for Suppression of Milk.—We have already noticed (a) the numerous uses Dr. Batchelder applies compressed sponge to, and in the present paper Dr. Stewart relates a case in which he found it of use in checking excessive secretion of milk. The patient had suffered in four previous confinements from "broken breasts," but on the present occasion, the day after her delivery, before the secretion had commenced, a circular piece of sponge of the diameter of the breast (an inch or more in thickness, and having been freed from all foreign substances, and subjected to a pressure of from fifteen to twenty pounds for four or five days), was applied, and secured by a bandage, equably applied over the entire breast, a hole having been made in the sponge for the passage of the nipple. While milk appeared in the other breast, none came in this one except around the margin of the sponge, whence it was dispersed by camphorated oil. The success of the prophylactic was complete, the patient suffering in nowise from her breast on this occasion. The sponge was continued for about two weeks, and at the end of four months no milk had appeared in the breast.—*New York Journal*, Nov. p. 347.

Treatment of Ascarides.—M. Hervieux, after relating an interesting case in which the irritation produced by ascarides in an adult was long mistaken for severe rectitis, communicates the results of his experience in the treatment of this troublesome affection in children. In the first place, of all purgatives castor-oil is the best; and this statement is made after a full trial of salines, calomel, scammony, jalap, etc. The oil always gives rise to a greater or less evacuation of the worms, giving the patient a truce of some months. It is true that this is only a palliative. But where is an agent for a radical cure to be found? Mercurial ointment, passed in upon the finger, is of no durable efficacy; and the daily injection of cold water does not destroy the disease, but acts only as a palliative. Still this last is the best means to adopt when castor-oil cannot be taken. Injections of olive-oil, of sulphuret of potass, of lime-water, or of corrosive sublimate, which have been prescribed by practitioners in cases which have since come under M. Hervieux's notice have never led to a definitive cure. Time seems, indeed, to be the sole agent capable of completely destroying these helmintha: and M. Hervieux has met with numerous individuals who during childhood had suffered much from ascarides, and who, having reached the adult age, no longer gave any signs of them. In a few instances, however, the worms are still met with at an advanced period of life. The female worm is distinguished from the male, among other marks, by being nearly twice as long, and in the numerous cases in which he

(a) *Medical Times and Gazette*, Vol. xl., p. 66.

has searched for her, M. Hervieux has never yet been able to detect any females amidst thousands of worms.—*Bull. de Thérap.* tome lvi. p. 223.

Case of Transfusion.—M. Dutems relates a case in which metrorrhagia was carried to such an extent that the patient at the end of some days seemed reduced to death's door. There was also much vomiting, and all seemed to announce a speedy dissolution, when he resolved to have recourse to transfusion. The blood was taken from a strong, healthy man. This was thrown in by means of a hydrocele syringe, and when about 120 grammes had been injected, the patient was seized with a very violent attack of convulsions, which, however, lasted only about a minute. Reaction soon after followed upon the state of complete prostration, and the patient rapidly recovered.—*Bull. de Thérap.* tome lvi. p. 78.

Infusion of Coffee in Strangulated Hernia.—M. Ronzier Joly, of Clermont, relates two additional cases in proof of the utility of the practice, imported from the Havannah, of administering repeated doses of strong coffee in the case of strangulated hernia. In both these cases of inguinal hernia the success of the coffee does not seem to have been at all doubtful, although the association with it of frictions of belladonna made over the hernial tumour may have aided in producing the favourable result. In both cases, however, an after-consequence was met with, which had not occurred to the author before, although he lives in a district in which hernia is of very frequent occurrence. This consisted in the production of a true hæmorrhagic, or dysenterie flux, for the relief of which large doses of bismuth proved of great utility. The production of this flux he attributes to the coffee, indicating that some caution is required in its administration.—*Ibid.* p. 94.

Muriate of Ammonia in Nervous Cephalalgia.—Professor Barallier, of Toulon, reports that within the last three years he has administered this substance in 259 cases of nervous cephalalgia, and with success in 202 of these. He gives forty-five grains, combined with mint-water and syrup of orange-peel, divided into three doses, to be taken at intervals of half-an-hour, amendment commencing after the first dose, and the third frequently not requiring to be taken. To prove effectual, however, the remedy should not be given at the very commencement of a paroxysm, but when it has acquired great intensity. This agent not only gives relief to the urgent pain of the paroxysms, but after having been had recourse to on several occasions diminishes the number and frequency of these. To be of use, it must not be indiscriminately used for every cephalalgia; and the results of the analysis of M. Barallier's experience leads to the following conclusions:—1. The muriate almost constantly dissipates paroxysms of idiopathic migraine, and of migraine consecutive to too abundant menstruation. 2. It is powerless in the hemicrania which is dependent upon irregularity or suppression of the menses. 3. It is tolerably successful in cranial pains dependent upon disorder of the stomach, and in the accidental cephalalgia frequent in women and feeble persons under the influence of sudden changes of the atmosphere, prolonged intellectual labour, or moral emotion. 4. It operates beneficially in cephalalgias consecutive to repeated paroxysms of intermittent fever; those which are observed during the decline of severe fever; and in the course of the irritative period of typhus.—*Ibid.* pp. 305, 313.

Honours Conferred on M. Lescarbault.—This gentleman, a French country practitioner, having discovered a planet, the existence of which M. Leverrier had already predicted, the Emperor has nominated him Chevalier of the Legion of Honour. In the Report of the Minister of the Interior, it is stated that—"For years past M. Lescarbault has had a passion for the study of celestial phenomena, but he has wanted the means of observation. He never, however, sacrificed to his tastes the duties which he owed to his patients, and an unequalled perseverance could alone have enabled him to triumph over the difficulties which surrounded him. M. Lescarbault has constructed his own instruments, and by his ingenious patience has deduced results the precision of which has surprised the most competent observers." Proposals have also been circulated among the Profession in Paris to invite him to a public dinner; but M. Latour justly observes that a present of valuable instruments, or of books, would be a far more appropriate recognition of the claims of the philosopher."

GENERAL CORRESPONDENCE.

ACTION AND SOUNDS OF THE HEART.

Letter from Dr. Halford.

[To the Editor of the Medical Times and Gazette.]

Sir,—I hope you will allow me to make one or two remarks upon the review of my essay on "The Action and Sounds of the Heart," which appeared in the last number of your Journal.

The Reviewer looks at the subject as nine London Physicians out of ten do—that is, from the morbus cordis point of view. He does not even allude to the first part of the book, which is devoted to what I feel sure is of the utmost importance—viz., the action of the heart—but immediately seizes upon the long-disputed subject of the cause of the first sound, and objects to my ignoring altogether Majendie's blow of the heart against the chest-walls, as producing the sound. He says, a line or two on, that "the heart" can rap like a hammer "against the inside of the chest." I look upon this as a physical impossibility. How is it to take place? Are heart and lungs to play quite independently of anything the prime mover, the thoracic wall, may say to the contrary? For it is admitted that the lungs follow the chest-walls, and not the heart's movements. If the heart can leave the chest-wall, return, and give it a blow, what, may I ask, intervenes between it and the chest-wall while it is so receding? Something must; and get out of its way again pretty quickly, too. It cannot be lung; for, on the average, its movements are sixteen per minute, while those of the heart are seventy-two in the same time. It can be nothing else; therefore it cannot happen—as a reference to my essay will show.

The *blow* is, as stated by Billing and Boyce, a deception, of which any one may convince himself by applying the finger to the masseter muscle, keeping it in contact with it, and putting the muscle forcibly into action. Something like the hammer will appear to strike the finger during the contraction of the muscle, and to leave it during the relaxation; but the finger is in contact the whole time. It is the muscle becoming shorter, and hence thicker, during contraction, encroaching upon the finger, and *pushing* it—not "striking it, as a hammer;" so with the heart during contraction of the ventricles—the latter, like the masseter or any other muscle, become shorter and thicker, encroach upon the chest-wall, and push, but not strike, the part in contact with them. All this is made so evident, and illustrated by diagrams in my essay, that I am surprised a critic should dissent from it.

At page 26 of my little work, when arguing against the probability of the first sound being due to the passage of the blood out of the ventricles, I say: "I will not admit that the flow of blood, either into or out of the heart (in health) can produce sound; for, if such were the fact, sound should be developed during the filling of the auricles, and subsequent injection and distension of the ventricles—that is, during the whole pause—which is not the case." Now, Sir, in your review, a most essential part of the above argument is represented only by an *etc.*, thus: "The argument used by Dr. Halford—that 'he will not admit that the flow of blood either into or out of the heart (in health) can produce sound; for if such were the fact, sound should be developed during the filling of the auricles,' etc.—is manifestly a defective one; and for the plain reason, that the flow of blood into the auricles gently, quietly, and equably, is a vastly different affair from the forcible and sudden ejection of blood out of the ventricles into the arteries." Surely if the passage of blood out of the ventricles could produce the first sound, the rapid passage of the blood into the ventricles from the auricles should give rise to some too. It is, at any rate, a most important part of the argument, and should not have been represented in the quotation by a simple *etc.*, as it is calculated to make the reader think little of my mode of thought.

As to the paper by Dr. Malherbe in Brown-Séquard's *Journal de Physiologie*, in which the author proposes to establish the fact "that the auriculo-ventricular valves cannot produce any sound," I shall certainly not go out of my way to see that paper, any more than I should go to Charing-

cross to see the lion on Northumberland-house "wag his tail," although I have been assured the phenomenon has been witnessed by admiring multitudes more than once.

I am, &c. GEORGE B. HALFORD, M.D.

17, Victoria-square, S.W., February 6.

REGISTER! REGISTER!

LETTER FROM MR. STEELE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The interest which at the present moment attaches to everything bearing upon the Medical Act must be my apology for again intruding upon your space.

At the latter part of your valuable article on "The Medical Act and its Defects," published last week, occurs a passage, which, although correct in itself, appears likely to lead to an erroneous inference. You say:—"If a properly qualified Practitioner chooses to forego the privilege of recovering his charges in a Court of Law, he need not place his name upon the Register to entitle him to practise." In theory this is true; but, practically, the supposed exemption is inoperative, for this reason—although the Act does not inflict a penalty for practising, yet Sect. xl. declares a penalty to be incurred by any person who shall "take or use the name or title of a Physician, etc. etc.," and I apprehend it would be virtually a complete bar to practice to prevent the use of the title under all circumstances. If a person thus attempting to evade the law were to be prosecuted, his defence would probably constitute the best evidence of his liability; because the production of a diploma, or the fact of his possessing a Medical qualification, would be evidence that he used a "name or title implying that he was recognised by law as a Physician, etc." As I have attempted to show on a former occasion, the quacks owe their immunity in a great measure to their entire freedom from diplomas, licences, or other educational impediments. It is necessary this point should be clearly understood; for the experience of Registration Associations could furnish instances in which the possessors of diplomas have evinced an intention of evading the law by refusing to register—a manifest injustice to the great body of the Profession, who have conformed to the statute, and paid fees for privileges which less scrupulous Practitioners would desire to enjoy gratuitously, and therefore at the expense of their conforming brethren. An indiscriminate or vexatious application of the penal clauses of the Medical Act cannot be too strongly reprobated; and, I trust, will never receive the sanction or approval of the Registration Societies, or of the Profession generally. It is, as you justly observe, "against those persons who practise without any qualification whatever that Legislative interference is now absolutely required." Nevertheless, if such measures are to be really effective, and the Medical Act to be carried out to any useful purpose, it is manifest that palpable evasion of its most important provisions, on the part of those who ought to respect and support its authority, cannot with consistency be passed over, except under the most peculiar and exceptional circumstances, and for more substantial reasons than individual eccentricity or caprice, or an unwillingness to conform to the established law of the country.

I am, &c.,

A. B. STEELE,

February 6, 1860. Hon. Sec. Liverpool M.R.A.

WOOD'S OPERATION FOR THE RADICAL CURE OF HERNIA.

LETTER FROM MR. FIELD.

[To the Editor of the Medical Times and Gazette.]

SIR,—Successful cases of operation by a modification of Mr. Wood's operation for the Radical Cure of Hernia are recorded in the last number of the *Medical Times and Gazette*, where originality is claimed for the operators, inasmuch as they have simplified Mr. Wood's method by introducing the needle only twice—once through the external and once through the internal pillars. Was not this Mr. Wood's original proposition? I read in Mr. Holthouse's pamphlet, published in 1858, a description of Mr. Wood's method, in which the following sentence occurs:—

"It will thus be seen that the first passing of the needle passes not only through the external pillar of the external ring, but through the origin of the internal oblique and cremaster muscles, from Poupart's ligament behind it; and at the second passing it goes through not only the internal pillar, but also the conjoined tendon of the internal oblique and transversalis muscles, which is placed behind it." No further introduction of the needle is mentioned.

Does not the difference in the two methods—that lately practised by Mr. Fergusson and Mr. Curling, and that originally proposed by Mr. Wood—consist rather in this, that Mr. Wood proposed including the conjoined tendons in the second passage of the needle, while Mr. Fergusson (for it is not stated if Mr. Curling did or did not include the conjoined tendons) passes the second ligature through the internal pillar of the external ring only? In fact, Mr. Fergusson's operation appears to bear on the external ring only, while Mr. Wood's affects the external and internal rings, as well as the inguinal canal itself. There may be a little more difficulty in executing Wood's operation, at least in oblique hernia; but, as it provides for the narrowing of the whole canal, it would certainly appear to offer better security against reprotrusion of the bowel. As a mere operative difficulty could weigh little with Surgeons so skilful as the two gentlemen referred to, possibly there may be other reasons why a ligature should not be carried behind the conjoined tendons—such as the risk of puncturing the bowel, or of exciting peritoneal or sub-peritoneal inflammation. Any practical information on this subject would be very valuable.

I am, &c. A. G. FIELD.

Brighton, February 6, 1860.

TREATMENT OF DYSENTERY.

LETTER FROM DR. OLIVER.

[To the Editor of the Medical Times and Gazette.]

SIR,—I consider it the duty of every Medical man to record his experience, however limited it may be, and dysentery is a disease to which I have specially devoted my attention during two years' residence in India; two active campaigns have served to furnish the matter for the following observations.

My remarks apply to the treatment of some cases of dysentery of a peculiarly chronic nature, which I found on my arrival in this country to differ so very much from those generally met with in Europe, as to excite my greatest interest in their successful management.

I have tried, with varied success, every remedy that experience has suggested, but from no other medicine have I obtained the same satisfactory results as from the following three, no matter what previous treatment had been adopted. Those are pure subnitrate of bismuth, creosote, and balsam copaiba.

The cases to which I have found bismuth peculiarly applicable, are those in which the tenesmus and tormina have ceased; but there still remain colicky pains over the entire abdomen, principally referred to the hypogastrium; and, where the stools are of a dark, pitchy colour and consistence, accompanied with impaired appetite and marked abdominal pulsation, and, I may here remark, that this abdominal pulse in dysentery, as in all other abdominal irritations, has been of the greatest assistance to me as a prognostic guide, from the earliest onset of the disease.

I have been in the habit of administering creosote where there is much irritability of stomach accompanied with an inflated abdomen, tenderness on pressure in both iliac regions, and the stools consist of a frothy, coffee-coloured fluid, mixed with shreds of bloody lymph, and a few small masses of scybala; paroxysms of intense griping are generally present in those cases.

Balsam copaiba has proved a valuable remedy in those tedious cases of chronic dysentery occurring in strumous patients, who seem to have a wonderful tolerance of the medicine. It has also been of marked service in those cases of chronic ulceration of the intestine, accompanied with a stool resembling very much vermicelli soup mixed with large pieces of lymphy excrescences, very similar to flat fungus growths which have become detached from the surface of the ulcers.

The following is the mode in which I have been in the habit of administering these medicines :—

Muriate of morphia, gr. ¼ to ½ ; subnitrate of bismuth, grs. viij. to x. ; magnesiæ carb., pulv. aromatici, āā, grs. vj. three times a-day. The copaiba is given in 15-minim doses, with henbane and almond mixture every four hours ; and the creosote I direct to be taken in two or three-drop doses thrice or four times daily, in effervescence with tartaric acid and soda, the latter being in excess.

Should nausea be caused, as is sometimes the case, when the balsam is first administered, I generally order half-a-grain of opium to be taken half-an-hour previous.

The use of the above medicines ought to be continued for at least a week or ten days, should their good effects not be apparent before that time, which I think will seldom be the case. The usual dietetic and local remedies, with mild laxatives, must of course not be dispensed with in those cases, and full opiates at night form a useful auxiliary.

Creosote enemas, too, in combination with opiates and mineral astringents, (as first instituted, I think, by Surgeon Innes, late of this Regiment, and now Deputy-Inspector-General,) will be found one of the most decided means of allaying tenesmus in all cases of dysentery, even in its earliest stages, but more especially when it assumes a chronic nature.

I am, &c.

W. S. Oliver, M.D.

Assistant-Surgeon 1st Battalion 60th Rifles.

Calcutta, December 20, 1859.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 24, 1860.

F. C. Skey, Esq., President, in the Chair.

A paper, by Mr. Henry Lee, was read on

A FORM OF SECONDARY SYPHILITIC INOCULATION.

In a previous communication, published in the last volume of the "Medico-Chirurgical Transactions," the author had described two distinct forms of primary syphilitic inoculation; one of these was found to present the characters of the adhesive, the other, of the suppurative inflammation. The former was proved not to be again readily inoculable on the patient himself, while the latter was capable of being reproduced an unlimited number of times, either in the same patient, or in another individual. The first was regarded as a disease which, in its natural course, infected the patient's system; the second as a local disease requiring only local treatment. It had also been shown that indurated sores, which did not ordinarily yield a discharge capable of being again inoculated upon the patient, might, under conditions of artificial irritation, furnish an inoculable secretion. The inoculations thus produced were, however, quite distinct from those which resulted from the inoculation of the discharge of naturally suppurating sores. The author now stated that the effects of one form of secondary syphilitic inoculation were very similar to those produced by the inoculation of the secretion from a primary sore affected with the characteristic and specific adhesive inflammation; for although not ordinarily inoculable, secondary syphilitic affections might, under conditions of increased activity, give rise, by contact, to a disease which, in its physical characters, very much resembled the primary indurated sore. A case was given, in which a woman, having suffered from secondary disease, was married, and lived with her husband nine months without communicating to him any disease. The wife then became pregnant. The increased activity of the uterus was accompanied by an abrasion or ulceration of the os uteri, and then the husband presented a disease with all the characters of a primary infecting chancre. In a second case, a grandmother was infected at the age of sixty-six, from her own grandchild, who inherited the disease from her son. In a third case, the marks of a secondary eruption, together with a slight remaining induration from a primary sore, existed at the time of marriage, and in a month afterwards an indurated spot formed on the left labium of the wife. This was followed by secondary symptoms. In all these cases the disease communicated presented the characters of the specific adhesive inflammation. The author observed that it had been formally and perseveringly denied that secondary syphilitic disease could be communicated by contact—a theory which had been adopted by a large and influential school, had inflicted much domestic misery, and had been the cause of most painful and unjust accusations. Married ladies, for instance, had not unfrequently found eruptions upon their skins which they were unable to account for. These had been pronounced to be syphilitic by the medical attendants, who, when asked how they could have arisen, had sometimes been bold enough to assert that such diseases could only have resulted from primary chancres, which themselves could only be produced by primary disease. The husbands, misled by such assertions, had been induced to suspect the fidelity of their wives, when they themselves had communicated the disease by means of their own secondary symptoms. The number of cases in which unmarried women had been unjustly accused, and had had a two-fold injury inflicted upon them, was very much greater. The form of secondary syphilitic inoculation, to which the author now directed the attention of the Society, commenced by a chronic form of adhesive inflammation, which terminated in a circumscribed thickening. This might be raised from the surface, in the form of a pimple or tubercle, or it might produce an induration not at all raised above the surrounding parts. The cuticle was generally abraded over the affected surface, but ulceration was no essential part of the disease. The secondary inoculations did frequently ulcerate, but they also often ran their course without any material loss of substance. When the ulceration did occur, it was at the time of the appearance of the constitutional symptoms that it often manifested itself. A period of incubation, varying from one to six or seven weeks, generally occurred between the contagion and the manifestation of the symptoms. Any idea of destroying the poison by caustic within the first few days was, therefore, quite out of the question. Even if applied immediately that the disease was perceived, it would not check the morbid action. This action might have taken some four or five weeks to develop itself, and could not be counteracted by the destruction of a portion of the tissues which had imbibed the poison. Neither would excision of the indurated part stay the disease ; the cut surface would take on the specific morbid action. But the author was led to believe that the cases ultimately did much better in which the indurations were excised, than those in which they were allowed to remain. Babington (a) had affirmed long ago that induration might precede ulceration in syphilitic sores. This was formally denied by Ricord (b). In the form of secondary syphilitic inoculation under consideration, the induration undoubtedly did appear when there was a slight epithelial abrasion only, and might exist for weeks without any action that could be called ulceration. As the induration might exist without the ulceration, so might the ulceration, or abrasion, exist for a time at least without the induration. They might follow each other at an uncertain interval upon the same part; or they might in a few rare cases be separated, and each element of the disease might appear at a different spot. A discharge from the urethra not unfrequently preceded the form of disease now described. This discharge might easily be mistaken for gonorrhœa. It differed, however, in being more viscid and tenacious in its nature ; in not being accompanied by the same amount of irritation, or ardor urinæ ; in its short duration, and often abrupt termination. But neither the character of the induration, the period of incubation, nor the accompanying discharge, would with certainty, in the absence of a correct history, distinguish a secondary from a primary natural syphilitic inoculation. A case was recorded, and the drawing given, of a case in which these corresponded accurately with the foregoing description, and yet the inoculation must have been primary, inasmuch as neither party had had any secondary disease. Several cases were recorded, in which the period of incubation was well-marked, and in which the disease consisted at first of an induration only, without ulceration. These cases were accompanied by specific enlargement of the glands in the groin, and in some

(a) Works of Hunter, by Palmer, vol. ii. p. 321.

(b) Leçons sur le Chancre, p. 88.

of them the peculiar discharge from the urethra preceded by the specific adhesive inflammation. In the absence of any distinct history, these cases, in the author's opinion, could not with certainty be classed as instances either of primary or of secondary natural syphilitic inoculation.

Mr. Acton did not believe in the inoculability of secondary symptoms. M. Ricord's opinions on the subject had not been so much changed as they were sometimes represented to be. He had lately conversed with the Surgeons attached to the Venereal Hospitals in Paris and Brussels, none of whom considered that secondary symptoms were inoculable. They had often attempted it, and had repeated the experiments of Gibert and others but without success. He did not consider that Mr. Lee's cases were conclusive. Every one knew how many sources of fallacy there were in connexion with cases of that description. Was Mr. Lee prepared to demonstrate by actual experiment the inoculability of secondary symptoms? It was not sufficient to detail cases portions of which only were known. Many of the cases that had ben reported were of a very doubtful kind. For instance, secretions were taken from sores alleged to be secondary, when there was no certainty as to that point—for instance, from condylomatous sores in the anus, a position in which primary sores might be found. He admitted that there were instances in which the children of syphilitic mothers, being applied to the breasts of healthy women, certain effects of a doubtful character were produced; but they were not cases from which any satisfactory conclusion could be arrived at. When such cases were brought before the Criminal Courts it would be seen how far the evidence on which they were based could be relied on. He had not seen a single case in which he had reason to believe that a truly secondary sore had produced an affection in another person; but he had constantly seen persons living together, one of whom had secondary symptoms without communicating them to the other. He had also attempted to inoculate, but had never succeeded.

Mr. H. Lee said that, on this subject, facts, however numerous and strong, were made to yield to theory. On the principle that had been laid down it might be proved that scrofula itself was always produced by contact from scrofula. It would be said that syphilitic poison differed from scrofulous, since it produced its specific pustules at a specific time. In the cases he had cited there had been no specific pustules and no definite time at which the disease appeared; so that the theory on which so many persons relied must fall. He believed that the inoculability of secondary syphilis would be as firmly established as any other fact of Medical science. The author who had denied it described accurately enough what he saw, but he only saw half the truth.

Mr. Acton repeated his inquiry, whether Mr. Lee was prepared to demonstrate by experiment to three or four members of the Society that secondary symptoms were inoculable?

Mr. Lee said he had never inoculated a person who had not previously had secondary syphilis, and he was unwilling to perform so hazardous an experiment. Any one who had previously suffered was not a fair subject for experiment.

The President said the experiment was certainly a hazardous one in France, for a person who had performed it in that country had been heavily fined.

The Society then adjourned.

ROYAL SOCIETY.

Thursday, February 2, 1860.

Sir Benjamin Brodie, Bart., President.

A paper, by Dr. George Harley, was read on

THE SACCHARINE FUNCTION OF THE LIVER.

The author related a number of experiments which he performed, in concert with Professor Sharpey, in the Physiological Laboratory at University College. The results of these experiments do not in any way countenance the notion that sugar is not produced in the healthy animal body; but, on the contrary, such conclusions as they afford are altogether in favour of the following generally received views upon the subject:—1. Sugar is a normal constituent of the blood of the general circulation. 2. The portal blood of an animal fed on *mixed* diet contains sugar. 3. The portal blood of a *fasting* animal, as well as of an animal fed solely on *flesh*, is devoid of sugar. 4. The livers of healthy dogs contain sugar, whether their diet be animal or vegetable. 5. Under favourable circumstances, and with proper precautions, saccharine matter may be found in the liver of an animal (a dog) after three entire days' rigid fasting. 6. The sugar found in the bodies of animals fed on *mixed* diet is partly derived directly from the food, partly formed in the liver. 7. The livers of animals restricted to flesh diet possess the power of forming glucogene, which glucogene is, at least in part, transformed into sugar in the liver. 8. As sugar is found in the liver at the moment of death (even when the plan of freezing it has been strictly attended to), its presence cannot properly be ascribed to a post-mortem change, but is to be regarded as the result of a natural condition.

An interesting discussion followed the reading of the paper, in which Sir Benjamin Brodie, Dr. Sharpey, Dr. Carpenter, Mr. Huxley, Dr. O. Rees, Dr. Pavy, and Dr. Harley took part.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, February 1, 1860.

Dr. Tyler Smith, Vice-President, in the Chair.

Letters were read from Dr. M'Clintock, Dr. Matthews Duncan, and Dr. Fleetwood Churchill, thanking the Society for their election as Honorary Fellows.

A communication was made by Dr. Murphy from Dr. Fitzpatrick, of the Madras Army, on

A REMARKABLE CASE OF MIDWIFERY.

The patient, aged 32, pregnant for the fifth time, and residing at that period in India, had been treated while in Europe a few years before for ulceration of the uterus, which was said to have been cured. She had not been pregnant for seven years. Taken in labour at the eighth month, there was found to be a breech presentation; the liquor amnii had escaped. Labour made no progress, however, owing apparently to the presence of a membrane, which, when pushed up, formed a *cul-de-sac*. After some deliberation, this membrane, thick and resistant was incised, and the child delivered. A second child was soon after born, also a breech presentation. There was much hæmorrhage, and the patient was with difficulty brought through. She finally did well.

Some discussion took place as to the nature of the membrane incised.

Dr. Murphy conjectured an ovarian cyst might have been present, pushing the lower part of the uterus to one side.

Dr. Tyler Smith thought it was a case of agglutination of the os, and that the uterus itself had been cut through.

Mr. W. Sankey, of Dover, detailed

A CASE OF TWINS: ONE BLIGHTED.

A fœtus, apparently about the fourth month, was exhibited, which had come away from the uterus, together with a healthy, ripe, living child. The woman had suffered from slight hæmorrhage at about the fourth month, following a strain.

Mr. H. G. Times exhibited

A LARGE FIBROUS TUMOUR OF THE UTERUS.

The large fibrous tumour exhibited was eleven inches in length, and weighed ten pounds and a quarter. It was removed from a patient, aged fifty-three, single, who died after a short illness. The tumour had been present to the patient's knowledge for nine months. The catamenia had been regular to the age of forty-eight. The tumour filled the left iliac fossa, was hard, dense, and calcareous in the centre. It was not connected so immediately with the uterus as usual, owing, as the author believed, to the weight of the tumour having by degrees effected a separation. The right ovary was dropsical.

Dr. Priestley was in doubt as to whether the tumour had actually originated in the uterus or not. He was of opinion that a more careful examination would be necessary to decide this important question.

Dr. Priestley and the author were accordingly requested to furnish a more particular account of the specimen.

Dr. Tyler Smith exhibited

A FŒTUS,

born at nearly the full time, when the labour was impeded by a large tumour attached to the nates of the child, which was still-born. The tumour was partially covered with skin, and was composed of a number of large hydatiform cysts, cutaneous tissue, and pieces of bone and cartilage of irregular shape. At one or two points, processes resembling fingers grew from the external surface of the tumour, and some of the cysts contained cerebriform matter. The tumour appeared to consist of a degenerated ovum, the placenta and the remains of the fœtus being fused together in a perfectly amorphous manner. The attachment of the mass to the healthily-formed fœtus was only by cutaneous adhesion, and was readily separated.

A paper, by Mr. R. Marley, of Bromyard, was read on

THE ACTION OF BELLADONNA ON THE SECRETING MAMMARY GLAND.

The author brought before the Society his experience of the efficacy of inunctions of belladonna in repressing the secretion of milk, after the method first pointed out by Dr. Goolden. He had invariably found the means resorted to efficacious, and the results satisfactory. Forty-four cases were cited, in which, from a variety of causes, it was necessary to apply the remedy. All were successfully treated.

Dr. Tanner's experience would fully bear out the statements of the author. He was constantly in the habit of applying the belladonna inunctions, and was, in consequence, never troubled, as formerly, with inflammation and abscesses of the breast, etc.

A paper, by J. Jackson, M.D. Cantab., was read on

MIDWIFERY IN THE EAST.

The paper was written with the view of bringing to the notice of the Obstetrical Society of London the existence of midwifery hospitals in India, and the labours of the Medical officers attached to these institutions; and it suggested that much interesting and valuable information might be gained respecting the diseases of women and children in the East, and their treatment, if correspondence were entered into by this Society and the respective heads of those establishments. In order to give some insight into the peculiarity of some of the diseases of the female, especially in the parturient condition, Dr. Jackson gave a sketch of the state of health in which the young European girl frequently entered upon her life in India, when, after a long sea voyage, she suffered from amenorrhœa, and arrived in a plethoric state, liable at once to an attack of fever, and invariably experiencing the irritating and venomous bites of the mosquitoes. On her restoration to health, and in the event of her soon afterwards marrying and becoming pregnant, the author spoke of the simple manner in which the labour was carried on, and the generally successful issue both to mother and child. He stated, however, that there were diseases peculiar to the country which required careful watching, and among these the most severe one attacking the infant was that of trismus, which came on generally on the morning of the third day, and invariably proved fatal. Dr. Jackson observed that among the older residents, with relaxed fibre and exhausted system, or among those who had borne several children, there was at the time of labour great tendency to hæmorrhage from the want of contractile power in the uterus; and that post partum hæmorrhage was not unfrequent, requiring the early administration of ergot, etc. In many females, during the period of pregnancy, diarrhœa was an occasional ailment, and even dysentery, from a mild to its most severe form, giving rise to miscarriage and even death. Cases of long-continued vomiting, and death from pregnancy were not unknown. It was worthy of observation, also, that during the parturient state phthisical patients in India did not obtain that relief to the pulmonic disease which was generally seen in this country; the muscular powers became enfeebled, the heart's action weakened, and there was no cessation of the complaint. The author also stated that children were very liable to fever and convulsions during teething; and that the milk of the native nurse during a catamenial period generally caused great irritability in the child, and, during the hot weather, not unfrequently gave rise to convulsions, which continued more or less, in a milder form, during the whole period of dentition. A sketch was then given of the mode in which labours were carried on among the native females; how at that particular period they were considered impure, and placed in an outhouse; and how there had been for years immemorial an established custom, but not a religious rite, of subjecting the poor woman to the stupefying fumes of charcoal (while she lay upon the floor) and the smoke of wood fires, which filled the apartment, and produced an anæsthetic influence less complete, but less dangerous, than that caused by chloroform or ether. The greater irritability of the native female was spoken of, and her liability to tetanus at the catamenial period, which he had never known in the European at that time, though he had seen the disease in a healthy European woman after the birth of the child, on the third day. He stated that the native female was subject to the same diseases as the European. Some few instances of malpractice of the native midwife were then given, both in reference to the production of abortion by mechanical means, and as showing the violent measures made use of for the delivery of the child. Dr. Jackson stated that now there had been established by the paternal Government of the East India Company a midwifery class in connexion with the several Medical colleges, which was very carefully instructed in this particular branch; and as European and even native nurses had an opportunity of being instructed in the management of women at the time of childbirth, and as the higher ranks of natives at the presidencies had begun to appreciate the value of this privilege, and availed themselves of their services, it was to be hoped that instances of malpractice would become less and less frequent, and in time unknown.

Dr. Tyler Smith observed that the common effect of the voyage to India, and other long voyages, was to produce amenorrhœa. The influence of the sea upon menstruation was very marked. It relieved dysmenorrhœa, and especially membranous dysmenorrhœa. It would be important to ascertain if children in this country, suckled by nurses who menstruated during lactation, were more liable than others to convulsions when teething. The fact that the fumes of charcoal had been used to allay the pains of labour in Hindostan for centuries was highly interesting. No doubt they also had an oxytocic effect. It was found that when gravid women died from the inhalation or retention of carbonic acid gas the child was violently expelled. The relaxation of the uterus which led to the post-partum hæmorrhage in Europeans in India continued after their return to this country, and some of the worst floodings he had seen occurred in tropical invalids. He usually recommended that women going to India, or other hot climates, should take ergot immediately after the expulsion of the child.

In answer to a question from Dr. Routh,

Dr. Jackson stated that the age at the first menstruation was, according to his experience, twelve to fourteen years as a rule, and the age at the last menstruation forty-five, forty-eight, or fifty.

Dr. Granville believed that fourteen was the earliest year among the middle classes.

Poisoning by Arsenic.—Dr. Blondlot has communicated, in a paper to the Paris Academy of Sciences, a fact which may be highly valuable in cases of poisoning by arsenic. After numerous experiments, he has come to the conclusion that the slightest quantity of greasy matter in contact with arsenious acid will reduce its solubility to about one-twentieth of what it was before. This explains at once why, in certain judicial investigations, arsenic has been sought for in vain in the liquid portion of the food contained in the stomach, when the food partly consisted of fatty substances, such as broth, milk, etc. It likewise explains how arsenious acid, taken in powder, may sometimes have sojourned a long time in the stomach before it produced any deleterious effect, since in such cases its action was hindered by the presence of fatty substances. Jugglers have been seen swallowing arsenic with impunity, because, according to Dr. Blondlot, they had previously taken the precaution to drink milk and eat fat bacon. Hence it follows that in cases of poisoning by arsenic, fatty substances may be administered as real antidotes, capable of suspending the action of the poison for a considerable time, until more radical means of effecting a cure can be applied.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the neeessary examinations for the Diploma, were admitted Members of the College, at a meeting of the Court of Examiners on February 3 :—

Andrew, William Wickes Wayte, Hethersett, Norfolk
Bartlett, Thomas Hiron, Birmingham
Bournes, William Henry, Belmullet, County Mayo
Bridges, John Henry, Victoria-square, Pimlico
Dunn, Frederick, Wolverhampton
Gibson, Francis William, Haverstock-hill
Heath, Robert Edward, Arklow, Wicklow
Kennard, David, Lambourne
Payne, William George, March, Cambridgeshire
Powell, William Labden, Macclesfield
Smith, Charles John, Newington, Surrey
Thursfield, William, Bridgnorth, Shropshire
Weekes, William Hampton Carlile, Hurstpierpoint, Sussex

The following gentlemen were admitted Members of the College on February 6 :—

Anderson, Mark French, Trinidad
Bourke, John, Cork
Bromley, Charles Henry, Southampton
Chalmers, John Erskine, Hull
Curtis, Collins, Harting, near Petersfield
Cornbill, John, Birmingham
Evers, Charles, York
Foster, Francis Morris, Hull
Gayleard, Christopher, St. Jago de la Vega, Jamaica
Hopkins, Alfred Boyd, Dalston
Holt, William, Horbury, near Wakefield
Jones, Thomas, Brecon, South Wales
King, John Lyons, Toronto, Canada
Kennedy, John Blydesteyn, Stratford, Essex
Morgan, John Theodore, Ceylon
Payne, Edwin, Cuckfield, Sussex
Roberts, Edward Stokes, Chester
Raynor, William, Manchester
Stern, Moritz, Jamaica
Stokes, William, Camberwell

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Seienee and Practiee of Medicine, and reeeived Certifieates to Practise, on Thursday, February 2 :—

Barr, Joseph Henry, Stockport
Greenwood, Thomas Frederick, Wallingford, Berks
Rogers, John Frederick, Chesterfield, Derbyshire
Ruffe, Richard Edwin, Tamworth, Staffordshire
Stride, Edward, Sheerness, Kent

The following gentlemen also on the same day passed their First Examination :—

Bennett, Charles, Shiffnal, Shropshire
Leech, Daniel John, Manchester
Trotter, Arthur Edwin Hutchinson, King's College

APPOINTMENTS.

HICKS.—Dr. J. Braxton Hicks has been elected Physician to the Royal Maternity Charity, in the place of the late Dr. Griffith.
STEVENTON.—Dr. William Steventon has been appointed to the post of Public Medical Officer, for the Island of Montserrat, West Indies.
HARDWICK.—Dr. Hardwick has been appointed Physician to the General Infirmary, Leeds, in the place of Dr. Wilson, who has resigned.

DEATHS.

ALLISON.—At Newcastle-on-Tyne, Henry P. Allison, aged 41.
BEVAN.—January 31, near Hereford, Edward Bevan, M.D., aged 90.
BURNHAM.—January 24, Coleman Burnham, aged 56.
CULHANE.—December 10, on board the E.I.S. *Marlborough*, on the passage to the Cape of Good Hope, William Culhane, R N. of H.M.S. *Sapphire*.
FORSTER.—February 2, at Brussels, Dr. Thomas Forster, M.D., aged 70.
HARRIS.—February 4, Robert Homer Harris, of Botesdale, Suffolk, where he had been in practice upwards of forty years, aged 67.
HAYLAND.—January 24, at Portsmouth, Henry Thomas Hayland, of the Medical Department H.M. dockyard.
JOHNSON.—January 24, at Hayes, Joseph Johnson, formerly of Oxford-street.
LEWIS.—January 7, at Cwm Amman, Llanelly, Frederick Owen Batt Lewis, late of Cwm coch, Llanbydie, aged 48.
MACFARLANE.—January 26, at Perth, Henry Macfarlane, Surgeon R.N., aged 45.
MCNAB.—December 21, at St. Ann's, Jamaica, Gilbert McNab, M.D., third son of the late William McNab, of the Royal Botanic Garden, Edinburgh.
MORRISON.—January 2, at Grenada, James Morrison, M.D., aged 59.
PRICE.—January 27, at Dublin, Morgan Price, Surgeon R.N.
PURRY.—January 21, at Brighton, Charles Henry Purry, M.D., aged 80.
ROGERS.—At North Fareham, Dr. John Rogers, aged 64.
WRIGHT.—October 11, at Sydney, New South Wales, Dr. Wright, of H.M.S. *Cordelia*, Surgeon R.N., formerly Surgeon of H.M Steamship *Terrible*.

DR. DAUBENY, of Oxford, is announced to give a lecture, in which the Doctrines of Liebig on Agrieulture are to be especially illustrated.

IN the Census just issued by its Government, Austria reckons up of Physicians, Surgeons, and Medical-Assistants, 27,984. On an average every 1000 Austrians are blessed with the eare of two Priests and one Physician-Surgeon.

THE French Academy of Medicine deals with remedies secret and open. This year, in one report, it passed sentence on sixty remedies for hydrophobia, and thirty methods of curing eholera!

DR. BECKETT, Lecturer on Chemistry at the Hull School of Medicine, has been severely burnt about the hands and face by an explosion at a lecture in which he was demonstrating some of the properties of potassium.

A few years ago, a Member of the Academy of Medicine, and a Physician of the Hôtel-Dieu, M. Martin-Solon, passed his last days in poverty, and but for the Medical Association would have died in utter want. And this very year, M. Gillette died, leaving his family without fortune.

THE Spanish, we are told, are enthusiastic on the subject of the Moroeeo war. M. Antonio Merino has given quinine and ehloroform, and M. Juan Vieenta a hæmostatie liquid to the army; and many civil Doctors are desirous of trying their hand at military medicine.

LUNACY.—The receipts of the Commissioners of Lunacy during the year ending the 31st of July last were £14,301, and the payments £14,123. The salaries of the commissioners are £9000; the salary of the secretary £800; and those of elerks and servants £1072.

MULTIPLE BIRTHS.—The French journals announce that a poor woman residing at a small village in the canton of Huningue, on the Rhine, was on Monday and Wednesday, 16th and 18th January, delivered of two vigorous boys who are now alive; and on Saturday, the 22nd, of two others who died.

DR. ANAGNOSTAKI, Professor of Ophthalmology at the Faculty of Medieine of Athens, says, that the Hippocratic method of treating granular conjunctiva is still in common use in the traditional and popular Medicine of Greeee. The granular conjunetiva of the eyelid after being rubbed or rasped by some rough body, as a bit of sugar, is eauterised with *fleur de cuivre* (oxide of eopper?).

THE *Lumière Hippocratique*, a popular Medico-social Journal, has been announced at Novaro, under the superintendenee of Dr. Tommasino. It purposes not so mueh to instruct Medical men, as to teaeh them their rights, to eombat the abuses whieh depress them, and to raise them in publie estimation. It starts off with an hebdomadal, but aspires to a quotidian existenee.

MEDICAL FREEMASONRY.—"What a precious talisman is the title of Doetor when far away from one's home! You meet a Physician with the words, '*Chèr confrère*,' and at once, whatever may be his character or his habits, he smiles and takes your hand, and offers you his services, and puts you in the way of most promptly becoming aequainted with the objects which interest you most in his neighbourhood."—*L'Union Méd.*

AT the distribution of the prizes for 1859 at the Academy of Scienees, the perpetual secretary, M. Flourens, pronounced an eulogium on the great chemist Thénard. M. Flourens had a good subjeet for his speech in the famous octogenarian ehemist. Thénard, the friend and generous eulogist of Guy-Lussae, and who, when made a peer of Franee by Charles X., asked why his rival was not similarly honoured; and he treated it in a very amusing and masterly manner. The assembly was unusually brilliant.

INCREASE OF POPULATION.—The births exceeded the deaths by 60,641, and that was therefore nearly the natural inerease of the population in 92 days. Thus, the population of England and Wales inereased at the rate of 659 daily; and the probable natural inerease of the population of the United Kingdom was 988 daily. In the year 1859 the excess of births over deaths was 248,309, or 680 daily in England and Wales. In the United Kingdom the natural increase must have exeeeded 1,000 daily.

THE ROYAL MATERNITY CHARITY held its annual meeting on the 2nd inst. The total number of deliveries effected gratuitously by it were during the year 3747. There were 31 cases of twins, and in one instance there was a triplet. The total number of children was 3780, of whom 2021 were males, and 1749 females. Out of the whole number there were only 123 cases of still-birth, and only 14 of the entire number of the deliveries proved of so severe a character as to terminate fatally—and even 11 of that number arose from causes concomitant of parturition.

THE METEOROLOGY OF THE SEASON in the last quarter of 1859 was remarkable for its excesses of heat and cold. Very severe weather set in on October 21; it was followed by a warm week (November 1—8); then the cold weather returned, and became intense, the temperature falling all over the country below the freezing point of water (32°), and in many places descending below 10°. At Norwich the low point of 1° was observed; at Holkham 3·8°; at Lampeter 2° below zero. The weather after December 23, became again unusually warm until the end of the year. The rain-fall was 8·7 in., or 1·6 in. above the average of the season. Nearly 26 in. of rain fell in the year—or half-an-inch in excess of the average. In the four previous years the rain-fall was deficient.

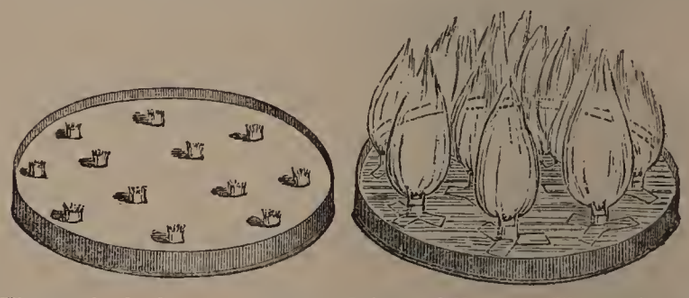
DEODORIZED COD-LIVER OIL.—Under this name a preparation is in course of extensive trial in the French Hospitals, which consists in cod-liver oil which has been deprived of its repulsive smell by means of a process devised by two Pharmaciens, MM. Autier and Chevrier, and the success of which is due to an organic principle derived from tar. Chemical examination and clinical trials have pronounced this oil as equally efficacious to any other, while the most fastidious can take it even in large quantities.

THE ELECTION OF M. BRIQUET INTO THE ACADEMY OF MEDICINE.—This election has just taken place under somewhat unusual circumstances. The vacancy to be supplied was in the section of Physics and Chemistry; and the Committee appointed to recommend the candidates, returned a list at the head of which was the name of M. Regnauld. The almost universal rule is to adopt the recommendation of the committee; but many of the Academicians being aware that M. Briquet had paid great attention to electricity and other branches of physics, were anxious that he should be brought into the Academy under this section; and they succeeded in placing him on the list of candidates by a vote of twenty-three against twenty-two. M. Regnauld's friends deemed this unjust, for while this portal is the only one by which he can gain admission, M. Briquet might have entered by the section of Medical Pathology or that of Therapeutics. The contest was therefore a severe one, there being eighty Academicians present, and the number of votes required in order to secure election being forty-one. At the first ballot the numbers were equal, each candidate numbering thirty-eight votes; but at the second ballot M. Briquet obtained forty-one votes, the exact number required. Much amusement was excited by the President, after announcing M. Briquet's (*anglicé* a steel) victory, gravely calling upon M. Gaultier de Claubry to proceed with his paper on *chemical matches*.

FRENCH PROJECT FOR THE DISINFECTION OF THE THAMES.—M. Grimaud has laid his plan of disinfecting the Thames before the Académie des Sciences. The idea is derived from what takes place at the lagunes of Venice. Into these, he says, fresh water never enters—gigantic works, the labour of ages, entirely excluding it. Venice has in this way been long preserved from the pernicious influences which are in all countries the result of the stagnation of fresh water. At London the sea gives rise to a reflux of the waters of the Thames (a small river with a sluggish course), which carries them back far beyond the point of junction. When the tide retires, it carries them with it; but between the flux and reflux there is a certain interval during which all current is suspended. A true stagnation of the fresh water takes place between the point where the salt water meets it, and that where the tide ceases to be felt. Now it is just in the space enclosed by these two points that London is placed. Here we have, then, a well-defined mass of stagnant water, and into this are poured the drains of 300,000 houses inhabited by three millions of people, furnishing daily 407,680 cubic metres of fermentible and miasmatic matter. The fluid portion is carried away at the ebb, but the solid part falls to the bottom, and at low water the banks of the river expose to the senses, both of sight and smell, the accumulated elements of an immense permanent infection, and of an inevitable future pestilence. The sewers should be conducted along each bank of the river unto the point where the water becomes completely salt. The flow should be assisting by constructing a barrier across the Thames, above London, at the point which the tide does not reach; and water derived there from the river on each side should be powerfully propelled along the two main sewers at low water. The advantage of such a propulsion is also a matter of experience; for it is by this means alone that Vienna secures the circulation in its sewers through the agency of the river Wien.

THE following is a copy of a Memorial sent in to the Council of the Royal College of Surgeons of England:—"To the President and Council of the Royal College of Surgeons of England,—We, the undersigned, Members of your Royal College, have been deeply moved at the official announcement of your intention to admit certain persons to hitherto coveted honours and privileges of our Body, concerning whose general and Professional education very grave doubts have justly arisen. Aware of the legally helpless attitude in which we, the staple element of your Corporation, unjustly stand with reference to such important questions, we would, nevertheless, hopefully and earnestly entreat you to consider the seriously-detrimental influence which we cannot but think will be exercised upon the real interests of our Body, as well as the positive moral wrong inflicted by so important an organic change in the constitution of a Corporation in whose keeping we have been wont to consider the 'palladium of our liberties' as entirely safe. (Signed)—Farnham Flower, W. C. Walker, Jonathan Wybrants, T. St. J. Hudson, Fred. Porter Smith, Samuel Craddock, John G. French, John Nicholls, R. W. Purnell, H. W. Livett, Robert H. Boodle, Walter Leach."

MESSRS. PRICE AND CO., at the suggestion of a Surgeon, have originated an air-heater, as a portable, easily manageable, and cleanly, hot-air bath, to be used in the patient's own room. The following cut represents it unlit and lit:—



The method of use as suggested is as follows:—The patient, having all clothing removed, should sit upon a cane-bottomed chair upon which a towel has been folded. A blanket placed over the back of the head should fall over the shoulders, and the two ends brought in front; another blanket should then be placed under the chin, the two ends passing over the shoulders, so that the patient and the chair are completely covered in to the ground. The *Laconicum*, or air-heater, is then lit and placed under the chair, and in the course of five minutes the air is raised from 100° to 110° Fahrenheit, producing, according to the time taking the bath, a more or less profuse perspiration. The air-heater is made of the purest cocoa stearine, to avoid smell being given off; in fact, so cleanly is it, that it was used in the Crimea for cooking purposes.

STATE OF THE PUBLIC HEALTH.—109,450 deaths were registered in the last quarter of the year 1859, and the mortality was at the rate of 2·189 per cent. per annum. This is slightly above the average rate (2·183); but is much below the rates in the corresponding quarters of the two previous years (2·263 and 2·402). In the last year 441,249 deaths were registered; and the mortality was at the rate of 2·231 per cent.; or rather more than 22¼ died out of 1,000 living. By a careful induction, drawn from an extensive series of observations on various portions of the population, it appears that

the deaths should not have exceeded 322,616 in the year, at what may be provisionally called the natural rate, actually prevailing in 63 districts of the country. The 118,633 deaths in excess of this number were, therefore, unnatural deaths. If we divide the population into two nearly equal parts, the town population, it is found, died at the rate of nearly 25 in 1,000; the country population at the rate of 19 in 1,000 on an average during ten previous autumn quarters. In the last quarter the mortality of the towns was between 1 and 2 in 1,000 below the average. This reduction may be fairly referred to the full employment of the people in the manufacturing districts, and to the partial sanitary improvements which have been made in several large towns. That it is not the effect of the weather, or of any universal cause, is proved by the fact that in the country and small town districts the mortality rose from the average of 19 to 20 deaths out of 1,000 living.

SYDENHAM AND TURNER ON THE CURE OF CORNS.—Proceed we now to another Disorder incident to the Skin of the Hands and Feet, which is that arising from Warts and Corns. Whoever has been soundly plagued therewith (and who almost is not at one time or other?) will not think it trifling that we spend Time in describing them, much less that we propose Remedies conducive to ease the Pain or entirely remove them: for surely it was a noble Thought of the well-deserving Sydenham, that if one Man was to spend his whole Lifetime in finding out a certain Cure for Corns he would Deserve well of Posterity, and might be said sufficiently to have served his Generation.—*Turner on Diseases incident to the Skin*, 1726.

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 4, 1860.

BIRTHS.

Births of Boys, 1003; Girls, 940; Total, 1943.
Average of 10 corresponding weeks, 1850–59, 1693·4.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	691	698	1389
Average of the ten years 1850–59	606·7	598·6	1205·3
Average corrected to increased population	..	..	1326
Deaths of people above 90	..	..	8
Deaths in 15 General Hospitals	43	24	67

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	2	5	..	9	3	4
North	490,396	13	4	12	1	9	4	7
Central	393,256	8	3	3	..	8	..	5
East	485,522	5	6	9	..	14	2	7
South	616,635	17	7	10	3	8	4	8
Total	2,362,236	44	22	39	4	48	13	31

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·655 in.
Mean temperature	36·3
Highest point of thermometer	45·7
Lowest point of thermometer	25·5
Mean dew-point temperature	32·3
General direction of wind	N.
Whole amount of rain in the week	0·31
Amount of horizontal movement of air in the week	835 miles.

TO CORRESPONDENTS.

M. Claude Bernard's Sixth Lecture, "On the Salivary Glands," is in type, and will appear next week.

Mr. Gaskoin's letter shall appear next week.

Fair Play's letter on the Indian Medical Service is unavoidably postponed.

Non-Medicus will find full information about Death by Drowning in Taylor's "Medical Jurisprudence."

R. F.—Any wholesale druggist will send a price-list on application. Prices vary constantly with the state of the market.

An Enquirer.—A member of the College of Surgeons can recover for medicines supplied to his patients in *Surgical* cases. The question might arise whether the case was a Medical or a Surgical one.

Nisi dominus.—The only plan is to obtain, by advertisement or otherwise, some employment where time to attend lectures would be given in consideration of services.

A Subscriber.—By the new regulations the Poor-law Board make no distinction between registered Practitioners.

Mr. Hudson.—We have no recollection of having been asked for any information as to any "Comitia Majora." If the question related to any business details of the College of Physicians, the best plan would be to address a note to Mr. Copney, or to the Registrar.

THE REGISTER.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Can you inform me why the Register is not published? We are in the second week of February, and no notice has appeared.

Stonehouse, February 10. I am, &c. VIGILANCE.

COMMUNICATIONS have been received from:—

Professor SIMPSON; Dr. ROBERT LEE; Dr. HALFORD; Dr. HARLEY; REGISTRAR-GENERAL; Mr. HIGGINBOTTOM; Dr. HARDWICK; Mr. SLYMAN; Dr. MILROY; Mr. Alderman MECHI; Mr. DIX; Mr. CEELY; Dr. HUSBAND; Mr. HANBURY; Mr. CAMPBELL; Mr. WHEATLEY; Mr. HAMILTON; Dr. BAINES; Mr. MACMILLAN; Mr. B. WALTON; Dr. CHAPLIN; and Mr. TURNER.

APPOINTMENTS FOR THE WEEK.

February 11. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. Lankester "On the Relations of the Animal Kingdom to the Industry of Man."

ROYAL BOTANIC SOCIETY, 3¾ p.m.

13. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Dr. Hare "On the Diagnosis of Cancerous and some other Tumours of the Liver."

14. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Owen "On Fossil Reptiles."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. (Ballot 7½.) Mr. Acton "On the Remarkable Immunity from Venereal Diseases of the Troops quartered in Brussels, compared with the Liability to those Affections of the Foot-Guards in London."

ZOOLOGICAL SOCIETY, 4 p.m.

15. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 8 p.m. (Annual Election, 7.)
GEOLOGICAL SOCIETY, 8 p.m.
ETHNOLOGICAL SOCIETY, 8½ p.m.

16. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall "On Light."
HARVEIAN SOCIETY OF LONDON, 8 p.m. (Council Meeting 7¼.)
ROYAL SOCIETY, 8½ p.m.

17. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION, 8 p.m. Professor F. C. Calvert "On the Influence of Science on the Art of Calico Printing."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. Dr. Marcet "On Sulphurous Mineral Waters."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—For Cicatrix after Burn; Club-Foot (two cases); Hare-Lip; Removal of Tumour from Leg; Polypus of Nose; Obliterated Urethra. By Mr. Bowman—For Deficiency of Upper Eyelid.

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New and important advantages to Assurers. Medical Men are entitled to the same commissions upon business introduced by them as are allowed to Solicitors. EDWIN H. GALSWORTHY, Actuary & Secretary.

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Special Tables for Indian Civil and Military Services prepared from the Records of the East India Company, and from other valuable papers in the sole possession of the Society, and fully confirmed by the experience of Twenty-Five Years.

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Annual Division of Profits. Last reduction of Premiums, 36 per cent.

Assurers in this Society are allowed to become Members of Volunteer Rifle, or Yeomanry Corps, without any extra charge whatever.

SPECIAL NOTICE.

TO SECURE THE ADVANTAGE OF THIS YEAR'S ENTRY, PROPOSALS MUST BE LODGED AT THE HEAD-OFFICE, OR AT ANY OF THE SOCIETY'S AGENCIES, ON OR BEFORE 1st MARCH.

POLICIES EFFECTED ON OR BEFORE 1st MARCH, 1860, WILL RECEIVE SIX YEARS' ADDITIONS AT THE DIVISION OF PROFITS AT 1st MARCH, 1865.

Scottish Equitable Life Assurance

SOCIETY.

HEAD OFFICE:— 26, ST. ANDREW-SQUARE, EDINBURGH.

The Profits are divided every three years, and wholly belong to the members of the Society. The last division took place at 1st March, 1859, and from the results of it is taken the following

EXAMPLE OF ADDITIONS.

A POLICY FOR £1000, DATED 1st MARCH, 1832,

is now increased to £1654 9s. 5d. Supposing the age of the Assured at the date of entry to have been 40, these Additions may be surrendered to the Society for a present payment of £363 17s. 8d., or such surrender would not only redeem the entire premium on the Policy, but also entitle the party to a present payment of £104 4s., and, in both cases, the Policy would receive future triennial additions.

THE EXISTING ASSURANCES AMOUNT TO .. £5,272,367
THE ANNUAL REVENUE £187,240
THE ACCUMULATED FUND (arising solely from the Contributions of Members) £1,194,657

ROBT. CHRISTIE, Manager.
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LONDON OFFICE—26, POULTRY, E.C.
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[ESTABLISHED 1841.]

Medical, Invalid, and General Life

OFFICE, 25, Pall-mall, London.—Empowered by special Act of Parliament

At the EIGHTEENTH ANNUAL MEETING, held on the 24th November, 1859, it was shown that on the 30th June last,—

The Number of Policies in force was 6110
The Amount Insured was .. .. £2,601,925 10s. 8d.
The Annual Income was .. .. £121,263 7s. 7d.

The new business transacted during the last Five years amounts to £2,482,798 16s. 11d., showing an average yearly amount of new business of nearly

HALF A MILLION STERLING.

The Society has paid for claims by death, since its establishment in 1841, no less a sum than £503,619.

HEALTHY LIVES.—Assurances are effected at home or abroad at as moderate rates as the most recent data will allow.

INDIA.—Officers in the Army and Civilians proceeding to India, may insure their lives on the most favourable terms, and every possible facility is afforded for the transaction of business in India.

NAVAL MEN and MASTER MARINERS are assured at equitable rates, for life, or for a voyage.

VOLUNTEERS.—No extra charge for persons serving in any Volunteer or Rifle Corps within the United Kingdom.

RESIDENCE ABROAD.—Greater facilities given for residence in the Colonies, &c., than by most other Companies.

INVALID LIVES assured on scientifically-constructed tables based on extensive data, and a reduction in the premium is made when the causes for an increased rate of premium have ceased.

MEDICAL MEN are consulted in every case, and are paid a Guinea for each Report, and receive the same advantages as Solicitors for any business they may introduce.

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Every information may be obtained at the chief office, or on application to any of the Society's agents. C. DOUGLAS SINGER, Secretary.

"PULVIS JACOBI VER., NEWBERY'S."

INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper on

Fevers, &c., while regretting that the list of remedies is so limited, mentions the importance of Antimonial Compounds in Renal and Pulmonary cases. NEWBERY'S JAMES' POWDER is free from the debilitating effects of the ordinary preparations, and has a CERTAIN Diaphoretic effect, without that danger to the Stomach and Bowels so characteristic in all the Imitations. The Genuine Dr. James' Fever Powder is sold at a price within the reach of all.

45, St. Paul's Churchyard, London.
(Signed) F. NEWBERY and SONS.

Prices for dispensing, quarter oz., 3s. 4d.; one oz., 9s.

W. and A. Gilbey, Wine and Spirit

IMPORTERS and DISTILLERS, are now doing by far the largest trade of any other house in the Kingdom, their connexion exceeding at the present time 15,000 private families and more than 50 of the most important Hospitals, Military Messes, and Public Institutions; they beg to offer the following advantages to consumers.

WINES FROM THE CAPE OF GOOD HOPE.

PORT, SHERRY, MADEIRA, MARSALA, all First Growths, 20s. per dozen, £3 6s. 6d. per 7-gallon cask, £6 11s. 3d. per 14-gallon cask, and £12 19s. per quarter-cask of 28 gallons.

They are pure, delicate, wholesome, and in every way suitable for either dinner or dessert.

The Custom House Returns for 1858 show that W. and A. G. paid duty on the unprecedented quantity of 56,635 gallons of these wines alone in that year.

WINES FROM PORTUGAL.

Fine Old PORT from the Wood 36s. per dozen, £5 19s. per cask of 7 gallons, £11 14s. per cask of 14 gallons, and £23 2s. per cask of 28 gallons.

This, our leading article from Oporto is the old school of mature silky Port from the wood, with body and bouquet. This is more palatable and wholesome than those extremely high-priced old Bottled Wines, which have nothing left to recommend them but vegetable decay.

WINES FROM SPAIN.

SHERRIES, Pale and Golden, at 36s. per dozen, £5 19s. per cask of 7 gallons, £11 14s. per cask of 14 gallons, and £23 2s. per cask of 28 gallons.

The almost total disappearance of the Vine Disease in Spain, enables us to import an extremely good wine at this price; it is a decided improvement on former shipments.

WINES FROM FRANCE.

CLARETS at 24s. and 38s per dozen. These, our leading importations of *Vin Ordinaire*, are superior to those generally drank in France, and we guarantee them decidedly superior to any other offered at anything like these prices. They are shipped to us direct from the Vineyards, under the superintendence of one of the leading Bordeaux Houses.

CHAMPAGNE, 37s. 6d. per dozen. Having made a large contract to have this wine shipped direct from the vineyards, we are enabled to submit it not only as the cheapest imported, but as good as any gentleman can desire to have on his table.

WINES FROM SICILY.

MARSALA, 24s. per dozen, £4 0s. 6d. per 7-gallon cask, £7 19s. per 14-gallon cask, and £12 7s. 6d. per quarter cask of 22 gallons.

This is Ingham's superior, and is often preferred to even middling-class Sherries, and the quality is guaranteed.

SPIRITS.

COGNAC BRANDY, finest	25s.	per gallon.
GIN, the old English	11s.	,,
WHISKEY, Pure Old Irish	16s.	,,
,, ,, Old Scotch	16s.	,,
RUM, Old Jamaica	14s.	,,

A dozen full-sized bottles of any of the above Wines at the quoted prices, or for 5s. in stamps a dozen small samples, or any two samples for 12 stamps, sent securely packed and labelled.

A detailed Price-List of other Wines, Spirits, and Liqueurs sent on application.

In England Cheques to be crossed to our Bankers, the Bank of England, and Post-office Orders made payable to the General Post-office, London; in Ireland the Bank of Ireland, and General Post-office, Dublin; in Scotland the Bank of Scotland, and General Post-office, Edinburgh.

W. and A. GILBEY, 357, Oxford-street, London;
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Burrows and Co., Wholesale Wine

MERCHANTS, LIVERPOOL.

STORES—LIME-STREET. OFFICES—54, DUKE-STREET.

The Proprietors beg most respectfully to call the attention of the Trade, Noblemen, Clergy, and the Public in general, to their extensive stock of Choice Wines of rare Vintages.

B. and Co. are not disposed to comment upon the purity of their Wines, which is daily most laudably acknowledged by the Public, and eminent Medical Men of all countries, as the increasing patronage of the highest families in the land is a sufficient guarantee.

They beg to call particular attention to their Pure Tonic Wines, as being so valuable to Invalids, and persons of weak stomachs.

A Sample Case, containing three full sized Wine-bottles, will be forwarded to any address, on receipt of Post-office Order for 6s. 6d., or a dozen for 24s.

It is a well-known fact that impure and adulterated Wines are the greatest foes to health, producing acidity in the stomach, and debilitating the digestive organs, while pure Wines will accelerate the digestive powers, invigorating, strengthening, and bracing the nervous system.

Their Tonic Wine is admitted to be most essential to Invalids both old and young, and should never be absent from the homes of the weak and sickly. Its properties are clearly acknowledged and appreciated by the leading men of the Faculty, both at home and abroad.

To prevent imposition, each bottle is sealed with the name of the firm. All orders to be made payable to Henry Burrows.

POULTICES SUPERSEDED! SPONGIO PILINE.

The Profession are respectfully

informed, that the WANDLE FELT COMPANY having purchased Mr. MARKWICK'S PATENT for the well-known SPONGIO PILINE, for the application of moist heat, in lieu of Poultices and Fomentations, and the IMPERMEABLE PILINE, for Rheumatism, for promoting perspiration, and for the application of stimulating liniments, are now supplying these articles, of superior manufacture, and at greatly reduced prices, at 27, BEDFORDBURY, COVENT-GARDEN, London, and also through the Wholesale and Retail Druggists in town and country.

ORIGINAL LECTURES.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture VI.

OPERATIVE PHYSIOLOGY.—ON THE SALIVARY GLANDS.

Summary: Properties of Parotidian Saliva—How to Operate for the purpose of passing Tubes into the Parotid Duct: Anatomical Disposition of Parts in the Horse and Dog—Properties of Saliva thus obtained: they differ in various Species, and sometimes in various Animals of the same Kind—The Reasons of this apparent Contradiction explained—Intermittent Character of the Secretion—Various Modes of exciting it—Elective Affinity of the Salivary Glands illustrated by various Experiments—All Substances capable of passing into the Saliva when introduced in sufficient Quantity into the Blood—Absorbent Powers of the Internal Surface of Glands—Their Disappearance during the Process of Secretion.

Gentlemen,—The properties of the salivary glands, as we have already stated, are the first object to which we shall direct our attention in commencing the experimental part of this course.

Saliva is secreted by three principal glands, the functions of which require in each particular case a separate investigation. Each of them has, in fact, its own peculiar use, and its action, when interrupted, cannot be supplied by that of its congeners.

As in the case of each gland a definite surgical operation is required in order to obtain in a state of perfect purity the liquid which it produces, I believe it to be indispensable that the precise anatomical notions which will enable you to repeat the experiment for yourselves should be laid before you at once.

The parotid gland in the horse is situated partly beneath, and partly before, the external ear. The numerous ducts which arise from its granulations gradually coalesce into a considerable trunk, which, after descending for a certain space, and then rising again towards the mouth, penetrates into the oral cavity in front of the second molar tooth. A curve is thereby described, the concavity of which embraces the ascending ramus of the lower jaw. The facial vessels and nerve, which pass over the duct must be carefully avoided in dividing it. In order not to injure these important parts, the anterior edge of the masseter must serve us as a guide in performing the operation. Let the incision be carried along its lower third, and the duct will be at once discovered, on the very point where it changes its direction, and rises towards the mouth. It may there safely be divided so as to allow a slender tube to be introduced. The one we are about to make use of is a small silver pipe containing a probe, which serves to clear it when obstructed, and makes it easier to be introduced. The excretory duct is then tied over the canula, just above the point where it has been introduced.

(After demonstrating the operation on the head of a horse, M. Bernard performs the experiment on a living animal; not a single drop of saliva escapes at the moment when the tube is introduced into the ductus Stenonis.)

The same proceeding is applicable to most of the herbivorous animals. The rabbit, however, offers a totally different arrangement: the ductus Stenonis in this species presents the same relations as in the dog; it therefore becomes indispensable to operate as in the case of this latter animal.

The parotidian duct in the dog, passes through the muscular fibres of the masseter, and following a direct course, opens into the mouth in front of the second molar. In order to practise the same operation as before, the lower edge of the zygomatic arch must be felt for and followed from its posterior to its anterior extremity; a slight depression will thus be discovered; at this very point, the duct passes into the mouth. Let a horizontal incision be made over this point, the duct will be easily discovered; but the facial vessels and nerve, which lie before it, must be previously dissected with care, and then drawn aside with a curved probe; the duct immediately appears beneath them; nothing remains but to open it and plunge a tube within its cavity.

(M. Bernard performs the experiment on a middle-sized dog. At the moment when the duct is laid open, the animal utters a few plaintive cries. This proves, according to M. Bernard's remark, that the parotidian duct is sometimes endowed with sensibility, although the reverse is usually the case.)

You see, gentlemen, that not a single drop of saliva escapes at this moment from the tube; in general the fluid is only secreted during the process of mastication and deglutition, or under the impression of acute pain, or of a powerful sapid sensation. You are well aware that various moral influences are capable of exciting its secretion; the fact is a well-known one in man, and can be equally verified in the lower animals. The horse which has just undergone the operation we have performed in your presence, has been fasting for several hours; the mere sight of his food will immediately bring on an abundant secretion.

(A bundle of hay being brought in, the animal exhibits great excitement, and a jet of saliva flows from the tube.)

Acids, however, are of all the agents that can be brought to bear upon the salivary glands, the most powerful. Berzelius had remarked, several years ago, that alkaline secretions were excited by acid substances, and *vice versâ*; now saliva, being an alkaline secretion, is likely to be elicited by the action of acids upon the gustative nerves, while alkalies remain comparatively inefficient.

(The experiment is tried on the dog, into the parotid duct of which a tube had been previously introduced. A few drops of vinegar being poured into the mouth, saliva flows from the tube drop by drop; an alkaline solution being then substituted, no sensible result is obtained.)

Let us now examine the saliva we have obtained from both animals. In the dog, as you see, it is a limpid and colourless fluid, the reaction of which is strongly alkaline. But this is not always the case. We find in Tiedemann and Gmelin's great work on the digestive fluids that, after dividing the parotidian duct in a dog, they plunged its extremity into a small glass case, so as to obtain ten grammes (180 grains) of a viscous fluid, strongly resembling albumen in its general appearance. Such are, therefore, the properties which these celebrated observers acknowledge as characterising the parotidian secretion—a conclusion widely different from that which we have just arrived at; and, in repeating the experiment on ten or twelve different animals, you would probably meet once or twice with the same result. How is this apparent contradiction to be explained? A peculiar anatomical distribution is its real cause. It sometimes occurs that, before opening into the mouth, the ductus Stenonis receives the excretory canals of two or three little mucous glands, which impart the properties of their own secretion to the parotidian fluid. Nothing is easier than to prove this. In the animals which offer this peculiarity let the duct be laid open above the point where it is joined by these tributary canals, and the normal and unmixed secretion of the gland will be ascertained to be exactly similar to that which we have just exhibited to you. In man the anatomical peculiarity we have noticed as an anomalous exception in the dog is normal. The parotidian saliva, as poured into the mouth, always, therefore, enjoys a certain degree of viscosity in our own species. In this respect we find the dog approaching closer to our own organisation than other animals.

As to the saliva obtained from the horse, you see it offers, on the contrary, a viscid appearance; as in the dog, its reaction is strongly alkaline; but the action of heat, or the addition of nitric acid, precipitate an albuminous substance, which appears to be peculiar to the equine genus, although its chemical composition has not yet been precisely ascertained.

Let us now consider a few of the more important characteristics of the secretion itself, viewed apart from the nature of the fluid produced.

A tube being introduced into the parotidian duct, in a living animal, it may be easily ascertained that the saliva only

flows at intervals; in the horse, which during mastication emits prodigious quantities of it, the secretion now and then ceases in an abrupt manner, although the triturating process is still going on. The reason of this singular phenomenon long remained uncertain; we are now aware that the gland which lies on that side of the mouth where mastication is going on, almost entirely suffices for the insalivation of aliments; when the animal (as in the present case) has had both ducts laid open, and a tube passed into them, it becomes evident that during mastication, the two parotids are alternately called into action; while the one secretes, the other is at rest. The horse we have operated upon is at present satisfying its hunger, and you perceive that the saliva, however abundant, only flows on one side at a time.

In the normal state, the chemical composition of saliva, as secreted by each gland in particular, remains invariably the same; it may, however, accidentally contain foreign substances. We gladly seize this opportunity of exhibiting, in a strong light, the elective action of glands: the secretion we are investigating at the present moment offers a remarkable instance of this singular property. Among the various bodies introduced into the blood, we find some which almost instantaneously pass into the saliva: iodine and its various compounds enjoy this property. Other substances cannot penetrate without the greatest difficulty into this secretion; the salts of iron belong for the most part to this latter class. A direct experiment will enable you to judge for yourselves. The crural vein of a dog being opened, the extremity of a small syringe is introduced into the vessel; a determinate quantity (a) of a solution containing 1-100th part of the yellow prussiate of potash is then injected into the torrent of circulation, together with an equal amount of a similar solution of iodide of potassium: this latter substance will almost instantaneously be met with in the animal's saliva, while none of the usual tests exhibit the slightest vestige of the yellow ferro-cyanuret of potash. In the animal's urine we shall, on the contrary, discover it in considerable quantities: a fact which amply demonstrates the penetration of this substance into the system, although the salivary glands refuse to eliminate it.

(These various experiments are all tried on the dog, and meet with perfect success. It is necessary, before employing the usual tests, to neutralise, by adding a few drops of acetic acid, the alkaline reaction which saliva naturally presents: the chemical actions might otherwise be impeded.)

You therefore see, gentlemen, that iodine and its compounds will readily pass into the saliva, while the principal salts of iron are not to be found in that fluid, under ordinary circumstances. We possess, however, various means of overcoming the resistance (so to speak) of the salivary glands. If, in the first place, we combine one of the refractory substances with another body that enjoys the property of passing into the saliva, the difficulty is overcome: iodide of iron, for instance, passes readily into the saliva, on account of the iodine it contains.

In the second place, if a direct injection be had recourse to, the salivary glands may be compelled, as it were, to eliminate the obnoxious substances. The largest doses of prussiate of potash may, for instance, be poured into the animal's veins, without giving the slightest indication of its presence in the saliva, even when recourse is had to the most sensible tests; but if, by means of an injection into the common carotid artery, we create, in a manner, a local plethora in the atmosphere of the salivary glands, we succeed in obtaining the desired result, which, under any other circumstances, we should invariably have failed in producing.

It therefore remains an established fact, that the so-called affinity of glands for certain bodies, only expresses the greater facility with which they gain admittance into the fluid secreted: all substances are capable of passing into the secretions, provided that a sufficiently large quantity of them be conveyed into the blood that furnishes the elements of these various fluids.

The affinity of the salivary glands in particular produces, however, a great many singular phenomena. If, for instance, iodide of potassium be administered to a dog, vestiges of that substance will be discovered in the saliva for several weeks together. A sort of *circulus* is, in fact, established; iodine passes into the saliva through the elective affinity of the glands; but the animal, which keeps on swallowing its own saliva, impregnated as it is with iodine, absorbs new quantities of the substance, and the process might last indefinitely; but if the animal be strongly purged, the iodine is at once evacuated by the intestinal discharge, and appears no longer in the saliva.

It now remains for us to perform the inverse experiment The internal surface of glands is endowed with a consider-. able power of absorption, provided the substances injected into their cavity belong to that class of bodies for which the gland exhibits a certain elective affinity. But when the secreting process is in full activity, absorption is almost entirely suspended; thus (as we have already informed you), if a strong solution of strychnia is injected into a dog's parotid duct, the animal is almost instantaneously poisoned, if the gland is in a state of rest; but if the secreting powers have been previously called into play, the animal resists for a pretty long space of time.

In order to convince you of the rapidity with which absorption takes place in the glands, we shall now inject into the parotid duct of the horse which has already served for our previous experiment, a solution containing 1-100th part of iodide of potassium; the duct being then tied over the canula, we shall almost immediately discover iodine in the secretion of the parotid on the opposite side—a fact which proves that after passing through the vast extent of the entire circulatory system, the substance injected has been eliminated again by the glands, in an incredibly short space of time.

(The experiment is tried on the horse, and succeeds perfectly. The reactions of iodine are not, however, distinctly perceived before a few seconds have elapsed after the injection.)

You see, gentlemen, that, although rapid, the elimination has not been altogether instantaneous; but in the horse the circulation is known to be particularly slow; by injecting prussiate of potash into the jugular vein, and testing the blood drawn from another point, Hering has proved that in this animal the blood does not accomplish its entire circuit in less than twenty-five seconds,—a fact which sufficiently accounts for the comparative slowness of the process of elimination. In the dog the same result would be more rapidly attained to.

It now remains for us to examine the part which devolves upon the nervous system, in the process of secretion, as exhibited in the parotid glands; and this will, accordingly, form the principal subject of our next lecture on Operative Physiology.

(a) Five cubic centimetres.

Rudolph Wagner.—This celebrated Physiologist has resigned his chair at Göttingen on account of ill health, and is to be succeeded by Professor Meissner.

Prize Questions of the Belgian Academy of Medicine.—The questions for 1860 are:—1. The causes, symptoms, character, and treatment of the diseases peculiar to the workmen employed in the Belgian collieries. (A medal of 600 francs value and 1600 francs in money.) 2. Examination of the value of the various remedies for Asiatic cholera. (Medal of 800 francs.) 3. Indicate the nature and the etiology of the morbid conditions in the horse known under the vague term "influenza." Particularise the relations which these may have with typhoid affections in man, and deseribe the most appropriate treatment. (Medal of 1000 francs. For 1861:—1. A critical appreciation of the services which Belgian Practitioners have rendered to Medicine, and the branches of study relating to it, during the 16th, 17th, and 18th centuries. (Medal of 1000 francs.) 2. Determine, by new experiments on the mammalia, the relations between the oxygen absorbed by the lungs and the carbonic acid exhaled by the skin; and particularise the influenee exerted upon this gaseous exchange by rest, motion, temperature, and food. (Medal of 1500 francs.) 3. Display the actual state of our knowledge respecting the diseases of the nervous system of the horse, especially dwelling upon their differential diagnosis. The essays to be forwarded to the Secretary of the Academy by July 1 of the respective years, excepting those sent in for the first question, which must be sent before April 1.

ORIGINAL COMMUNICATIONS.

ON THE CEREBELLUM, WITH A CASE ILLUSTRATING ITS PATHOLOGY.

By G. ROLLESTON, M.D. Oxon., F.R.C.P. F.L.S.
Physician to the Radcliffe Infirmary,
and Lee's Reader in Anatomy at Christ Church, Oxford.

Among other symptoms of cerebellar disease enumerated in certain recently-recorded histories of such cases, I find the two following lesions of motility (a):—

1. Inability to maintain the erect posture when raised into it, coupled with complete power over either or both of the legs when in the horizontal posture.
2. Stiffness of the neck.

The two sets of phenomena, thus somewhat inadequately expressed, point, I am inclined to believe, when combined, all but pathognomonically to cerebellar disease. Of this possibly startling statement I propose to give a rationale, adducing in illustration, first, the history of a case at present under my observation and treatment; and, secondly, certain facts in comparative anatomy.

By an application to cerebellar physiology of the views which Schroeder Van der Kolk may be considered to have established in his Essay on the Medulla Oblongata, as to the functions of the corpora olivaria, we are enabled to reduce under one expression the two theories which speak of the cerebellum as the centre for muscular sensibility on the one hand, and for the co-ordination of muscular movements on the other (b).

Complicated bilateral movements postulate two sets of nerve-structures.—1. Special ganglia, in addition to the ganglionic masses in connexion with the roots of the nerves of either side. 2. Compound fibres bringing these special ganglia into intimate connexion, first with the ganglia of the nerve roots, secondly with each other.

To illustrate from the medulla oblongta. An impression, either from above or below, either volitional or reflex, arrives in the medulla oblongata, and calls for the bilateral action of any one of the several consecutaneously-acting sets of muscles which that nerve-centre co-ordinates. This impression the corpora olivaria receive; and they so modify and prepare it, "reeudunt denuo ac moderantur," that it calls forth, when reflected on to motor nuclei, and down motor fibres, the required bilateral muscular action. I shall attempt after relating the case of cerebellar disease at present under observation, to show that what we know alike of the pathology and of the physiology of the cerebellum is clearly explicable on the hypothesis that that great nerve-centre stands in the same relation to the motor nerve nuclei of the trunk and (posterior?) limb muscles, as the corpora olivaria do to the motor nerve nuclei of the face, tongue, and throat muscles.

The former of the two sets of structures required in an organ with such functions would be represented by the cortical grey matter of the cerebellum; the second by the inferior crura, on the one hand, and the pons on the other; the inferior crura bringing the spinal ganglia into connexion with the ganglionic masses of the cerebellum, the pons bringing these masses into connexion with each other.

J. R., aged 10 years last birthday, was admitted into the Radcliffe Infirmary, under my care December 21, 1859, with the following history and symptoms.

On April 24, 1859, she was seized with a "bad cold in the head," and with shivers. No rash was seen, and no scarlet fever was about at the time in the neighbourhood. A week or two after the seizure she lost the power of maintaining the erect position, but at no time did she lose the power of moving her legs when lying in bed. Her Medical attendant, F. C. Spackman, Esq. of Farringdon, has been good enough to inform me that what she suffered from was rheumatic fever, and that in the month of August she had two convulsive fits, after which she began to recover the use of her lower limbs and to sit up. She was light-headed from time to time during the summer. She could always use her arms and hands. There is neither history nor present indication of any digestive, respiratory, or circulatory derangement. Lesions of motility are her sole present symptoms. As she lies in bed she can turn her head as it lies on the pillow, with some difficulty, however, from side to side. When she is raised up, she catches at and supports her head in her hands; if her hands are removed and her head left unsupported, it falls over to one side or other, whichever side the muscles contract upon. This they do powerfully, first on one and then on the other side of the neck. She can walk along by the side of a wall or table, provided she can get some support for her head, and the hand and arm she rests it upon.

She has been put upon a course of counter-irritation to the back of the head and neck, of iodide of potassium and cod-liver oil, with good diet, and some not very marked improvement is noticeable at present (January 12).

Comment.—The first of the two sets of symptoms stated at the beginning of this paper to have been observed in cases shown by post-mortem examination to have been cases of cerebellar disease, was obviously present in this case; the neck muscles now alone are affected with that characteristic incompetence for bilateral, coupled with competence for unilateral, action.

The second of the two sets of symptoms are also present in her case, but they are but inadequately indicated by the curt phrase "stiffness of the neck"—"steifheit des hals besbach tet man besonders bei abcessen des kleinen Schirns," Canstatt, for 1857, iii. p. 11. J. R. has stiffness of the neck, and of both sides of her neck, but not of both sides of her neck at one time. She is raised up, and her head left unsupported; she feels the need of supporting it, and clutches at it with the muscles first of one side and then of the other. It falls over and with much greater force than its mere weight would account for. For the support of the head consentaneous and bilateral muscular action is required, but when the functions of the cerebellum are in abeyance, this result is not obtainable even in obedience to the orders of the will. But no bilateral action is necessary for the turning of the head from side to side if the back of the head lies supported on the pillow. This movement she can execute, therefore, just as formerly she could move either leg whilst lying horizontally, though unable to maintain the erect posture, which postulates bilateral action even for a moment. If we eliminate from the records of cases of cerebellar disease all the phenomena which can be shown to be referrible not to lesion of the cerebellum, but of the medulla oblongata just beneath it, the residuary symptoms will be found to be explicable as have been those of J. R. And, coupling such a study as this with a perusal of experimental lesions, we shall set ourselves free from the suspicion of having argued in a circle from facts to theory, and from theory back to facts.

The unavoidably imperfect history prevents us from doing more than conjecture what has been the immediate cause of the cerebellar lesion in this case. Probably the meninges were first affected. What support does comparative anatomy give us in speaking of the cerebellum as the nerve-centre destined for the reception of impressions, calling for a bilaterally consentaneous working of trunk and limb muscles, and for the endowment of such impressions with the power of evoking such movements in the way of reflex action?

In a previous paper, published in the *Medical Times and Gazette*, July 23, 1859, and written before any acquaintance, on my part, with Schroeder Van der Kolk's excellent treatises, save at second-hand and in the merest outline, I showed how the size of the pons varolii, which we may roughly style the corpus callosum cerebelli, stood in a direct ratio to the power an animal had of maintaining the erect position, and in an inverse ratio to the breadth of its basis of sustentation. Some similar facts I shall now adduce.

An ostrich's and a kangaroo's posterior extremities may rank together as important and powerful organs; the back muscles of the bird, however, are but rudimentary; those of the moveable-loined kangaroo are strong indeed, enabling it to maintain the erect position on its sustaining tripod. In correspondence with, and for the regulation of, this mass of muscle superadded in the bird-like mammal, we find superadded

(a) Lebert in Virchow Archiv. Bd. x. Heft 2, 3, 4, quoted Canstatt for 1857, iii. p. 11. J. B. Hillairet. Archiv. Générales, 1858, Paris, quoted Canstatt for 1858, iii. p. 11. *Lancet*, December 3, 1859.

(b) At the possibility of such an application Schroeder Van der Kolk himself hints. Essay on the Medulla Oblongata, New Sydenham Society, Translation, p. 101.

to the single median processus vermiformis of the bird, lateral lobes; and superadded to the lateral lobes, lateral appendages. The kangaroo's brain does not contrast more with the ostrich's by its mesially-fused fornix, by its furrowed cerebrum, by its natiform hippocampe, by its solid and quadrigeminal optic lobes, than it does by its lateral cerebellar lobes, their appendages and broad commissural pons.

Among the carnivorous marsupials the active kangaroo-like leaping bandicoot has lateral appendages to its lateral lobes; the more quadruped dasyure has none.

A somewhat similar result will follow from a comparison of the cerebella of the active water-rats and marmots with those of the guinea-pigs and porcupines; and a yet wider research leads but to the same conclusion—viz., that additions are made to the cerebellar mass as additional need arises for the bilateral harmonisation of the muscular movements of trunk and limbs.

I take this opportunity of saying, that a structure, which I described in the paper already alluded to, may be found figured in Stilling's work on the Pons Varolii, Table xix. 23, and Table xxii. 23; and described by him at page 180 of the same work in the following words:—"Filamenta lateralia diversissimam habent originem. Sæpe e cruribus cerebelli ad pontem provenire videntur, sæpe e processibus cerebelli ad corpora quadrigemina sæpe e lingula; sæpe etiam partis aut processus funiculorum lateralium esse videntur." We find this "diversissimam originem" further illustrated in Arnold's Plates, Table iv. 3, *n*, vi. 4, *i*; and this, its variability of origin and connexion, together with certain other reasons, induce me to set less value upon it as a landmark for estimating the anterior development of the pons.

In the latter of the two figures referred to from Arnold, a slender band of fibres, *r*, is figured, passing down half-hoop-fashion nearly parallel with the brachium of the testes, with the posterior margin of which latter structure it appears to be connected. This structure I have not happened to find, but one closely analogous may be almost universally found in the brains of the lower animals. From the anterior border of the nates not reaching quite so far back as the median raphe, a half-hoop of fibres passes downwards behind the corpus geniculatum externum, across the brachia, passing to the optic thalami, and loses itself upon the fibres of the crus cerebri, which it crosses at nearly a right angle. This structure, that figured in Arnold's plate, Table vi. 4, *r*, the "filamenta lateralia" of Stilling, and fourthly, the "processus arciformes" in the medulla oblongata, are by no means either constantly present, or, when present, uniform in size. But the most anterior of these four sets of half-hoops, or fibræ arciformes,—that, namely, which I have just been attempting to describe—is undoubtedly but rarely wanting in the brain of the sheep, dog, or cat, though it is scarcely ever indicated, however faintly, in that of man; while the three posterior sets, though by no means constantly to be found in the human brain, are yet, as a general rule, better marked there than in the brains of the lower animals.

Oxford.

CASE OF POISONING BY CORROSIVE SUBLIMATE.

By JOHN COGHLAN, M.D.
Presidont of the County of Wexford Medical Association.

As an opportunity rarely presents itself of observing the effects of a poisonous dose of corrosive sublimate uninfluenced by Medical treatment, for so long a time, I think it well to send a report of the following case.

Four weeks ago a stout healthy lad, aged 19, suffering from gonorrhœa, was advised by a tradesman working in the same employ, to dissolve a pennyworth of corrosive sublimate in a gill of whisky, and take one-eighth of the quantity three times a-day. He purchased the sublimate from a respectable Apothecary here, who weighed out to him about eighty-five grains, and as it is commonly used for a variety of purposes, the Apothecary simply labelled it "Poison," and desired him not to poison himself. He made the solution, and about eight o'clock in the morning, before taking any food, he took rather more than one-fourth of a wine-glass of it, which must have contained at least twelve grains of the poison. Within three minutes after taking it, he vomited, and continued retching violently; after about ten minutes he drank half-a-pint of water, which was immediately vomited. He was purged within a quarter of an hour, and seven times afterwards between that time and seven o'clock in the evening, at which hour I visited him. I found him in bed; he was cold; pulse 136, and very feeble. He was retching when I entered, and the scanty mucus which he threw up was streaked with blood. On inquiring, I learned from him the history of his case as I have told it; and he stated that the reason why he had not applied to me before was, that he felt ashamed of the whole affair. On examination I found the tongue and mucous membrane of the mouth and throat highly injected, and the tonsils covered with a little bloody mucus. There was some, but not much, tenderness on pressure over the abdomen. He had taken nothing but water during the day, and that was rejected immediately it was taken. Under these circumstances, I had his feet wrapped in warm flannel, a mustard-plaster applied to the epigastrium, and though I did not suppose that any of the poison remained undecomposed after so long a time from being taken, yet I had a mixture of raw eggs and milk given him, a table-spoonful at a time; I then left, and on my return after an hour, was glad to find that he had become warm, and had retained some of the milk and eggs on his stomach. I then ordered a mixture containing six drops of tincture of opium to each dose, to be given every half-hour till the vomiting was relieved; the milk and eggs to be continued as before. After the second dose he fell asleep, and did not awake for some hours. On the following morning, I found him with some soreness in his throat, and very weak; but all the distressing symptoms of the previous day had disappeared. On the third day after his gums and teeth became tender, and he had a well-marked mercurial fetor from his breath, but it soon subsided; and by keeping him on a bread-and-milk diet for some days, he has perfectly recovered.

Wexford.

FATAL CASE OF SECONDARY HÆMORRHAGE,

RESULTING FROM THE SEPARATION OF A SLOUGH IN THE COURSE OF THE UPPER THIRD OF THE POSTERIOR TIBIAL ARTERY; OCCURRING AS A CONSEQUENCE OF A GUN-SHOT WOUND.

By Staff-Surgeon DUNCAN R. RENNIE (late 10th Foot).

The following case of Secondary Hæmorrhage is the only one I have witnessed in the course of the recent campaign in India; it occurred in September, 1858, when I was in Medical charge of a detachment of Her Majesty's 10th Foot, and the Second Seikh Police Battalion at Bulleah.

Sepoy D. S., a Seikh, belonging to the Police Battalion, came under my care on September 9. I found him in a state of great debility, with a gun-shot wound in the upper part of the left leg, immediately below the knee-joint. The bullet had entered from the inside of the tibia, near the knee, coming out at the opposite side close to the edge of the fibula. At this time there was a profuse discharge of thin fetid pus from the outer and larger opening where the bullet had made its exit. The man was also much emaciated; the wounds were in a very unhealthy state generally, and hectic, accompanied by diarrhœa, had supervened.

On inquiry, I found that he had been wounded fourteen days previously, at an affair between the Seikhs and rebels, about thirty miles from the camp at Bulleah, and had lost a good deal of blood on the occasion; also that he had not been seen by an European Medical officer up to the time of his being brought to me. Measures were immediately adopted to improve his strength, and the following day, as he seemed to have ralled a little, I made a more careful examination of the wound. I found that both bones were splintered in the direction of the joint, also that a large sinus had formed, and that the least pressure on the knee caused a discharge of fetid pus from the outer opening.

I should have proceeded at once to remove his limb had there been any signs whatever to warrant the supposition that he would have borne the operation; a weak, flabby heart, also, contraindicated the use of chloroform. Under all the

circumstances I had no resource but to endeavour to improve his general health by wine and other nutriment, until such time as there was reasonable hope that he would be able to bear amputation. He, however, made no progress, but became weaker from day to day, and exactly one month after the receipt of the injury a small slough which had formed at the bottom of the outer wound separated, and was followed by a gush of arterial blood, which was reported to me not to have exceeded four ounces, and from what I saw when called to the patient I should say that it did not exceed that quantity. The hæmorrhage was immediately arrested, but he died fifteen minutes afterwards. I regret that, from religious scruples, I was not permitted to examine the parts after death. The only remark I have to make in connexion with the case is, that secondary hæmorrhage, as a complication of gun-shot wounds, is frequent enough, but that it generally takes place at a much earlier period than in this case, and usually results from excessive arterial excitement displacing coagula from the mouths of vessels—occurring most frequently within two or three days after the injury. I have never seen a case originate in a manner similar to the one now recorded.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

RUPTURE OF POPLITEAL ARTERY—LIGATURE AT THE INJURED SPOT—GANGRENE—AMPUTATION—DEATH.

(Under the care of Mr. POLAND.)

Let us suppose that a man is admitted with a painful swelling in the upper part of one calf, and with the statement that it has been caused by a severe kick from a horse, received while tipsy, on the previous day. The position of the tibia, with regard to the femur, is normal; and there is no pulsation in the swelling, nor any laceration of the skin. Under such circumstances it would certainly never suggest itself to the mind of the Surgeon that the popliteal artery was lacerated for more than an inch in length, that the crucial and posterior ligaments of the knee-joint had been ruptured, that the internal head of the gastrocnemius had been torn, and that, indeed, the case was one of reduced dislocation of tibia, with most excessive injury to all the parts concerned. Such is, however, a brief *resumé* of the principal features of the case we are about to relate. Apart, however, from its interest as an example of most extensive internal injury, with very inadequate symptoms, the case is very important in its surgical bearings. We have recently had to record several cases of false aneurism following injuries to arteries, and without a wound of the skin. The popliteal artery is one which might have been supposed to be exceedingly well protected from danger of such injury, and very few instances of ligature of this vessel are on record. In the present instance the man's constitution was, unfortunately, such as to prevent his recovery; but there can be no doubt that the bold measure of treatment adopted by Mr. Poland was the one which afforded him the best, almost the only, chance of recovery. It is certainly a singular fact, in the symptoms of the case, that, with so large a laceration in such an important vessel, the tumour caused should be no larger than it was, and that it should have been without pulsation. This was, however, fully explained at the operation, by the discovery of a plug in the proximal part of the vessel. The hæmorrhage, by which the tumour had been formed, had, in all probability, come from the lower part of the injured vessel.

T. H., aged 30, a cabman, of intemperate habits, was admitted into Guy's Hospital at 11.30 a.m. on January 26, 1860. He complained of a feeling of tension and pain in the calf of the left leg, which was swollen and slightly discoloured. There was a mark of a bruise on the inner side of the leg just below the popliteal space, which he said had been produced by a kick from his horse. Neither the anterior or posterior tibial arteries could be felt to pulsate. The leg and foot were cold, and he could not move his toes, although he had not entirely lost sensation. No pulsation could be felt in the popliteal swelling, which was hard and tense. This raised the question as to whether it might not be the vein, or one of the sural arteries, that had been ruptured. His account of the accident (which had occurred at 6 p.m. on the evening previous to admission) was that his horse kicked him, striking him on the leg and knocking him down; but, as he was the worse for liquor at the time, and no one else was present, it was doubtful whether his statement was quite correct. After the accident he was taken home. The leg increased in size during the night, and became so painful in the morning, that he came to the Hospital as stated above. On admission, he was placed in bed; ice was applied to the swelling, the rest of the leg was wrapped in flannel and then covered with cotton-wool, and a hot bottle applied to the foot. A pill containing a grain of opium was given directly, and repeated at 4.30 p.m. and at 6 p.m.

At 7 p.m. the patient was placed under chloroform (the swelling and pain not having been checked by the ice), and Mr. Poland made an incision of from seven to eight inches in length, commencing at the upper part of the popliteal space. The popliteal artery was found torn and injured for about an inch and a-quarter in length, but not divided. The upper portion of the artery was plugged by coagulum, and the hæmorrhage appeared to have come from the lower end. (This would account for the want of arterial impulse.) The artery was tied above and below the injured portion. No clot was found, but some fluid blood escaped on making the incision. The popliteal vein was not ruptured, but did not look quite healthy, and the inner head of the gastrocnemius was torn. The man appeared much relieved by the operation; the wound was merely covered with a piece of wet lint, and the whole leg wrapped up in cotton-wool. A grain of opium was given at 10 p.m., and repeated at 1 a.m. and 4.30 a.m.

On January 27 the note states that the man had passed a pretty comfortable night, and that the temperature continued to be maintained. About 2 p.m., however, he began to have symptoms of delirium tremens, and in the course of the evening became delirious. Opium was now ordered, which was repeated freely during the night, together with gin *ad libitum*.

On January 28, at 4.30 a.m., there was a slight oozing of blood from the wound, and, on examination, the leg was found to be rather colder than the other. Gangrene set in rapidly during the morning; and at three in the afternoon, as a last resort, Mr. Poland removed the limb, amputating at the lower third of the thigh, the man being under chloroform at the time. The stump was wrapped in cotton-wool; as much wine as he could take and opium were given him; but he became very restless and delirious, and died at 2.30 p.m. on January 29.

On examining the leg after removal, the popliteal artery was found torn for about an inch and a-quarter of its length. The vein was unhealthy, and pus was found close to its sheath. The internal popliteal nerve had been injured. The posterior and crucial ligaments of the knee were ruptured, and the femur had evidently been dislocated backwards, and replaced again.

The following three cases from Dr. Habershon's wards are interesting as examples of the disturbance of different nervous functions in connexion with albuminous urine. The occurrence of more or less complete amaurosis in all is also a feature of interest amongst ophthalmic Surgeons. The frequency of this latter coincidence has long been noticed; and, at the Moorfields Hospital, a form of retinal apoplexy is well recognised, the discovery of which always leads to the suspicion of renal disease. It is to be regretted that, in Dr. Habershon's cases, the ophthalmoscope was not employed. Had it been, we have little doubt that a purpuric condition of the retina would have been discovered.

CHRONIC ALBUMINURIA—GREAT IMPAIRMENT OF VISION.

(Under the care of Dr. HABERSHON.)

R. C., aged 34, a shoemaker, living at Homerton, was admitted into Guy's Hospital on November 2, 1859. He was a man of short stature, anæmic, and affected with general anasarca in a moderate degree. After ex-

posure to cold and wet three years ago, he was seized with pain in the back, nausea, cramps in the legs; the ankles, and afterwards the rest of the body, became swollen. Since that time he had not been well, although he had sometimes improved considerably. Two weeks before admission he experienced the sensation of dark spots in his field of vision, his sight became feeble, and he had pain in the forehead over both eyes, which continued till the time of admission. On November 2 the anasarca was slight, less so than formerly, the skin not particularly dry or harsh, the pulse sharp, but compressible, and the impulse of the heart increased, no bruit was present. The respiration at the apex of the right lung was coarse, but at the bases of the lungs healthy. There was slight tenderness in the loins; the pupils acted sluggishly under the influence of light, but no physical defect could be detected in the eye by ordinary examination. The urine was at first scanty, of smoky colour, and contained blood; but it afterwards became abundant, clear, and much less albuminous before he left the Hospital, on Jan. 16, when the specific gravity was 1015. The feebleness of sight still continued, but he became able to distinguish the features of any one speaking to him, which he had not been able to do a few weeks previously. The pain in the head sometimes became severe; it was always increased when preparations of iron were given, at first the solution of the acetate with solution of acetate of ammonia, and afterwards the syrup of the iodide were tried; counter-irritation to the neck did not afford any relief. The dilute solution of acetate of ammonia was of as much value as any medicine; but improvement, although slight, was more marked after his diet had been made more generous, and a few ounces of sherry were given; but for some time no stimulants had been allowed.

ACUTE ALBUMINURIA—GREAT IMPAIRMENT OF VISION.

(Under the care of Dr. HABERSHON.)

S. A. Y., aged 25, was admitted into Guy's Hospital on Oct. 21, 1859. She had resided at Stockwell, and had employed herself at needlework. One month before admission she got her feet wet, and the legs began to swell in two days, preceded by a sensation of general coldness, and headache with vomiting. There was general anasarca at the period of admission, the urine scanty, of smoky colour, and highly albuminous. There was no dyspnœa, or any evidence of affection of the serous membranes. Acetate of ammonia with antimonial wine and compound jalap powder were given. In a few days she complained of great exhaustion, and the pulse became very compressible; stimulants increased the anasarca and the distress. At the beginning of November she began to complain of indistinctness of vision, which gradually increased so that at the end of the month she could not see the food upon her plate. The pupils were enlarged and clear. Her mind was somewhat confused, so that she said that she was scarcely able to collect her thoughts. The quantity of albumen slightly diminished and iodide of iron was given. On November 25, feeling more comfortable, she was allowed to sit up, and in the evening was seized with an epileptiform convulsion. The bowels were acted upon by an enema, and a blister applied to the neck. Elaterium was afterwards given. On the 30th the mind was still confused, the urine smoky, the pulse very compressible, and the anasarca increased, the sight almost gone. A cupping-glass was applied to the loins, acetate of ammonia given, and ʒiv. of sherry wine. A considerable quantity of serous effusion took place from the loins. The patient slightly and slowly improved, and the sight became rather more clear; she left the Hospital on December 23, being very desirous of spending Christmas-day at home; and since that time has remained nearly in the same condition, becoming, however, more prostrate.

The latter case was one of acute albuminuria, following exposure to cold and wet; the amaurosis came on during the early stage of the disease, and rapidly increased. In the previous instance the renal disease had existed for nearly three years, and the anasarca was much less.

ALBUMINURIA—EPILEPSY—AMAUROSIS—HYPERÆSTHESIA, WITH DIMINISHED MOTOR POWER.

(Under the care of Dr. HABERSHON.
[Reported by Messrs. TRUMAN and DAVY.]

J. H., aged 31, for eight years a painter, was admitted into Guy's Hospital on July 25, 1859. His state of health generally was not robust, but he had not suffered from any serious ailment till six years ago; with the exception of an attack of pleurisy when a child. His father had been subject to gout. For eight years he had been a painter, but had never suffered from colic. Six years ago he had three fits in the space of six weeks; during each fit he became insensible, but did not foam at the mouth or bite his tongue, but was violently convulsed. The third fit occurred while he was asleep; each one continued for about twenty minutes, and he was semi-comatose for about an hour, but had no paralysis. Shortly after one of the fits, he cannot recollect which, he had weakness in all his limbs, so that he was unable to stand, but could move his limbs slowly. At the same time his speech was affected, the tongue was protruded towards the left side. His sight began to fail; first having double vision, and then gradually increasing dimness of sight. The affection of the extremities slowly disappeared. About a month before admission, he experienced severe pain in his sacral region, which extended up the spine as high as the nape of the neck, and also down his legs and shoulders; for the first three weeks of the month he had slight delirium, vertigo, loss of memory, and felt unable to think. Three days after the commencement of the attack the legs began to fail, then the arms, the loss of power being preceded by numbness; and these symptoms have increased. He had for the last month perspired profusely.

On admission he was slightly anæmic; of dark complexion, and spare habit. The skin warm, and sometimes he perspired exceedingly; had slight headache; sight very imperfect, so that he could not distinguish the features of anyone standing close to him. His pupils contracted tolerably well; the sensibility of the left eye was less than the right; but no physical defect could be observed in the eyes. He complained of an occasional tingling or burning sensation in the left leg and foot, and in both arms, continuing for an hour or two; these sensations were produced or increased by rubbing the limbs. The sense of touch was imperfect in the hands. He could move the limbs slowly, but perfectly; but the hand had a tendency to become bent upon the forearm; he was unable to sit up in bed for more than a short time, on account of the weakness of the back. The muscles of the face twitched slightly, and he frequently sighed. Thoracic viscera appeared healthy. The bowels were open regularly, and the appetite was tolerably good. The thirst was considerable, but the urine was scanty and highly albuminous. There was no œdema of the feet or body generally, but very slight puffiness of the eyelids; and no lead line along the gums. Ordered—Syrup of iodide of iron ʒj. three times a-day, in water; porter Oj.; meat diet.

August 5.—He stated that he had lost flesh since admission. Was much troubled with involuntary muscular movements on attempting to sleep, more especially in the left side. There was hyperæsthesia of the hands and feet, extending upwards as far as the carpal and tarsal joints. The right hand was quite free from pain unless touched, except the thumb and forefinger; these ached as far as the radial articulation, and the hyperæsthesia was more marked in them. The left hand was less acutely sensitive, but there was constant pain in the whole of that hand, a sense of burning in the palm, and throbbing at the terminal phalanges. He compared it to his fingers having been tightly squeezed in a vice. In his hands the hyperæsthesia was modified according to the thickness of the cuticle. In his feet there was aching only of the left side, and inability to move his toes; the hyperæsthesia was more exalted in the left than the right foot, and most marked on the sole, and did not extend further than the ankle joint. His urine was still highly albuminous, becoming almost solid by boiling—specific gravity 1017, and free from sugar. His bowels were regularly open, the tongue clean, but injected at the centre and tip. The amaurosis of the left eye was almost complete, but he could distinguish light from darkness; the sight of the right eye very imperfect. The pupils were equal, but acted very sluggishly.

15th.—The hyperæsthesia was very marked; the alighting of a fly upon it was almost intolerable, causing involuntary muscular action and deep sighing; he was melancholic, and appeared daily to lose flesh.

18th.—The hyperæsthesia extended to the left side of the face; his countenance anxious, and he complained of ex-

haustion. There was profuse perspiration, which produced "pins and needles," and pain, which subsided with lessened perspiration. His nights were restless — disturbed by startlings and unpleasant dreams; he always imagined himself in some inextricable trouble. His rest at night was improved by the administration of chloric ether or of opium.

22nd.—His face was œdematous, and his hands swollen; he complained of pain across his forehead, and constant pain in the left leg. He was unable to stand on account of the excessive pain produced, and was unable to feel when anything was placed between the fingers, merely knowing it by the sense of sight. Iodide of potassium was prescribed: grs. iij. three times a-day.

27th.—The hyperæsthesia almost disappeared, and he slowly regained the use of his hands and feet; the joints felt stiff, but the sensation of the fingers not returned. He was able to sit up.

29th.—Daily improvement took place; his strength increased, and he was more cheerful, his nights less restless, and urine less albuminous. He still complained of acute pain in the palm of the left hand and the sole of the left foot; the former was constantly felt when he was in bed.

September 24.—He had slowly improved up to this date, so that he was able to go about the ward with comfort. His sight was in the same state as on admission; his hands were stiff, but free from pain; the pain in the left side of the foot came on on lying down or rising up; and slight muscular contraction continued on the right side of the face. The albumen was persistent in the urine.

Dr. Habershon's Remarks on the above Case.—In this case it was doubtful how long the patient had suffered from albuminuria, and whether it was the cause of the epileptic fits which took place at the commencement of his illness six years ago; it was equally doubtful whether the influence of lead absorption had any effect in causing or aggravating his state. He had not been engaged as a painter since the first epileptic fits, nor did any lead-line exist on admission into Guy's Hospital. The albumen was very abundant in the urine, and was persistent during the whole of his stay in the Hospital. Albuminuria is well known as a cause of epileptic convulsions and of transient modifications both of motion and sensation. In this patient the left side of the body and the right side of the face were especially affected, twitching of the muscles of the latter, and diminished motor power of the former; but for many weeks the sensibility of the hand and foot were greatly increased and affected with constant pain; sometimes the hyperæsthesia gave place to anæsthesia, and there was numbness or actual loss of sensibility of the hand. The greater affection of sensation than of motion corresponded to observations frequently made in functional cerebral disease, ordinarily so called, and such, we believe, was the character in this case. We were disposed to attribute the amaurosis to the renal disease, as in the previous instance.

THE LONDON HOSPITAL.

OBSTRUCTION OF THE BOWELS—OPERATION FOR ARTIFICIAL ANUS—DEATH—AUTOPSY.

(Under the care of Mr. LUKE.)

The following are brief notes of a case in which, a few weeks ago, Mr. Luke opened the abdomen, in order to relieve symptoms of obstructed bowel caused by cancer of the rectum. We mentioned, about two years ago, a somewhat similar case in the same Hospital, in which Mr. Adams performed a like operation. In that instance the patient recovered, and survived for some months, her life having undoubtedly been saved by the artificial anus. It is a question on which some difference of opinion prevails, whether, in these cases, it is better to open the colon behind in the loin (Amussat's operation), or to proceed in the manner practised by Mr. Luke and Mr. Adams.

A man, aged 45, was admitted on December 15, suffering from constipation and sickness, which latter occurred several times during the day, but was not fœcal. The bowels had not acted for eight days prior to admission. The patient had had similar attacks, off and on, for a period of about six weeks. On examination of the rectum by the finger and long tube, a narrowing of the gut was diagnosed about five or six inches from the anus, and the body of the gut below this was made out to be unnaturally distended. There existed on both right and left sides a reducible inguinal herniæ, larger in the latter than the former situation, but these ruptures did not appear to have anything to do with the symptoms under which the patient was suffering. Two days having elapsed with an aggravation of the symptoms and great constitutional depression, Mr. Luke performed an exploratory operation. Having reduced the left inguinal rupture, the canal was laid freely open, and the incision prolonged from its limits somewhat upwards and outwards. The index finger was passed through abdominal opening deep into the cavity, and near the brim of the pelvis a hardened narrowed portion of the rectum was detected. The sigmoid flexure was then drawn towards the inguinal incision, and was fixed and opened in the usual manner. The patient survived the operation only six hours.

At the post-mortem examination the disease of the rectum was found situated about six inches from the anus, and was constituted by a deposit of cancer beneath the mucous membrane which latter had been much protruded, and the cavity of the bowel encroached on, so as only to admit of the passage of the little finger. At the upper and lower border of the diseased growth, the mucous membrane was much gorged and ecchymosed, and at the middle it had ulcerated away. The growth encircled the calibre of the bowel, and extended for an inch in length in its vertical axis.

KING'S COLLEGE HOSPITAL.

MEDULLARY TUMOUR OF THE CALF—ATTEMPTED REMOVAL—AMPUTATION ABOVE THE KNEE.

(Under the care of Mr. FERGUSSON.)

A woman, of middle age, was brought into the theatre on Saturday last for the removal of a large tumour from the back of the leg. The patient had had the disease for three years. It had steadily increased in size, and was now becoming a great inconvenience. She was admitted into the Hospital a few weeks ago. There was great doubt as to its nature, and as to its attachments. Mr. Fergusson was led to attempt its removal by the success which attended a former case, in which he was able to remove a tumour presenting similar appearances. In the present case he first made a puncture into the part, to ascertain if possibly it were a cyst; nothing but blood followed. Mr. Fergusson then made free incisions over it, and attempted the removal. As he had anticipated, the tumour was under the superficial layers of muscles, but it was so firmly attached to the deeper layer, to the bone, and also to the back of the knee-joint, that further attempts at removal were not warranted. In addition to this there was pretty free bleeding. Mr. Fergusson then removed the limb by amputation above the knee. There was scarcely any hæmorrhage attending this, one vessel only requiring a ligature. Mr. Fergusson then showed the tumour *in situ*, and made a further dissection of it. It laid so closely upon the artery that its separation would have been impossible without wounding that vessel. The posterior tibial vein was expanded over the mass. On cutting into the tumour a small cyst was found in it; but the chief mass, Mr. Fergusson said, was medullary.

ROYAL LONDON OPHTHALMIC HOSPITAL.

LACERATION OF THE UPPER LID—GREAT DIFFICULTY IN PROCURING UNION.

Every now and then, after operations for hare-lip and other plastic procedures, on removal of the sutures, the parts again separate, to the great disappointment of both patient and Surgeon. The following case may serve as a good model of the persevering treatment which ought to be pursued under such circumstances:—

A healthy lad, aged 15, had the upper eyelid of his left eye torn by catching it on a hook. The laceration involved the cartilage, and extended from the free border of the lid.

in a direction upwards for at least half-an-inch, causing a gaping wound. He was taken to St. Thomas's Hospital shortly after the injury, and the torn parts were united by sutures. The accident occurred on Friday, December 23. The sutures tore out, and on the Monday following he was brought to the Ophthalmic Hospital with a large and most unsightly wound. The House-Surgeon to the Hospital lightly refreshed the edges, and put in wire sutures. These again tore out, and the wound gaped as before. Hare-lip pins were now used, but for a third time the hopes of union were disappointed. On January 9, more than two weeks after the injury, Mr. Dixon had the boy put under chloroform and pared the edges freely, and having done so passed a hare-lip pin a little above the free edge of the lid and at a considerable distance from the margin of the wound, so as to give it good hold. The upper part of the wound was brought together by two points of interrupted suture. From this last (the fourth) operation most perfect results were obtained. The parts united firmly, and a fortnight later, when the boy came under our observation, only a linear cicatrix was visible, and there was no irregularity in the contour of the lid.

IMPAIRMENT OF SIGHT CONSEQUENT UPON LIGHTNING.

H. N., a delicate-looking girl, aged 12, was admitted on July 12, under the care of Mr. Dixon, with the statement that she could see but very imperfectly with the left eye. It appeared that three years before she had been dazzled by a very vivid flash of lightning, after which her eye inflamed. It remained weak for a time, but subsequently quite recovered. She attributed the relapse, which had occurred during the last week, to the effects of a vivid flash of lightning which she had seen during one of the then prevalent storms. On examination with the ophthalmoscope the humours were seen to be perfectly clear, but the retina itself was congested and slightly hazy; there was no intolerance of light, and the examination did not in the least distress her. The difference in transparency between the two retinæ was decided. As the child was delicate looking and had a feeble pulse, it was evident that tonics were indicated. She was ordered to take half-a-grain of quinine three times a-day, and to have a blister behind the left ear. The blister was repeated at intervals of a fortnight three or four times. In October a second ophthalmoscopic examination was made, and although she could now see much better with the left eye, yet its retina presented a decidedly different degree of transparency from that shown in the right. The quinine mixture was continued until the following January; throughout she had been ordered a liberal diet and perfect rest of the eye, as regards reading and needlework, had been enjoined. On January 9 she was discharged, being now able to see nearly equally well with either eye.

SYPHILITIC IRITIS IN AN INFANT.

Emily C., a very puny infant, aged four months, was admitted a few weeks ago, under Mr. Dixon's care, into the Moorfields Ophthalmic Hospital. Her mother brought her because she was anxious to know whether her sight was impaired, and not because she supposed there was any inflammation or other active disease about the eye. On inspection both pupils were seen to be very irregular, from the effects of past iritis, and thin films of false membrane extended in front of the lens. The mother on being questioned said at first that the child had not had any inflammation of the eye whatever; but when pressed, she admitted that on one occasion the eye had been "a little red for a few days." This attack had occurred about a month ago—it had now wholly passed off, and there was not the slightest congestion of the sclerotics. The corneæ were perfectly clear. The history of the infant was that when born she looked quite healthy, when a week old she had a fit, and soon afterwards began to snuffle badly in the nose, and had a rash on the buttocks, which lasted for some time, and was very troublesome. Her mother had borne six children; of these the eldest, a girl, died of fever at the age of six; the second, a boy, was still living; the third, a girl, died when sixteen days old, "of water on the head;" the fourth (a), a boy, died when five days old in a fit; the fifth, a boy, died at the age of seven months, "of water on the head," and the sixth is the subject of the present case.

The mother, on being questioned, denied having ever had any venereal disease; but she was cachectic, and had several deep scars on the forehead, which resembled those left by syphilitic ecthyma.

This case is, like several others which we have recently quoted, of importance, as showing, how slight may be the outward symptoms of an attack of infantile iritis. As in all of the last five cases we have reported, the infant was of the female sex.

(a) The mother stated respecting this infant that it had no passage; and on questioning her it seemed probable that it had been the subject of imperforate anus.

THE CITY INFIRMARY FOR CONSUMPTION.

SIMULATION OF PNEUMOTHORAX BY AN ENORMOUS CAVITY IN THE LUNG.

(Under the care of Dr. JAMES JONES.)

The following case is interesting as an example of the simulation of the physical signs of pneumothorax by an unusually large tubercular cavity. The size of the cavity, and the almost complete limitation of disease to one lung, are also features of interest:—

M. A. T., aged 26, was admitted an out-patient of the Infirmary for Consumption, February, 1859, under the care of Dr. James Jones. The early history of her case, so far as could be learned, presented all the symptoms of slow phthisis. At the time of her admission she was much wasted, pale and weak. The left side of the chest was very resonant throughout, except over the posterior part of the lower lobe of the lung where, for the space of four inches, there was well-marked dulness on percussion. Amphoric resonance was heard all over the side, but loudest between the fourth and sixth ribs, where, also, metallic tinkling was frequently audible. Pectoriloquy was painfully strong. There was no displacement of the heart, no distension of the intercostal spaces, nor was any change in the site of the dulness on percussion produced by alteration of posture. About two months before death, œdema set in in the feet, and soon became general. The lips were not livid until the last week of life. Dyspnœa increased concurrently with the œdema, and loud mucous *râles* were audible all through the right lung. There was abundant expectoration of a mixed kind, partly muco-pus and partly viscid mucus. From the setting in of œdema the urine became loaded with albumen. Consciousness remained perfect to the last. She died on December 19.

Necropsy.—The right lung was found completely excavated from the apex downwards, to within about three inches from the base. The interior of this huge cavity was smooth, the lower part being imperfectly succulated. Its external wall was from one to two lines in thickness, and strongly adherent to the costal pleura. It contained about half-a-pint of very fluid pus. Several bronchi of the third and fourth magnitudes opened into it: some above and some below the level of the fluid. The right lung was highly congested, exuding on incision an abundance of frothy fluid. It contained a sprinkling of granular gray tubercles. A tubercular cavity the size of a kidney-bean, was found in the apex. The liver was healthy and free from tubercle. The heart also was healthy. The kidneys were not examined.

The points of interest of this case, as pointed out by Dr. J. Jones, are,—

Firstly. The almost complete absence of old-standing disease in the right lung at a period of so advanced disease of the left.

Secondly. The enormous size of the cavity, which excavated nearly the whole of the lung. The continuance of life under such circumstances depended to a great extent on the capabilities of the other lung in performing the functions of respiration to the extent necessary for existence.

Thirdly. The almost perfect simulation of the physical signs of pneumothorax resulting from the large size and the smoothness of the interior of the cavity, the thinness of its external walls, and their close adhesion to the thoracic parietes. Generally when amphoric resonance and the metallic clink are produced by tubercular cavities, they are heard only in the upper part of the chest—in a word, over the cavity—but

here they were audible all over the chest, and most clearly between the fourth and sixth rib, as is usually the case in pneumothorax. A splashing sound was heard low down in the chest when the patient coughed. No respiratory murmur was audible in any part of the left side, the portions of lung which were left unconsumed by the disease being too much solidified to admit the entrance of air into their structure. The absence of any displacement of the heart, or of distension of the intercostal spaces, could not much assist the diagnosis, as their presence or absence in pneumothorax must depend on the greater or less freedom of communication, through the bronchi, between the air in the pleural cavity and the external atmosphere.

In the investigation of cases of this kind, the absence of suddenness in the manifestation of the physical signs will assist the diagnosis. A tubercular cavity is formed with comparative slowness, and the stethoscopic signs gradually develop themselves; but pneumothorax, arising from the formation of an opening between a vomica and the cavity of the pleura, is sudden: to-day there is no amphoric sound, to-morrow there is. The advanced period at which these cases frequently present themselves at the Hospitals and Dispensaries unfortunately, however, deprives us of this source of information.

The various amounts of resonance to the stroke in different parts of the chest, depending on the usual inequality of the thickness of the external walls of the cavity, will also afford some assistance.

The quantity of fluid, also, contained in the cavity is seldom so great as to cause a marked change in the seat of dulness on percussion by alteration of posture. Besides which, the irregular shape or sacculated condition of the bottom of the cavity, where the progress of excavation is most recent and imperfect, prevents its fluid contents from flowing freely, whereas, in pneumothorax any fluid present immediately changes its seat, in accordance with the posture of the patient.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 415.—Attitude of Persons Killed by Lightning.

"That which particularly characterises the effects of lightning," writes M. Boudin, "is its suddenness. At one time, the individual is killed dead on the spot, remaining in a sitting posture, or even on horseback. At another time he is thrown a long distance." The first mention made of this kind of death is in the history of Alexander: "During a dreadful tempest," says Quintus Curtius, "which destroyed a thousand men, some were found supported against trees, as if still alive and talking with each other, and just in the attitude in which death has surprised them." According to Carden, as quoted by Rivière, eight reapers taking their food under an oak were struck by lightning, and died preserving their attitude—one of a man eating, another drinking. In Lorraine a woman and one of her children were killed, and remained in a sitting posture. At Dover, a man killed with four horses was found sitting under a bush. A man of law at Troyes was killed by lightning when on horseback; the animal still continuing his journey, brought home his dead master, retaining the posture of a man on horseback. On July 11, 1819, at Château-neuf, three fire-balls fell on the church. Nine persons were killed and eighty-two wounded. All the dogs found in the church were killed, and retained the attitude which they previously had. On January 22, 1849, a goat was killed near Clermont, and found sitting upon his hind-quarters with a branch of green leaves in his mouth. Now this phenomenon is sometimes equally observed in persons killed by fire-arms. In the *Morning Herald* of November 8, 1854, the following details are given of a visit to the field of Inkermann, immediately after the combat: "Many faces still seemed to smile; others had a threatening look; some bodies had a funereal *pose*, as though laid out by friendly hands; others still knelt upon the ground, convulsively grasping their weapon, and biting a cartridge. Many had their arms raised as if endeavouring to ward off a blow, or as if desiring to offer a last prayer. All their faces were pale, and the fierce blowing wind seemed to animate their dead bodies; one would have said that these long lines of the dead were about to rise to recommence the struggle." M. Boudin writes the same thing of the appearance of many of the Russians after the battle of the Alma: "Some seemed still writhing in the agonies of despair and death, but the most wore a look of calm and pious resignation. Some appeared to have words floating on their lips, and a smile as in a sort of high beatitude. One was particularly observed, his knees bent, his hands raised and joined, his head thrown back, murmuring his supreme prayer." At Magenta again many dead bodies, as we are informed by Surgeon-Major Armand, of the Army of Italy, maintained the attitude they had when struck, passing instantaneously from life to death, without agony or convulsion. A Zouave struck point blank in the chest, still held his bayonet in the position of the charge, with the menacing aspect of a dead lion. His Majesty the Emperor is said to have remarked a similar case at Palestro. Near to the Zouave was an Austrian, dead from hæmorrhage, lying in a pool of blood. His face and eyes were turned to heaven, his hands joined, and fingers stifly interlaced, evidently in the attitude of prayer.

No. 416.—A British Doctor of 1612 on Eggs.

"Egges be of that kinde of meate, which in a little quantitie nourish much, as Avicen writeth. Wherefore they are reckoned in Scho. Sal., together with other very nourishing things, as followeth:—

'Ova recentia, vina rubentia, pinguia jura,
Cum simulâ purâ, naturæ sunt valitura.'

That is to say, new laied egges, chiefly the yolkes, red wine, and potage or broth of good flesh, as of mutton, veale, capon, or chicken, especially being made with fine flower or grated bread, these are very comfortable and restorative for man's bodie, and these three would I wish to be much used of students, for they most neede nourishing matter. . . . . Fried eggs engender ill humours, annoy the stomach, and cause corrupt humours to rise in the head. Eggs should in no wise be eaten hard, but being in meane betweene rere and hard, which Galen calleth *ova tremula*; yet rere eggs, named *ova sorbilia*, little more than through hot are good to clere the throate and breast; and they doc ease the griefes of the bladder and reines made with gravell. And if a man would break his fast with a light and nourishing meate, then I say there is nothing better than a couple of egges potched, or the yolkes of two egges sodden rere and put in one shell, seasoned with a little pepper, butter, and salt, and supped off warme, drinking after it a good draught of claret wine. This I know to be often used to the wisest men in England—

'Singula post ova; pocula same nova.'"

Haven of Health. By Thomas Cogan, Master of Arts and Bachelor of Physicke.

No. 417.—Pichegru's Death.

"He had," says M. Thiers, "borrowed from M. Réal the works of Seneca. One night, after reading for several hours, and leaving the book open at a passage where the question of suicide is treated, he strangled himself by means of a silk cravat and a short stick which he had used as a lever to tighten it. Towards the end of the night the guards hearing a noise in his room, entered and found him suffocated, his face red as if he had been struck with apoplexy. The autopsy, performed by Chaussier, showed that there was no cerebral hæmorrhage, but merely turgescence of the encephalic veins."

No. 418.—Species of French Doctors.

"It is the world, my friend," writes a Frenchman, "which makes the fortune of a Doctor; most rarely do his brethren help him to it. And when we seek the motives of the world, which make it so enamoured of this or that Doctor; when we ask how it is that so many *confrères* of highly superior intellect to those whom Fortune caresses, we find ourselves in the face of an enigma. See the funny gallery of portraits which success spreads before us! First, there is Dr. Prudhomme. Large and fat; face round and jolly, with a look of satisfaction spread over all his body; eternal black clothes, and white neck-tie; gold spectacles; thick eyebrows; grave and solemn air; uttering the most trivial facts with a loud, sententious voice. Is he learned and wise? All that is known of him is his Inaugural Thesis. Nominated President of a Society in his district, he is known to have returned thanks: "Gentlemen—this chair . . .

is the happiest day of my life." How has this heavy, vulgar man managed to penetrate into such an excellent practice? Enigma one. Then comes Dr. Ecureil. This man runs, turns, ascends, descends, and is ever in motion. Little, thin, quick-eyed, cane in his hand, saying good-day on the run, having time neither for eating or drinking, making twenty or thirty visits a-day. How did this little piece of rapid mechanism captivate the public? Enigma two. Next I present to you Dr. Charabias. Red, short, jolly, good fellow, making a regular hash of grammar, seasoning his sentences with well-marked *auvergnat* tapping his male clients on the stomach, and his female ones on the back: Good day, old fellow! good evening, my dear! When he started he used to write in his prescriptions, *Leaudanon de Sidenham, cinapism, etc.;* but the pharmacien has somewhat reformed his education. This man tires two horses a-day! Dr. Jocrisse is incomprehensible. He has an unalterable formula of questions. A proprietor gathering cherries falls, and impales himself. Dr. Jocrisse is called, and gravely asks as follows:—What age are you? Are you left-handed? Where have you pain? put your hand there. Does it often hurt you? Were your father and mother subject to this accident? To a young lady suffering from a burn, he asks: Does she suffer from hæmorrhoids? How many are there who owe their success to a positive vice?—*L'Union Méd.*

ANSWERS.

No. 402.—Arsenic as a Condiment.

Sir,—Will you permit me to inform "Quidam" that he will find the information he desires in several papers published by myself in the *Association Journal* for 1856? A full abstract of these papers, with additional valuable matter, will be found in the last edition of Dr. Taylor's "Medical Jurisprudence." I am, &c.

Upper Holloway, Jan. 23, 1860. W. B. Kesteven.

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Medical Times and Gazette.

SATURDAY, FEBRUARY 18.

CRIMINAL APPEAL.

"So the Bill is lost!" These few words contain a welcome piece of news. They form the close of the summary of Parliamentary Intelligence in the *Times* of Thursday, the 2nd inst., and announce the fate of the Bill brought into the House by Mr. M'Mahon for establishing another Court of Appeal in Criminal Cases. The unreasonable demand of the promoters of this attempt to tamper with our system of jurisprudence was, that it should be open to every convicted criminal to move for a new trial. With the Bill itself no one was satisfied. Few could be found to support its principles. The arguments in refutation of all that was brought forward to justify the innovation were so clear and convincing that no division of the House was asked for. The motion for the second reading of the Bill dropped like a spark into cold water. We may now, with a few words, leave the subject to float away down the great sewer of refuse absurdities. The secular journals have fully discussed both sides of the question. Those who wish to be relieved of any doubts as to the propriety of the decision of their representatives need only to read the speech of Sir G. C. Lewis. We ourselves never had but one conviction about the uselessness of the proposal, and shall not weary our readers with an old argument on a settled subject. But there are one or two points connected with it, which were mentioned in the course of the debate, that call for a word of passing comment; and there is also a special ground of view from which the Profession must regard what has been done.

A Medical witness in a criminal case is not a man to be envied. He has his peculiar difficulties, vexations, and losses. To every man of proper feeling who has to speak only to facts the position is painful. With the additional responsibility of forming and declaring an opinion, it becomes more than doubly so to the Surgeon. His services are ill-requited, and his time and skill can never be safely taken from their proper sphere. The work he is called upon to do is at variance with the established habits of his life. He has the singular lot of being a public character in his own district, with all the characteristics of a recluse when brought into the arena of forensic disputation. Unlike a common witness, he finds the consequences of his public duty pressing most upon him after his return to his own circle. The malignity of confederates and partisans then has him at advantage. But even in Court, if an adverse witness, he is too often made keenly to feel that he is undergoing the punishment of the pillory instead of a scientific examination; and some conscientious experts must have lately suffered unquenchable disgust at the imputations of vicious and ill-informed counsel. Medical facts and opinions would be made no more valuable by repetition or prolongation of public questioning. In most cases the investigations cannot be renewed, and the opinions formed can only be modified by conjecture or the tricks of memory. Death soon obliterates the evidence of appearances; the restorative powers of nature, as in the case of violation, communicated disease, and delivery, are not long in removing the traces of crime; and the change from the rule of organic laws to the laws of chemical action, soon vitiates the results of chemical analysis in the dead body. The first view of what is to be seen must be the guiding one, the opinion first adopted is that to be relied on. The evidence of the senses, acquired when they have fair play and unaltered materials to work upon, and conclusions arrived at when the judgment is under no secondary influence of imagination or suggestion, if once candidly stated, can only be repeated. Distortion of depositions by the ingenuity of advocates, who would do their spells more easily after a lapse of time, or by the subtle hypotheses of opposed experts, would not lend a helping hand to Justice. But so far as the accused person is concerned, we are of opinion that generally where guilt can be proved at all, a deliberate study of the Medical evidence would only make it show clearer, and deprive him of the benefit of early doubts. We are glad then to be spared from the infliction of another ordeal; satisfied that Medical testimony could not be more tested nor more expurgated than it now is by passing through the successive handlings of the Coroner's Court, the Magistrates' Inquiry, the Rational Scrutiny of the Grand Jury, the unravelment of the Criminal Court, and the final sifting of the "dark and secret procedures" of the Home Office. After all, maiden scientific evidence is most to be coveted.

Some of the little evanescent interest which the public has taken in this subject arose out of the recent trial of Smethurst, and in reference to it we find Sir G. C. Lewis, in his speech, making these remarks and explanations:—

"My advice to her Majesty to grant a pardon was entirely founded on Medical considerations. There was scarcely any dispute as to the Medical facts brought out in evidence, but the question turned on the Medical inferences to be deduced from them; and it was upon the opinion of eminent Medical Practitioners as to the bearing of those facts that I rested my advice. Medical science with regard to poisons, is, unfortu-

nately, in a somewhat imperfect and uncertain state; and the same imperfection and uncertainty are necessarily communicated to the legal questions with which they are connected. You might grant appeal after appeal, and have examinations before all sorts of Courts, and you would never get over the fundamental uncertainty which arises from the present imperfect state of Medical science. Then, again, supposing that the propriety of granting a new trial in Smethurst's case had turned on the question whether the judge was dissatisfied with the verdict of the jury, I am not prepared to say that that would have led to any result remarkably favourable to the prisoner."

Now, the course of proceeding was, in this instance, unquestionably anomalous, but quite in accordance with the common practice of life and the dictates of common sense. Sir Benjamin Brodie was called in to advise and decide when lay judgment found itself at fault. The facts of the case were clear; not so the inferences. The dilemma is one of every-day occurrence in professional experience. We act in like manner to our great relief, and to the good of those who entrust their welfare to us. A man has a diseased knee. He seeks his Medical friend, and hears his advice. A second opinion is obtained, which makes a third consultation necessary. Then what is to be done? Is the limb to be amputated, is the joint to be excised, or is the sick man to be left alone to get well? The case now really becomes one of appeal, but not in the indefinite, M'Mahonic sense of shifting the ground till a verdict according to inclination turns up. No; the patient in the majority of cases, gathers up his distracted powers, yields to his own common sense, reverts to his first friend, and under his guidance throws himself upon the ultimate decision of some authority, whose public character is a rock of support to the doubting and incapable. We see no argument in this for a Court of Appeal. Smethurst was pardoned, but not acquitted. The original sentence of death was not carried out, but the sting of the verdict is left in the man's conscience. Nor do we admit that any criminal can justly expect a greater exemption from fallibility in his judges than nature affords to the Surgeons of the poor unfortunate from disease, which, like the accusation, is too often the consequence of man's own self-wronging. It is granted to him to appeal to the average sense of his fellows for their verdict, he is furnished with the advice of cunning counsel, he has assured to him the merciful protection of the Court, and must trust himself to the righteousness of the laws under which we all live.

THE WEEK.

In the votes and proceedings of the House of Commons of the 14th instant we find the following:—"Medical Acts Amendment, Bill to Amend the Medical Acts *ordered* to be brought in by Mr. Whiteside, Lord Naas, and Mr. Lefroy." What this may mean we are not at present precisely able to state; perhaps it is the Medical Acts Amendment Act of last session revived. That Bill, our readers will recollect, was supported by Mr. Whiteside and others in the House of Commons, on the ground that there had been a clerical error in the original Medical Act, by which Licentiates in Surgery of the University of Dublin were excluded from the roll of qualifications entitled to be registered under the Act of 1858. The Bill passed the Commons, but was thrown out in the Lords. There, Lord Dungannon in moving that the Bill be committeed that day three months, said he was opposed to the Bill because he found that the Royal Colleges of Surgeons in Dublin, London, and Edinburgh, and the Royal College of Physicians in the last-named city, united in asking to have the Bill postponed until next Session, that they might come to some arrangement with the University of Dublin, which wished to introduce a new system, under which the Universities would have power to grant Licences to practise in Surgery. The Bill was also opposed by Lord Granville, who thought—as there were some matters in dispute—it would be better to postpone the Bill for the present; and that if the University of Dublin obtained the right it sought by the Bill, the English and Scotch Universities would be claiming the same right also. We hope to be able to give an abstract of the Bill in our next.

The Governors of a Sea-bathing Infirmary at Scarborough are rivalling the authorities of King's College Hospital in their attempts to do justice to their Medical officers. A lay committee, appointed by the Governors to revise the laws of the Infirmary, recommend the Governors to make "important organic changes in its Medical constitution." In future, if these changes are adopted, the Medical staff will be elected annually, and not one of them will be allowed, while in office, to be a member of the general committee. Of course the present staff of Medical officers will be also summarily ejected from office without as much as "By your leave, gentlemen!" Naturally enough, the Medical gentlemen in question consider themselves grossly ill-treated by the Committee; and they have, therefore, convened a meeting of the Profession at Scarborough, where resolutions were passed, showing the injustice of the above proposals. These resolutions, however, have produced no effect on the committee; and it therefore remains for the Governors at their general meeting to adopt or reject the novelties and absurdities recommended by their committee. The committee, it seems, invite every Medical man in Scarborough to offer their services. Let every one of them have a turn at the Hospital, they say. Consequently, amongst others, they invite our respected friend the Homœopath to emerge from his private capacity and give a public exhibition of his wondrous powers, and the Mesmerist, and the Hydro-Mesmero Homœopath, *et hoc genus omne*—unless, indeed, Scarborough be unblessed by the presence of these tribes. Can it be that these committee-men have friends to serve in that direction? Some explanation is required, and will probably be given, for several of the Medical men in Scarborough support the Committee. Oh! what power we might exercise, if only we could hang together in unity!

A very novel and, as it has been called, "interesting" proceeding took place one night last week at St. James's Hall. A number of benevolent and pious individuals invited the "fallen sisterhood" who are to be found in the purlieus of the Haymarket and Regent-street, plying their unholy traffic, to attend a meeting at the above Hall. Tea and coffee were liberally supplied; and then eloquent appeals were made to those who accepted the invitation—in number about 200. The feelings of these unfortunate persons appear to have been effectually wrought upon; for in a letter from one of the promoters of the scheme of this social regeneration, we are told, that many of the lost women who were thus appealed to, answered to the summons, were ready to forsake their evil and wretched life, and, through the gates of a Reformatory, once again to enter into respectable ways of life. But, unfortunately, so many are the appeals for succour in this direction, and so limited the means for their accommodation, that all who thus desire the "revival" cannot be assisted up to it. In the letter referred to, consequently, the benevolent public is again for the ten thousandth time, requested to draw its purse-strings; and we doubt not that, as the phrase is, the appeal will be liberally responded to. Nevertheless, we must doubt the wisdom of fostering these Refuges for the fallen. Experience does not seem to justify their utility, nor to have anything good to say of their success. But we have an objection to them, which is founded on a wider consideration of the whole subject of prostitution; and it is an

objection which seems to us unanswerable. In the present constitution of our society, *it is certain*, that do what we may, the supply will always equal the demands in this unrighteous traffic. What these benevolent gentlemen call "snatching a brand from the fire," is most assuredly followed by the precipitation of another brand into it. The temptations to this life of prostitution on the part of young and industrious working girls are, as we well know, exceedingly great in all large cities and towns; and it is a fact beyond all denial, however sad a fact it may be, that so long as the immorality of man remains as it is in this respect, the removal of the whole 200 females who attended the meeting at St. James's Hall from the scenes of their miserable life, would be immediately followed by an addition of fresh recruits to this field of debauchery. The temptations to this life are, as we have already said, very great to young females in misery and distress; and when we remember how, at every corner, seducers, male and female, are dogging the steps of the unwary to precipitate them into the vice, we can easily understand how readily their fall is effected. These philanthropists begin at the wrong end. This sort of work, generous though it be, and laudable in motive, is merely playing with the thing. Regeneration of the heart of man himself can alone bring about a great reformation here. Let these kind gentlemen rather bid to their lecture those for whose purposes—to gratify whose passions—these poor women are parading their finery in the purlieus of the Haymarket. Instead of attempting the vain task of emptying an ever-overflowing pool of iniquity, let them try to dry up the sources which feed it; let them teach their sons abstinence; let them beware lest these sons are fostering the vice which they condemn, at the very instant when they are preaching virtue to their sons' victims.

In another column will be found a letter from a Glasgow correspondent, which gives us rather a curious idea of the manner of treating paupers' diseases pursued in the city of Glasgow. There appear to be about ten Medical District Officers attending the poor of the city; and, oddly enough, all of them are of the same mind—that stimulants are not requisite in the treatment of disease. What a triumph for the doctrine of good Mr. Higginbotham! Our correspondent makes an amusing calculation of the grains of benevolence administered in cordials to the poor. We, however, have nothing much to boast of in this matter in London. It is a well-known fact that few District Medical Officers of Unions have the courage at all times to order what they consider necessary for the good of their pauper patients. Too many orders for wine and beef would assuredly soon meet with remonstrance or dismissal from office.

The Guardians of the Poor of St. Luke's, Chelsea, are wisely setting to work to help themselves and the public in a matter which requires serious consideration. A special meeting of them has been summoned, to consider the propriety of providing a special vehicle for the conveyance of sick persons afflicted with small-pox and other contagious diseases. This is clearly the right thing to do. It is absurd to think of summoning a cabman for taking a small-pox patient into his cab, unless some other vehicle be provided.

We have great pleasure in announcing that the Council of University College, at their Session on the 11th instant, conferred on Dr. Hare, who was Assistant-Physician, the title of Physician to University College Hospital; and on Mr. John Marshall, who was Assistant-Surgeon, that of Surgeon to the Hospital. These titles were said to be conferred in consideration of long and meritorious services as Assistant-Physician and Assistant-Surgeon respectively, and did not result from any change in duties. We are glad to say there has been no vacancy by resignation or otherwise. The change of title was a compliment paid to, or an honour conferred upon, the Senior Assistant-officers of the Hospital. The recent Resolutions of the Council of King's College as regards the Assistant-Physicians and Assistant-Surgeons contrast most unfavourably with this act of the Council of University College. The spontaneous recognition of the services of Dr. Hare and Mr. Marshall by the Council will certainly not tend to diminish for the future any effort there may have been to discharge the duties devolving upon them efficiently; while the fact of the certain loss of position at the end of a given time, as suggested at King's College, must have the tendency to damp the zeal of those holding office, and will likewise prevent some of the best men offering themselves for any such temporary appointments.

All travellers in Switzerland must have heard of the Grape Cure and the Whey Cure. A Dr. Lersch gives an explanation of their Medical virtues. He is himself the author of a treatise on Balneography; and is, therefore, learned in mineral waters. He considers grapes and raisins to be compounds analogous to mineral waters—to be, in fact, mineral waters of an organic nature. He establishes a parallel between grapes and whey. Both are taken at their natural temperature; both contain a very small quantity of nitrogenous matter; they hold a large amount of sugar; sugar of milk, and grape sugar, both having properties, chemically, nearly identical. They also hold an organic acid with lime, and a certain quantity of salts. It appears that there are upwards of four hundred stations between the Alps and the Rhine, where this cure is being practised at the present moment.

Dr. Gavin Milroy has given, in the "Transactions of the Social Science Association," an epitome of the proceedings of the International Quarantine Conference of Paris, in 1851-52. The Convention based upon, and embodying, the results of their deliberation, has hitherto been adopted by only a few of the represented powers, viz., by France and Sardinia in the first instance, and afterwards by Portugal, Tuscany, and Turkey. This country has declined to follow their example. The quarantine regulations are levelled mainly against cholera, yellow-fever, and the plague; but typhus and small-pox in a ship may subject it also to some particular attention. Dr. Milroy's comments on the conclusions of the Conference are summed up in two queries, the elucidation of which is, in his opinion, "intimately connected with a right decision on the fundamental principles of existing quarantine legislation and practice:"—

"1. What evidence is there to show that any of the three diseases against which quarantine is specially directed, viz. cholera, yellow-fever, and the plague, has ever been introduced into any place or country by a vessel on board of which no case of disease had occurred during the voyage, and which was also free from sickness on arrival? 2. On what trustworthy evidence rests the doctrine that, while the lapse of five days of exemption from any signs of the cholera among the crew and passengers in a ship is considered to be a sufficient guarantee against the risk of that disease being imported, double and triple that period is necessary for the like security in respect of the yellow-fever and the plague?"

We are glad to see that a meeting of Medical Students has been held in Dublin to consider what steps should be taken to have the terms of the late Naval Medical Warrant carried into effect. A number of facts were commented on, proving from letters in this Journal and private letters from Naval Medical officers that the Warrant issued by Sir John Pakington, in order to improve the status of Naval Surgeons, was permitted to remain a dead letter by an exceedingly despotic

and irresponsible body—the Lords of the Admiralty. No formal resolution was agreed to; but it was decided to draw up a temperate circular, to be sent to the Assistant-Surgeons in the fleet, in order to obtain information on the subject. It is certain that in this way an amount of evidence might be collected which would be most valuable if properly brought under the notice of the House of Commons, and in all probability lead to the removal of the grievances complained of. But much time will be lost in this course; and we would suggest that petitions should be drawn up at once, and sent to Sir John Pakington for presentation; praying that the privileges granted to Naval Medical officers by her Majesty's Warrant should not be denied by the Lords of the Admiralty. These "Lords" are simply insulting their Royal Mistress by treating her Warrant with contempt; and Sir John Pakington will not be sorry to have an opportunity of pointing out the shortcomings of his rivals and successors.

Acupressure was used on Thursday for the first time in London with the object of suppressing hæmorrhage after amputation. Mr. W. Adams performed Pirogoff's operation at the Great Northern Hospital, in a case of diseased ankle-joint, and the anterior tibial artery was compressed with the greatest ease by a needle, after the mode described by Dr. Simpson in this Journal last week. One of the plantar arteries in the sole-flap could not be compressed in this way, and a ligature was used; but this was probably from want of practice, and because the needle used was not long or strong enough. It will be interesting to watch the result of the two modes of stopping bleeding in the same patient.

MEDICINE: ITS DERIDERS AND SECTS.

[The substance of the following interesting notice on the Vicissitudes and Progress of Medicine is derived from the *Revue des Deux Mondes.*]

Antiquity has had its critics—either bitter and brutal, or satirical and polished. Heraclites hated Physicians; he was wont to say that they would be the most silly of men if grammarians were not there to dispute the position with them. But this morose philosopher had his own system of Medicine, and a peculiar practice founded upon his theories of Nature. He made such good use of it, indeed, that he at last died through it. Empedocles—jealous of the Physician Aeron, illustrious by his writings and experience—gave himself out as a messenger from heaven, charged with the mission of exterminating diseases and other destructive scourges; he journeyed from town to town, carried in a splendid chariot, clothed in magnificent garments, and received adorations and sacrifices like a god. We know how he died, victim of his vanity, or scientific curiosity. Plato, again, did not spare the Doctors; he mocked with pleasure at their incapacity; but he, nevertheless, had a system of his own, which he had picked up from every quarter, as was his habit. From this we may conclude, that from the earliest days there has been a rivalry between doctors and philosophers, and that the last were jealous of the first.

The Greeks confined themselves to epigrams; but it was otherwise with the Romans. Physicians came at a late date into Rome, and had a difficulty in keeping their ground there. The elder Cato hated them, and prevented his son consulting them. And yet the rude censor practised Medicine in his own fashion; he possessed infallible secrets and efficacious panaceas. His method was simple enough, and, absolute master of his house, he treated man and beast alike. Pliny gives us these details, and Pliny, we know, was not favourable to doctors. In Martial's epigrams, to say nothing of other Latin poets, the doctors are ill-treated enough, and, we must admit, not without justice. The Profession was in the hands of slaves, and degraded by venal souls, easy instruments and too often accomplices of corruption, debauchery, immorality and crime. Decay had then invaded everything.

Next came the Barbarians and universal confusion; and we lose sight of Medicine during the first centuries of the middle ages. To the Arabs we are indebted for a sort of *Renaissance;* but it was in the first Universities that the practice of Medicine took the direction and the proper character which it bears still to this day. Now appeared the true Physician, and by his side an adversary far more formidable than his opponent of antiquity.

Before the middle age, the art of Medicine was decaying fast; and as it passed through this long period it still continued in decay. The traditions of the Greeks were gradually lost; the exercise of the art fell into the hands of monks and clergy, for the most part very ignorant, and hence, superstitious practices and absurd proceedings—the supernatural and marvellous being put in the place of experience and good sense. It was a time of miracles and prodigies—the sorcerers rivalling the saints; and while the plague and the lepra committed ravages among the people, the resources of Medicine were useless to arrest the scourges. The Jews at this time were hated and persecuted; but yet they were run after for their Medical knowledge, and for the drugs obtained by them from the East through traffic with the Arabs.

The *Renaissance* awakened a spirit of inquiry. The records of antiquity, once again opened, were discoveries as of a new world. And then began the general strife against orthodoxy. Heretics and Protestants were to be found elsewhere besides in the Church. Aristotle and Galen were treated like the Pope, and so commenced the long quarrel between ancients and moderns.

This struggle, also, Medicine has passed through; but it gained an infinite number of enemies; and chiefly the Charlatans. At an early hour these industrious gentry seized upon Medicine, which offered so vast a field for the exercise of their ingenuity. From Montaigne down to Rousseau—not to mount higher or go down later—we find a concert of invectives against Medicine, the noise of them being still audible, though weak. Infinite variations were played continually on the same strain. It has taken three centuries to reduce the pretensions of Physicians to their true proportions. Chemistry, which appeared at the first dawn of the *Renaissance*, explained all the phenomena of the animal economy by the principles of a gross chemistry—seeing there nothing but fermentation, distillation, and effervescence of humours at work in the living laboratory. Then later, after the discoveries of Galileo and Newton, mechanics with its levers and instruments, explained the forces; and after Harvey, Hydraulics. Thus arose the sub-sects — Iatro-chemists, Iatro-mechanicians, and Iatro-mathematicians. These were Materialists, and soon found their opponents, the Spiritualists. Truth was with neither sect; but the Spiritualists have rendered most service to Medicine. Stahl produced Barthez and Bordeu, and Bordeu produced Bichat. Still, even at this present day—but how enfeebled!—the two parties are face to face. Gradually they are disappearing, leaving in history the remembrance of their long and ardent struggles—prolonged for three centuries and a half—from the end of the middle ages to the commencement of the French revolution.

Two sects—either through indifference or through calculation, kept clear of the struggle—the Empirics and the Sceptics. At the head of the Empirics was Sydenham. Their business was to watch attentively the origin and progress of phenomena, noting with scrupulous care the effects of remedies and the fruit of observation—leaving aside all useless speculations.

Scepticism glided into Medicine, thanks to the demi-savans. The title of Sceptic belongs to those narrowed and pretentious souls, who, contented with a superficial view, seize only the surface of things, losing sight of the links which unite them, and boldly denying the existence of whatever escapes them, affirming in this absolute negative their incapacity and deficiency. Lower still in the scale of systems we find the Eclectics,—physicians who, following certain Metaphysicians, think to find a perfect system in taking what is good out of every system. Their appearance on the stage announces the end of systems. In the scientific as in the social order, end means transition, a new phasis, commencement of a new order. Medicine, which has undergone so many vicissitudes, is thus at present traversing a period of transition; it is in the way of organisation, in a provisionary state.

REVIEWS.

Stricture of the Urethra: its Complications and Effects. A Practical Treatise on the Nature and Treatment of those Affections. By Robert Wade, F.R.C.S., Senior Surgeon to the Westminster General Dispensary. 8vo. Pp. 354. Fourth Edition. London. 1860.

It is a curious and instructive lesson to review the history of stricture of the urethra during the last half century. At its commencement, the Surgical world was startled by the announcement that the great discovery of the cure of stricture was at last made. The eminent name of Everard Home carried with it great weight, and for some years various caustics were applied in the most heroic manner to all kinds of strictures. At length it was seen that this remedy had been weighed in the balance and found wanting. After some twenty years, the Profession was as energetically informed that the only method of effectually curing strictures of the urethra consisted in the application of cutting-instruments to the internal surface of the canal. This method was even more severely tested by many Surgeons, and although Mr. Stafford survived for more than a quarter of a century after the promulgation of his views, he found that time, instead of proving their value, had determined their unsoundness; and, at the period of his death,—the termination of the half century before alluded to,—the Surgeons of Great Britain were informed, by one of their highest authorities, that the golden age had at last dawned upon us, and that now the most inveterate strictures were to be cured by a remedy simple and effectual, namely, external division. Mr. Syme cannot complain that the method so strongly extolled by him has not been well tried. A few years ago, almost every Hospital Report contained a case of so-called perineal section; but that ruthless and infallible tester of all things, Time, has already shown that those who trusted in this method have been bitterly disappointed.

During the time spoken of, there have been other methods of a less heroic and unpretending character, either revived or brought forward as ready and effectual means of curing stricture, such as the use of fluid pressure, the employment of rapid dilatation, and the application of the potassa fusa. No one of these agents, however, has found favour with Surgeons in this country; and it is an undeniable fact that after trials, more or less ample, of the various means detailed above, they have returned, for the most part, to the old-fashioned and simple plan of dilatation by bougies and catheters. The more we learn of the physiology and structure of the mucous canals of the body, and the further insight we get into the pathology of stricture of the urethra, the more clearly is seen the reason why violent measures of any kind, applied for the cure of this disease, are both unscientific and unworthy of the commendation which has been bestowed upon them.

These remarks upon the past and present condition of urethral surgery are suggested to us by the work of Mr. Wade, who has been favourably known to the Profession for his very practical writings on stricture during many years. The present edition of his treatise is so much enlarged and improved, that instead of being devoted chiefly to the consideration of one remedial agent, viz. the potassa fusa, it may now be looked upon as a comprehensive work on the subject generally, for the author has most thoroughly and fairly entered into the consideration of all those varied means of treatment which have been so perseveringly recommended and adopted during the last fifty years.

Mr. Wade's estimate of the value of the several plans of treatment must be looked upon as of some worth, for he has evidently had very large experience, and his writing bears the stamp of one who thinks calmly and dispassionately, and has no violent prejudices. As an illustration of this we may remark that although he is evidently strongly opposed to perineal section as recommended by Mr. Syme—and as he shows us not without very good reasons—he does not, with some violent opponents of that measure, condemn it altogether. Indeed, he mentions a case occurring in his own practice where he considered that operation advisable. He is, however, loud in his condemnation of its application in the wholesale way at first recommended by its advocates. The many fatal results which have ensued in the hands of very skilful men, together with the increased tendency of the urethra to contract again after incision fully justify that revulsion of feeling which has recently taken place with regard to this proceeding.

With regard to the employment of internal urethrotomy, Mr. Wade, like most other Surgeons whose knowledge of the disease has been gained by extensive practice, considers that it should be used only in cases of unyielding stricture at the straight portion of the canal, and that even in these particular instances the plan is unsatisfactory, as there is such a great tendency in the divided part to contract. We shall let him speak for himself regarding the disadvantages of this mode of treatment:—

"The disadvantages attending division of strictures within the urethral canal by the lancetted catheter, or other cutting instruments, are of no trivial kind. First, the operation is effected in the dark, it being impossible for the most skilful operator to tell exactly what he has divided; secondly, it may chance, from the elasticity of the obstruction causing it readily to yield to the pressure of the cutting instrument, that a very small portion only of the stricture will be divided; thirdly, in other cases, when the obstruction is rigid and unyielding, the incision may also divide the parietes of the urethra, and extravasation of urine ensue; lastly, even supposing the incision to have been properly effected, either posteriorly by Mr. Guthrie's instrument, or anteriorly by Mr. Stafford's, there is still the disadvantage in division of strictures by this method, that when beyond a slight extent, they will mostly be exceedingly difficult to keep open—a great objection to the operation, even if there were none other."—P. 165.

We are glad to find that Mr. Wade has, in his present improved work, considered the treatment of strictures by the use of caustic as an aid to dilatation. This is the way, and the way only, in which this valuable agent should be used. The potassa fusa is the caustic which the author chiefly employs, indeed his name has hitherto been more identified with the treatment of stricture by this agent than anything else; and he has done more than anyone to point out its value when properly and carefully used. His extended experience still enables him to speak highly of the caustic potash, and his observations on this point will be read with advantage, for although it is evident Mr. Wade has a great liking for this remedy, his narrated experience seems fully to justify his remarks.

The author has laid under contribution, to a large extent, the writings of our distinguished brethren in France, on the pathology and treatment of stricture. No doubt this has been done with the view of making his treatise more comprehensive, and as he tells us in his preface, in consequence of the views of French authors being comparatively little known. We are, however, under the impression that the writings of those French Surgeons, such as Civiale, Leroy, and others, are very familiar to all who have paid any particular attention to this branch of study, and however much these authors may have elaborated the subject, it cannot be denied that the modes of treatment adopted in France are, although ingenious, complicated and hazardous.

Mr. Wade has done good service by bringing his work before the Profession in its present improved state. It is a considerable addition to the literature of stricture of the urethra, and is of a thoroughly practical character.

Aspirations from the Inner, the Spiritual Life, etc. By Henry M'Cormac, M.D. Small 8vo. Pp. 370. London: 1860.

This book does not come within the legitimate range of our Medical criticism. It is, however, from the pen of an accomplished Physician, and one who has also distinguished himself in the scientific paths of his Profession, and we therefore thus call attention to it. It exhibits the author in the light of a man who has thought deeply on all matters which affect our higher nature and our permanent welfare; and who has also made himself master of the thoughts and sentiments of great minds who have in times past dwelt on this subject, and have left the virtue of their thoughts imprinted on posterity. Those who know Dr. M'Cormac as a dweller in Belfast, will at once conclude that this volume, emanating

from the press at the present moment, is an exposition of the sentiments of the educated mind regarding the Revival Movement and its objects. As he himself says, his object is to "reconcile religion, literature, science, art, with faith, and hope, and love, and immortality." He gives utterance to his "Aspirations" in short, pithy phrases, after the fashion of Pascal, Fuller, and other worthies; and we can say of those of them which we have read, that they are excellent, both in the sentiment which they express, and in the language in which the sentiment is dressed. There is not a line which we have read that is written in a sectarian spirit. On the contrary, the author seems full of love to all his kind, and eminently desirous of working their reformation solely through love. We believe fully that the spiritual sentiments of Dr. M'Cormac, as here expressed, are the sentiments of the wisest and best of our Profession. He abhors dogmatism, and rejects the unnatural conclusion which separates the world of Religion from the world of Science. He sees the one indissolubly bound up with the other, as being both of them gifts from one Maker. "All true science is sacred; all true science is divine; the earth is alike holy; we are all the children of God." (P. 112.) These are his words, and express very fairly his feeling of universal love, and his determined opposition to that sort of mysterious worship which priestcraft has always attempted to impose upon the world, and which has necessarily driven the said craft, *hic et ubique*, to pronounce a deadly hatred against enlightenment, and science, and progress, and at all times to assert that a divorce—a complete misunderstanding and opposition—exists between science and religion. We are glad to welcome such a work from the hand of one of our Profession; and to find that the spirit of Sir Thomas Browne is still among us. In their quiet hours, many a member of our Profession will read with pleasure these kindly "Aspirations" of Dr. M'Cormac.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

OBSERVATIONS ON REVACCINATION.

By MM. VLEMINCKX and MARINUS.

M. Vleminckx detailed to the Belgian Academy of Medicine the results of the revaccinations which had been put into force at the prisons of Ghent and Vilvorde, the subjects together amounting to 1660. Of these, 379, or 16 per cent., were vaccinated with success. Of the 1660 there were in 716 manifest traces of a prior vaccination, and 471 exhibited marks of small-pox. Of the 716, 115, or 16 per cent., and of the 471, 220, or 46 per cent., were vaccinated with success. The author's conclusions, from these and other cases, which he has brought before the Academy on former occasions, are as follow:—1. Revaccination of subjects who have been well vaccinated, produces generally but very few useful effects. 2. Persons who have been the subjects of variola have much more cause to be revaccinated than those who have undergone proper vaccination. 3. Revaccination is successful in proportion to the length of time which has elapsed since the first vaccination or the attack of variola. 4. Until the age of twenty-five it is generally useless. 5. From that age to thirty-five it gives rise to useful results in a certain number of individuals, but this number is so extremely small, that without proscribing it in such persons, it need not be warmly recommended to them. 6. After thirty-five it becomes a sure preservative, and consequently necessary. 7. Its failure at one period furnishes no reason for not having recourse to it at other epochs, as there is no reason to suppose that the receptivity may not return between the one and the other operation. 8. Revaccination of pupils in schools and colleges is useless, as is also the case with revaccination of soldiers in armies constituted as the Belgian.

M. Armieux also submitted to the Academy an account of the revaccinations he had performed in the 25th regiment of the French line, stationed at Rome. The revaccinations amounted to 2021, of which number one-third succeeded. He found that when the virus was taken direct from the arm of healthy infants more than one-half the cases succeeded, while when it was taken from the arm of the adult, less than one-fourth of the cases succeeded. He feels convinced that the virus becomes enfeebled in energy in the adult, and is unsuited for the certain propagation of vaccination. He has also found that virus preserved under glass, or in glass tubes, to be of very uncertain efficacy, and sometimes quite inert. Contrary to most observers, he states that no age is refractory to revaccination, which succeeds equally well in youth as in riper age,—his experience, however, with regard to the young, being derived from a regiment, is necessarily very limited. Of the whole 2021 revaccinations, success was complete in 670, doubtful in 86, and wanting in 1254. With regard to prior vaccination, 1478 soldiers had been vaccinated in childhood, or for more than ten years, and had not suffered from variola. In these the revaccination succeeded in 505 (34 per cent.), was doubtful in 62, and failed in 911. In 145 instances the subjects had not been vaccinated but had had variola, and in these revaccination was successful in 58, doubtful in 4, and failed in 83. For six months after this revaccination, a considerable epidemic of variola prevailed in Rome, but throughout the regiment of more than 2000 men, only 8 cases of very benign variola, or varioloid, occurred. These 8 individuals had been successfully vaccinated in childhood; but, with the exception of one, they had either not been revaccinated or had been so without success.

M. Marinus observes that the conclusions M. Vleminckx arrives at in the paper we have referred to are quite opposed to all former experience of vaccinators; and without doubting the accuracy of the statements made, he thinks that until farther investigations can be entered into they must be received as quite exceptional. It may be even worthy of consideration whether the prison-life of the subjects forming the material of M. Vleminckx's experiments, had not favoured receptivity at a more advanced age. In the mean time, awaiting the period when the question is to be brought before the Academy for full discussion, M. Marinus passes in review the various statistical proofs of the decay of the protective power of vaccination, and of the efficacy of revaccination. The conclusions he comes to from a great mass of figures are:—1. That the preservative power of vaccination is of a true efficacy during the first ten years, and then goes on diminishing to the twenty-fifth or thirtieth year. 2. That the same law applies with respect to the preservation from variola by a first attack of this; and 3. That the receptivity for a second vaccination is never greater than between the tenth and thirty-fifth year after the first, this being the period when revaccination has best succeeded, both in those who have been previously vaccinated, and in those who have had variola. This is, then, the period during which its performance is essential; and after this epoch of life has been passed, although revaccination may still prove useful, it need not be too warmly recommended.—*Bulletin de l'Acad. de Méd. de Belgique.* Ser. II. tome ii. pp. 9, 347, 950.

EXCERPTA MINORA.

Extraction of Metallic Foreign Bodies when implanted in the Tissues—These when small, as in the case of needles, fragments of needles, etc., which have entered the hand or foot, are sometimes extracted with great difficulty, the object, when deeply placed, slipping away from the forceps. In some cases, notwithstanding prolonged attempts, the object, although it can be plainly enough felt, gets thrust in deeper and deeper, a circumstance even of some danger when the pointed foreign body happens to be placed near a joint. In such a case M. Robert recently pursued the following procedure:—A tenaculum was passed into the skin above the point where the foreign body was situated, and the integuments thus raised, were incised horizontally so as to form a small flap, by means of which every access was given for the performance of extraction, which was executed without exerting any pressure on the body. After the extraction the little flap was reapplied, and maintained by adhesive plaster. —*Bulletin de Thérap.* tome lvi. p. 385.

Preservation of Bodies for Anatomical Purposes.—Professor Budge has found that bodies may be admirably preserved for a long period of time, whether for anatomical purposes, or for courses of operative surgery, by injecting into the carotid a preservative fluid composed of pyroligneous acid and sulphate of zinc, of each from eight to twelve drachms to seven pounds of water. Bodies thus injected have kept during eight weeks of intense summer heat, without giving rise to any putrefactive smell, the muscles retaining their red colour, and though a little softened, admitting of good dissection. The injection

does not prevent the subsequent injection of coloured matters; and the knives used in dissection scarcely suffer at all.—*Virchow's Archiv.* band. xv. p. 172.

Chloroform as a Hypnotic.—Opium and laetucarium are almost the only two agents which induce sleep by a special sedative action; and they both have their inconveniences as well as their highly valuable properties. A hypnotic without these inconveniences would prove an agent of great value, and M. Fonssagrives of Cherbourg, believes that chloroform is that agent, judging from his having used it with constant success since 1854, when it was recommended by Dr. Uytterhaven, a Belgian practitioner. Sleeplessness arises from different causes; sometimes it is the result of the persistence of a painful symptom which forcibly excludes repose; at others it constitutes an entirely nervous symptom originating in some moral sufferings, absorbing preoccupation, or too prolonged or too active intellectual exertion; while at other times it proceeds from a vicious habit of the cerebral centre. The sleeplessness becoming a cause of sleeplessness; or, finally the sleeplessness may result from the abuse of hypnotic remedies, or may be an epiphenomenon of certain acute diseaess. It is in these latter cases that chloroform is of especial service. The dose is small but effectual, namely from five to ten drops. *Bulletin de Thérap.* tome lvi. P. 401.

Severance of the Cervix Uteri during Labour.—Dr. Keller related to the Philadelphia Pathological Society the particulars of a case in which the patient, aged 28, was taken in labour at the end of the normal period of pregnancy, on September 19, 1857, at seven p.m. "I found the vaginal portion of the cervix uteri opened for about one inch and a-half, and presenting forward and upward and rigid, and about an inch long. I prescribed ung. belladon. and endeavoured at every pain to draw down the uterus, in order to bring it into the right axis. Being greatly fatigued I left the patient, and next morning I found that she had been delivered at two a.m. of a dead boy, and that at the sexual parts a particular tumour had formed. On examination, I found the whole vaginal portion of the cervix uteri torn off, and only suspended by a pedicle protruding from the vagina. It was decided to lay a ligature round that part of it which was undetached and then cut it off." The patient did well, although hæmorrhage took place several times, owing to her incaution in getting up too soon. The ligature came away after four weeks. On January 3, 1859, she was again in labour and was soon delivered of a full-grown female child.—*North American Med.-Chir. Review.* Vol. III. p. 1060. [This case seems to present a combination of "meddlesome" and neglectful midwifery. The attendant after repeated "drawing-down" of the uterus leaves his patient because he was tired, and finds on his next visit that she had been delivered for several hours.]

Lamarck.—The famous naturalist Lamarck possessed a greater acquaintance with the lower forms of life than any man of his day, Cuvier not excepted, and was a good botanist to boot. Two facts appear to have strongly affected the course of thought of this remarkable man—the one, that finer or stronger links of affinity connect all living beings with one another, and that thus the highest creature grades by multitudinous steps into the lowest; the other, that an organ may be developed in particular directions by exerting itself in particular ways, and that modifications once indueed may be transmitted and become hereditary. Putting these facts together, Lamarck endeavoured to account for the first by the operation of the second. Place an animal in new circumstances, says he, and its needs will be altered; the new needs will ereate new desires, and the attempt to gratify such desires will result in an appropriate modification of the organs exerted. Make a man a blacksmith, and his brachial muscles will develope in accordance with the demands made upon them; and in like manner, says Lamarck, "the efforts of some short-necked bird to catch fish without wetting himself have, with time and perseverance, given rise to all our herons and long-necked waders." The Lamarckian hypothesis has long since been justly condemned, and it is the established practice for every tyro to raise his heel against the carcass of the dead lion. But it is rarely either wise or instructive to treat even the errors of a really great man with mere ridicule, and in the present case the logical form of the doctrine stands on a very different footing from its substance.

GENERAL CORRESPONDENCE.

LEPRA AND ELEPHANTIASIS.

Letter from Mr. Gaskoin.

[To the Editor of the Medical Times and Gazette.]

Sir,—In reference to the paper of Dr. Webster, read at the Medico-Chirurgical Society on January 10, entitled "Brief Notes of a Visit to the Leper Hospital of Granada," and discussed at rather a late hour of the evening, I have some difficulty in deferring to the opinion generally expressed that leprosy in its graver forms is connected with bad and insufficient nourishment.

A case of this disease occurred about twenty-five years since, under the care of Sir Benjamin Brodie, in St. George's Hospital, which was by him referred to the opinion of that experienced dermatologist Mr. J. S. Gaskoin, since deceased. By this gentleman it was at once recognised as true lepra Græca, and the treatment and prognosis laid down in the clearest manner.

The patient was an English butcher, of florid complexion, and full frequent pulse; he was under middle age. He was covered with very thick large flocculent scales of lepra, not unlike the description of Holy Writ—"a leper as white as snow." This was altogether different from psoriasis; and I am not aware that there was any appearance of tubercle about him.

I had my attention especially directed to this case, which was treated in the simplest and most straightforward manner possible for the instruction of the students of the Hospital. His meat diet was considerably reduced and varied by means of fish and vegetables, and he had three considerable bleedings at intervals of about one week. Under this treatment the scales of lepra became rapidly detached, and subsequently their separation was assisted by warm baths and the administration of dec. ulmi only. He left the Hospital cured after no lengthened sojourn. This strongly-marked case may possibly recur to the recollection of some of your readers.

The question whether that horribly eroding disorder called elephantiasis, as it exists in the West Indies and South America, some of which cases find their way to London, is a disease identical with lepra Græca, or with leprosy of the ancients, I shall not further enter on than to say, that I know it was the opinion of Mr. J. S. Gaskoin—derived from considerable experience of these cases—that they form a disease quite distinct, and not in its latter stages—at least, in his opinion—benefited by treatment or stay in this country.

I received the information from Dr. Dundas, now of Liverpool, but formerly for many years Physician to the Hospital at Bahia, that once, and once only, he had seen in Ireland a case of the elephantiasis identical with the Brazilian form of disease. The patient was a native of Ireland.

How far syphilis in its tertiary forms transmitted from parent to child, and openly avowed as existing in families (like scrofula with us) as I hear is the case in Brazil, and probably in other hot countries where the beneficial results of mercurial treatment are not available; how far other causes, combined with neglect, may conspire to produce a disease distinct from, or identical with elephantiasis—these are questions on which local information and positive experience would be of great assistance to us in deciding.

I am, &c. George Gaskoin.

3, Westbourne-park, February 3.

LOCAL TREATMENT OF GONORRHŒA.

Letter from Mr. J. Fenn Clark.

[To the Editor of the Medical Times and Gazette.]

Sir,—In reference to a paper read on the 19th ult. by Mr. Weeden Cooke before the Harveian Society, permit me to bring before your notice an exemplification of the beneficial results produced by the introduction of copaiba into the system in cases of gonorrhœa.

Some fourteen years since, while attending the practice of M. Ricord, at the Hôpital du Midi, he showed us a curious example of the manner in which the disease had been eured

by an intelligent patient. The man, like many others, had been suffering from insufferable chordee; and it had become the fashion among this class of patients to relieve themselves by placing the organ while in this rigid state of spasm upon a table, and strike it a smart blow with the fist. This accounted for a number of cases which had come in with an abscess at the base of the penis, two inches from the glans, or a perforation through which the urine percolated. The man above alluded to had been taking copaiba internally, and his discharge, as far as the ruptured part, had been cured. Not so, however, the anterior portion; so he ingeniously devised the plan of injecting back through the glans the urine already passed into the vessel through the posterior opening. It answered perfectly.

I would therefore suggest that the bals. copaibæ (or its active principle) be largely diluted in some simple alkaline vehicle, as a pint of hot soft water, in the proportions of copaiba, ʒij.; glycerine, ʒss.; and soft soap (Ph. Lond.), ℈j. Let them be well agitated in a bottle previous to use; inject night and morning. The solution is by no means perfect, but there is at least as much of the balsamic ingredient dissolved as in the urine of a patient to whom the drug has been administered internally; and the nauseating effects of this disagreeable remedy are by this plan avoided, and it is directly brought in contact with the diseased mucous surface.

I am, &c. J. Fenn Clark.

Leamington, February 9.

THE POOR IN SCOTLAND.

Letter from Mr. Campbell.

[To the Editor of the Medical Times and Gazette.]

Sir,—Some years ago Mr. Pussey, the Member for Berkshire, wrote a pamphlet, entitled "The Poor in Scotland," that did good for the cause of humanity. It would, in my opinion, be well for the sick poor if some one would take up their cause. I send you the *Glasgow Herald*, of February 8, 1860, in which is the Half-yearly Report of the City of Glasgow parish Behold how the sick poor are there treated. I give the following extract:—

"*Medical Relief.*—Upwards of 3233 cases have received Medical relief, exclusive of those in the Poor-house.

"In addition to medicines and Medical attendance, the following cordials have been given from the dispensaries, by order of the Medical officers, namely,—219 gills of wine, 2 gills of brandy, 49 gills of gin, 111 gills of whisky, 85 bottles of soda-water and lemonade, 5 lbs of arrowroot, 17 lbs. of rice, and 43 lbs. of beef."

219 gills of wine may, in the eye of the Inspector, appear a large quantity, but it is only, on an average to each of the 3233 patients, two tea spoonfuls,—yes, two tea spoonfuls!—each patient got on an average one-half of a drop of brandy, twelve drops of gin, a tea-spoonful of whisky during the whole half-year, or on the average half-a-drop a-day. And of beef to make beef-tea each patient had on the average the large quantity of one-quarter of an ounce, and for half-a-year. Are the following remarks, which I extract from the reported proceedings, to be wondered at?—

"The Minutes of the Relief Committee were read, and

"Mr. Dallas, in moving their adoption, said, they would see there were fewer on the roll than before, and that the expenses were less; but he had to say that, in connection with this committee, he had met with a very great deal of complaint from people out of doors, some of whom, as he knew himself, had reason for it. He would warn some of the officials, doctors and all, to be more attentive to the out-door paupers, because, positively, if they were used as he had heard, many less would be on the roll next year."

I should not have troubled you, Mr. Editor, on a subject so remote, but can it be that 3233 pauper patients can be treated on so small an amount of cordials, or is there any ageney in force to prevent the Medical man from exercising his due prerogative? If there is not, I call upon the District Surgeons of Glasgow to explain how they can treat disease without cordials? how that on the average one-half of a grain of beef per day will make beef-tea, or is two tea spoonfuls of wine per patient sufficient? They must have a secret in curing paupers, which, I think, they are called upon to explain.

I am, &c. James Campbell.

Glasgow, February 8.

THE INDIAN MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

Sir,—As you have so kindly published my first letter on the Indian Medical Service, in which I attempted to set right some of the errors into which, as I conceived, "Emeritus" had fallen, in his estimate of the Service, I trust you will let me now conclude my observations on the subject.

Regarding furlough, "Emeritus" says, "it is difficult to say too much in praise of the Indian rules on this head—granting three years' leave of absence at a spell." Now, according to the new furlough rules, which are binding on all who have entered the Indian Service since 1854, twenty months is the utmost furlough that is given out of the seventeen years' service, and that becomes available only after the Assistant-Surgeon has been ten years in India. By the old furlough rules, three years might be had "at a spell," as "Emeritus" says; but such is not now the case. It is to be observed, also, that the sick leave which the Medical Officer of the English Service enjoys all counts as service, while that of the Indian Army Service, barring very exceptional cases, does not do so. In this respect, therefore, the English Service has the advantage.

When discussing furlough, "Emeritus" should in fairness have alluded to the furlough allowances of the two Services. Here the Indian Medical Officer is at a great disadvantage, for he draws, if an Assistant-Surgeon, but £118 14s. 1½d. per annum; if a Surgeon under thirty years' service, £191 15s. 1½d.; if a Surgeon over thirty years' service, £292 4s., and so on. Whereas, the British Medical Officer, if an Assistant-Surgeon of under five years' service, receives £182 3s.; if an Assistant-Surgeon of over five years' service and under ten, £210; if an Assistant-Surgeon of over ten years' service, £237; if a Surgeon of ten years' service, £273 10s.; if a Surgeon of fifteen years' service, £328; and so on in proportion for the higher ranks. It is evident, therefore, that the English Army Surgeon enjoys much more liberal furlough allowances than the Indian.

Next, as regards retirement. The Indian Surgeon can, perhaps, retire at the age of thirty-nine or forty, if he make up his mind to live on £191 12s. 6d. a-year, minus what he has to subscribe to his retiring fund, income-tax, etc., etc. But how difficult it is to manage with such an income is shown by the comparatively few retirements that take place at the end of the seventeen years' service. A man who has been spending £500 or £600 a-year in India must find it difficult to make both ends meet on less than a third of that amount.

Yet it is not possible for him, even by remaining in India, to make his pension equal to that of the British Army Surgeon; for, after twenty-five years' service—while the pension of the latter is, if a Surgeon-Major, £319 4s. per annum; if a Deputy Inspector-General (which he will probably be), £383 5s.; and, if an Inspector-General, £574 14s.—that of the Indian Surgeon is but £300 a-year! It must be remembered that the twenty-five years' service here specified may, in the one case, be spent almost wholly in temperate regions, while in the other it is gone through in the exhausting heats of the tropics. It appears to me, therefore, that "Emeritus'" comparison of the retiring pensions of the two Services in favour of the Indian will be found incorrect; nor does it help him out of the dilemma to quote the Medical Retiring Fund. That fund is supported by the subscriptions of the Medical officers themselves, and is, in fact, a sort of Assurance Society. The members of it give their *quid pro quo*, and do not receive a farthing till they have subscribed a certain amount towards it. There is a separate fund in each of the three Presidencies; and certainly in one (Bombay) the members might easily find elsewhere a more profitable investment for their money. In Madras the fund is, I believe, in an efficient condition; but in Bengal it is only moderately so, and the pensions are not paid till after years of waiting. However, all I wish to show is, that a subscription-fund like the Indian Medical Retiring Fund is totally separate and distinct from a Government pension; and that, in the case before us, it should not be counted as compensating for the lower rate of pension which is the portion of the Indian Surgeon, as compared with his brother officer of the British army.

"Emeritus" allows that "the retiring allowance of Indian officers, early disabled, is certainly too small." And so

indeed it is, being for an Assistant-Surgeon of under three years' service but £45 12s. 6d. per annum, and for the same officer of above three—but under seventeen—years' service, £73 1s. per annum. For a full Surgeon it is £127 16s. 9d. per annum. In the British Service the rates are for an Assistant-Surgeon under five years' service £109 9s. a-year; for ditto after five years, and under ten, £146; for ditto, after ten years, £182 3s. For a Surgeon, they are—after ten years' service £200 a-year; after fifteen years' service, £246 a-year; and so on in proportion for all the higher grades. It is thus plain that the English Army Surgeon is much better situated than the Indian, as regards allowances for incapacity from ill-health, or wounds brought on in the discharge of his duties; in fact, there is no comparison between the two Services in this respect. The fund from which comes the small allowances given to the disabled Indian Surgeon is, moreover, simply a charitable fund, instituted by Lord Clive, and, I believe, not supported by Government, who are by its means almost entirely saved the expense of providing for their disabled Indian Medical officers.

"Emeritus," in speaking of the Indian Military Fund, by which pensions are provided (only, however, after large subscriptions have been paid to it by both Military and Medical officers) for the widows and children of its subscribers, appears to me to exaggerate its benefits; for he says it provides "respectable incomes of some hundreds a-year, according to rank, subscription, &c. The youngest Indian Assistant-Surgeon can thus assure his widow about £200 a-year." Now I find, on referring to the rules of the Bengal Fund, that the widow of an Assistant-Surgeon who may, perhaps, have subscribed fifteen or sixteen years to it, is entitled to receive £84 1s. 11d. per annum, so long as she remains a widow; and the widow of a Surgeon, under the same circumstances, receives £112 12s. 11d. If the widow marry again, she receives a third of her pension only, provided her second husband subscribes to the married grade. What becomes, therefore, of the "hundreds a-year" of which "Emeritus" speaks, or even of the £200 a-year to which he says the widow of the youngest Assistant-Surgeon is entitled? The Orphan Fund provides something,—from £30 to £48 a-year for each child,—and together with the Widows' Fund is no doubt a valuable institution; but "Emeritus" has certainly overvalued these funds, and appears also to have forgotten that they are both subscription funds, and that their members, as in the case of the Medical Retiring Fund, have to give their *quid pro quo*.

Next, as regards promotion. "Emeritus" says, "Certainty of promotion may be regarded as the palladium of the Indian Service; never to be forfeited except by proved incapacity," etc. It is hardly necessary to enter here into the general question of how promotion should be regulated; but I may just remark that in these days when merit rather than age is the test of fitness, it seems curious that a gentleman so well informed as "Emeritus," should advocate a system which, like the Indian, does not allow of promotion for proved ability and merit. I esteem it the greatest of the recent improvements in the Army Medical Department that such promotion is recognised, and constantly put in force; and I believe it would greatly benefit the Indian Service too, were such to be the system adopted in it. The same plan of examination of Assistant-Surgeons before promotion is to be introduced into the Indian as into the English Medical Service: why not therefore practise the same rules of advancement in the higher grades also for both Services? Why not, too, promote Assistant-Surgeons to Surgeoncies in cases of distinguished service, as is done in the British army, and abolish the brevet-promotion, which has just been introduced into the Indian Medical Service—for what reason it is indeed difficult to divine. On this subject, the *Economist* of December 17, 1859, in an excellent leader on "The Indian Medical Service, and their New Warrant," remarks:—"Connected with the subject of promotion is that of promotion for ability and merit. Why the English Assistant-Surgeon should receive the full rank and pay of Surgeon, when specially recommended, while the Indian Assistant-Surgeon, under exactly similar circumstances (as has recently occurred in the case of the Lucknow Assistant-Surgeons), obtains but the brevet-rank, and no pay, it is not easy to see. Both the English and Indian Services are understood to be, on the whole, seniority services, and it is only in particular instances that the rule is departed from; but why institute so invidious a distinction as this, and, while thoroughly well rewarding the one Medical officer, give the other but the shadow of a recompence?"

"Emeritus" says, "Surgeons (in the British Army) have no promotion to hope for;" but what does he think of the Indian Assistant-Surgeons, who have to wait nearly three times as long as those of the English Army for their promotion? The *Economist* points out one reason for this. "It seems," says that paper, "that while in the English Army there are 344 Surgeons and 648 Assistant-Surgeons, in the Indian Army there 242 Surgeons and 603 Assistant-Surgeons. This disproportion is very striking, and certainly calls for a change in the Indian Medical Department."

"Emeritus" has not alluded in his letter to the subject of relative army rank in the British and Indian Medical Services; yet the Indian Service is so palpably inferior in this respect also to the British, that, in estimating the two, regard should be paid to the point. Thus, there are to be first and second classes of Deputy Inspectors-General in the Indian Army, when such do not exist in the English; and the effect of the new warrants will be to place English Deputy Inspectors-General of from sixteen to twenty years' general service above Indian Superintending Surgeons of thirty-two years' Indian experience!

I have now, Sir, noticed every point in the letter of "Emeritus;" and would only add, in conclusion, my belief, that at the present moment the British Medical Service is, on the whole, the best; and that young men are right in giving their preference to it, as they certainly appear to do just now; but I must qualify this opinion by saying, that were a warrant given to the Indian Service equal to that which has been granted to the English, then the Indian Medical Department would resume its former superiority, and, in spite of its disadvantages of climate, etc. offer to young men a field for honourable exertion surpassed by none other in the world.

I am, &c. FAIRPLAY.

MORTALITY OF TRADES.

[To the Editor of the Medical Times and Gazette.]

SIR,—I wish to bring before your notice the difficulties which more than one unprofessional reader has encountered in determining the truth of the existence of certain interesting pathological conditions alluded to lately in two of our popular journals. The subject to which I refer, is the injurious effect produced by the inhalation of mineral particles and dust into the lungs; and which is comprehended in an interesting article in the last number of the *Edinburgh Review*, entitled "Mortality in Trades and Professions." The writer quotes the well-known facts on the subject, and his statements appear conclusive. With what surprise, then, does the reader open the *Cornhill Magazine*, and in a paper by Mr. Lewes, discover that, although the writer declares he is no Physician, yet that he expresses his belief that such diseases cannot possibly occur, since, on physiological grounds, no particles of dust can enter the lungs. I will give a short quotation from both articles, and the reader will then see why my friend had recourse to a Professional opinion for assistance to determine the question. The writer in the *Edinburgh Review* shows what a fearful mortality exists among the grinders at Sheffield, and how this varies with the dry and moist process, just as the amount of dust given off is greater or less. Also how the injurious effects of steel-filings may be mitigated by the operator wearing a magnetic respirator, and many other reasons which unquestionably show that pulmonary disease results in certain trades in exact proportion to solid particles inhaled. He then proceeds to speak of the coal-miners' disease, the description of which I will give in his own words, to show that the statements are not made without due authority. He thus writes:—

"It is through the lungs, however, that the health of the miner is principally attacked. The air of a coal-mine holds a vast amount of coal-dust in mechanical suspension, and this, as a matter of course, is constantly passing into the lungs of the miner. The proof of this is the so-called 'black spit' of the collier, which, on being subjected to the microscope, is found to consist of mucus filled with finely-divided particles of coal. The permanent inhalation of such an atmosphere results in what is called the 'black lung.' The breathing

apparatus of the collier becomes clogged, in short, with coal-dust, and after death it has the appearance of being dipped in ink. A writer (W. T. Cox, Esq.) who has lately investigated this singular pathological condition, thus gives his experience of two post-mortem examinations:—In each case the black treacly fluid obtained by thus cutting the various portions of lung (more especially the posterior and inferior portions of the lower lobes), and by slitting up the bronchial tubes was evaporated to dryness, the residuum being broken up, and subjected to a red heat in a porcelain tube retort, behaved precisely as coal under similar circumstances, *i. e.* it evolved a smoke-like gaseous product which, on being slightly condensed, deposited hypo-sulphide of ammonium and coal-tar, and being thus purified burnt in all respects like the well-known compounds of the two carbides of hydrogen" (common gas). "Dr. Gregory many years since, by distinctive analysis, came to the same conclusion respecting the carbonaceous nature of this deposit. The presence of this foreign body in the lungs leads to the whole train of pulmonary diseases, etc."

Now for the *Cornhill Magazine*:—"It is an interesting fact that while the direction in which the cilia propel fluids and particles is generally towards the interior of the organism, it is sometimes reversed, and instead of beating the particles inwards, the cilia energetically beat them back if they attempt to enter. Fatal results would ensue if this were not so. Our air-passages would no longer protect the lungs from particles of sand, coal-dust, and filings flying about the atmosphere; on the contrary the lashing hairs which cover the surface of these passages would catch up every particle and drive it onwards into the lungs. Fortunately for us the direction of the cilia is reversed, and they act as vigilant janitors—driving back all vagrant particles with a stern 'No admittance *even* on business!' In vain does the whirlwind dash a column of dust in our faces, in vain does the air, darkened with coal-dust impetuously rush up the nostrils; the air is allowed to pass on, but the dust is inexorably driven back. Were it not so, how could miners, millers, iron-workers, and all the Tubal Cains contrive to live in their loaded atmosphere? In a week their lungs would be choked up. Perhaps you will tell me that this is the case; that manufacturers of iron and steel are very subject to consumption; and that there is a peculiar discoloration of the lungs, which has often been observed in coal-miners examined after death. Not being a Physician, and not intending to trouble you with Medical questions, I must still place before you three considerations, which will show how untenable this notion is. First, although consumption may be frequent among the Sheffield workmen, the cause is not to be sought in their breathing filings, but in the sedentary and unwholesome confinement incidental to their occupation. Miners and coal-heavers are not troubled with consumption. Moreover, if the filings were the cause, all the artisans would suffer when all breathe the same atmosphere. Secondly, while it is true that discoloured lungs have been observed in some miners, it has not been observed in all, or in many; whereas, it has been observed in men not miners, not exposed to any unusual amount of coal-dust. Thirdly, and most conclusively, experiment has shown that coal-dust cannot penetrate to the lungs. Claude Bernard, the brilliant experimenter, tied a bladder containing a quantity of powdered charcoal to the muzzle of a rabbit. Whenever the animal breathed the powder within, the bladder was seen to be agitated. Except during feeding time the bladder was kept constantly on, so that the animal breathed only this dusty air. If the powder could have escaped the vigilance of the cilia and got into the lungs, this was a good occasion. But when the rabbit was killed and opened, many days afterwards, no powder whatever was found in the lungs or bronchial tubes; several patches were collected about the nostrils and throat, but the cilia had acted as a strainer, keeping all particles from the air-tubes."

No two statements can be more utterly opposed than these: the latter has no weight with me whatever; but from the fact of the writer declaring that he is not a Physician, I should imagine that he has some authority for the assertions put forth. What authority this may be, I should much like to learn either from you, Sir, or some of your readers.

I am, &c.

February 13. S. W.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, FEBRUARY 7, 1860.

MR. FERGUSSON, President, in the Chair.

Mr. SPENCER WELLS read a report, drawn up by Dr. Wilks Mr. Curling, and himself, on a specimen of

SPURIOUS HERMAPHRODITISM.

Mr. WELLS had presented this specimen at a previous meeting of the Society, suggesting that if a committee were appointed by the Society, permission might be obtained to take the preparation out of the bottle and examine it. Dr. Wilks and Mr. Curling were then appointed, with Mr. Wells, as the Committee, and having obtained the necessary permission of Mr. Pilcher's executors, to whom the specimen belonged, carefully examined it, and reported that although externally the characters were those of an hypospadiac male with undescended testes, yet internally the female characters predominated. No testes were present. The apparent penis was really an enlarged clitoris. There was a small uterus and one ovary. The vagina terminated near the external opening of the urethra, but it was doubtful whether a communication with the urethra had been made after death, or whether the vagina had terminated in a *cul-de-sac*. The urethra was about three inches long, and at the neck of the bladder was surrounded by dense fibrous tissue resembling the prostate in general appearance. There were no traces of vesiculæ seminales, nor vasa deferentia. The only question suggested as to the duality of the sex was the coexistence of prostate and uterus. Mr. Wells added that he had learned some particulars as to the subject from whom the specimen was taken, and it appeared that she was a maiden lady, and no suspicion of her peculiarity had been excited until Mr. Pilcher was sent for to pass a catheter for her, when he detected the unusual condition of the external organs. In reply to questions, by Mr. Partridge and Mr. Henry Thompson, as to the condition of the prostate, on the presumption that the male prostate was the analogue of the female uterus, Mr. Wells again read the following passage from the report, showing that the committee did not regard the body at the neck of the bladder as a true prostate: "Surrounding the commencement of the urethra was a body corresponding in *shape and general appearance* to the prostate, but scarcely more than half the usual size of the adult organ. A section showed its composition to be a tough, fibrous tissue. No sinus pocularis nor verumontanum existed; and no follicles corresponding to the prostatic could be seen; nor, on section of the prostate near the mucous membrane, were any ducts visible, neither any secretion or concretion resembling what is seen in the perfect organ."

The PRESIDENT asked if the Committee had found any similar case recorded.

Mr. WELLS replied that in Dr. Simpson's article Hermaphroditism there were cases approaching to this, but none precisely similar.

Dr. WILKS said that in the Museum at Guy's there were specimens of imperfect males, but none of the character of the present preparation. In reply to another question,

Dr. BARRON said he had heard Mr. Pilcher speak of the patient distinctly as a *lady*, and although he could say nothing positively as to the development of the mammæ, yet he had no doubt of the sexual organs being the chief peculiarity, or suspicion as to sex would have been excited earlier. She had passed through life as a female, and no doubt presented the chief peculiarities of the sex.

The PRESIDENT thought the specimen a particularly interesting one to practical men; as most Surgeons called to examine such a case would probably decide that the patient was a male from the appearance of the external organs; while the presence of uterus and ovary and the absence of testes clearly proved the female type to predominate.

Dr. BARLOW related a case of

STRICTURE OF THE RECTUM AND SUPPURATION OF LIVER.

The subject of this, a man, was admitted into Guy's

Hospital in an extreme state of pyrexia, accompanied by slight jaundice. He stated that he had only been ill five days, but that he had long been subject to a stricture of the rectum, and that instruments had been passed shortly before; he survived two days, having been ill only seven days in all. The post-mortem examination showed a diffused suppuration throughout the liver, following the course of the portal vessels; the vena porta itself was full of a grumous coagulum, with some also in its smaller branches. The body was generally healthy and no source of purulent infection could be found except in the rectum. This was so narrowed in its last four inches that it would not admit the finger, and it cut with the consistence of cartilage. On being laid open, the mucous membrane at the lower part was destroyed and its place occupied by a tough cicatrix, and above this there was a breech in the mucous membrane as of a recent tear; the submucous tissue was replaced by a dense fibrous tissue, and muscular tissue also hypertrophied. Large hæmorrhoids also existed externally.

Dr. Barlow also exhibited a specimen of

HYDATIDS OF LIVER OPENING INTO THE GALL-DUCTS.

This specimen came from a man who had long been suffering from some obscure hepatic affection, and a month before death from jaundice. Subsequently he had peritonitis which terminated his life. There was found a large hydatid cyst in the liver which, having ruptured, had set up peritonitis; while on examining the interior, the lining membrane of the cyst was found to have passed into an open duct, and had been carried down into the common duct to the duodenum, through the orifice in which the membrane was seen protruding.

Dr. Wilks stated that this was one of the rarest modes of the escape of hydatids, and he had only met with one other instance.

Dr. Wilks related a case of

CHRONIC PERICARDIAL EFFUSION.

The specimen came from a lad, aged 14, who had been ailing ever since a rheumatic attack ten months before with the symptoms denoting an effusion in the pericardium. The latter was so distended with fluid that the sac reached the parietes of the chest, to which it was adherent, causing universal dulness on percussion and absence of respiratory murmur on the left side in front; the coats of the sac were also enormously thickened. The physical signs denoting this condition were known to have existed several months, and his illness dated from ten months before. The heart itself was healthy, but its action was impeded by the fluid and thus death by dropsy.

Mr. Spencer Wells then exhibited

TWO OVARIAN TUMOURS REMOVED BY OVARIOTOMY.

1st. A large multilocular cyst, which he had removed from a single woman, twenty-three years of age, in the Samaritan Hospital, on January 24. The patient had recovered without a bad symptom, and was now convalescent.

2nd. A large cyst which had contained twenty-two pounds of fluid, and two groups of smaller cysts, were accurately moulded to the pelvis, which he had removed the day before the meeting from a married lady twenty-six years of age. The peduncle had been so short that it was necessary to leave it within the abdominal cavity. The patient had gone on well for about twenty hours, when she began to sink, and Mr. Wells had very little or no hope of her recovery.

The President asked if Mr. Wells still used the clamp to secure the peduncle.

Mr. Wells replied that he did, but only as a rapid and temporary means of securing it until the cyst was cut away and the wound closed. As soon as this was done in his later cases he had applied ligatures immediately behind the clamp, and then removed it. He thought this plan preferable. The patient was more comfortable; there was less traction on the peduncle; and the slough separated sooner, if the ligatures were applied very tightly, each including only a small portion of peduncle.

Dr. Bristowe showed several specimens exhibiting unusual forms of

CANCER OF THE LIVER.

1st. The liver of a man, 68 years of age, who died from scirrhus of the stomach, liver, peritoneum, lungs, and other organs. The cancerous affection of the liver, instead of existing under the form of tumours more or less isolated, had extended from the transverse fissure along Glisson's capsule, surrounding the ducts and their attendant vessels almost to their smallest ramifications.

2nd. The liver of a girl, 16 years old, who had suffered from encephaloid disease of the pelvis, liver, kidneys, and some other parts. In this case the liver presented numerous encephaloid tumours from the size of a hen's egg downwards, a large number of which contained cysts with flocculent parietes, and transparent or slightly opaline fluid contents. The cysts existed not only in the larger growths, but equally in those between the size of a pea and that of a tare. He stated that he had met with two or three other examples of cystic cancerous hepatic tumours (one of which he placed before the meeting); but that in each of these a solitary cyst only had been present.

Dr. Bristowe also exhibited a specimen of

CANCER ATTACKING CYSTIC OVARIES,

from a woman aged 64, who had died of cancerous affection of many organs. The ovaries formed two lobulated masses, one rather larger, one rather smaller, than the first. They contained numerous cysts filled with clear limpid fluid, and varying from the size of a hen's egg downwards. They had the same general form and arrangement as in ordinary cases of cystic disease, but their parietes were generally infiltrated with cancerous deposit, varied from an inch in thickness downwards, and were studded on the inner surface with small nodulated cancerous excrescences.

WESTERN MEDICAL AND SURGICAL SOCIETY.

Friday, January 20, 1860.

W. Martyn, Esq., Vice-President, in the Chair.

A paper, by Mr. Charles Hunter, was read on

THE IMPORTANCE OF FREE RESPIRATION IN CERTAIN STATES OF THE BRAIN.

The necessity of attention to the respiration was considered chiefly of value—1. In *coma*, from injury or disease, sanguineous or serous; 2. In narcotism of the brain; 3. In epilepsy; 4. In certain functional cerebral derangements, where a tendency to headache and lethargy exist. The strictly anatomical connection of the lungs with the brain having been alluded to, it was shown how, pathologically, disease of either of these organs might kill by its effects upon the other. 1. Cases of coma from cerebral injury and apoplexy were then cited, illustrating how death generally took place by apnœa; the practical point, therefore, indicated was, that life might not only be prolonged, but saved, by attention to the respiration, even in cases apparently the most hopeless. 2. In narcotism.—The greater the insensibility in narcotic coma the more the respiration is affected; the more, therefore, it requires to be watched. Coma and narcotism both kill by the lungs; but several points of difference were shown to exist between the apnœa of coma and that of narcotism. In the apnœa of coma death is not generally (or at all events, primarily) due to cessation of respiratory action, *i.e.* muscular paralysis; but to lung paralysis, evinced by extreme and rapid congestion of the lungs, accompanied by rapid effusion into the pulmonary air-cells and bronchial tubes. The death is apnœa by effusion, unless it can be warded off. The treatment for the apnœa of coma is venesection to relieve the congestion of the lungs, and prevent its further formation; but more especially important is the prone position (the prenopnœa of Dr. Marshall Hall), by which an enormous amount of bronchial effusion may be got rid of. Without the prone position the bronchial effusion may so accumulate, that the patient with coma may, in reality, die of narcotism from non-eliminated carbonic acid gas. Artificial respiration may not be necessary. A case of apoplexy of the medulla oblongata, and one of compression from injury, were related, in which no muscular paralysis existed. In the apnœa of narcotism, there is neither the rapid effusion, nor the great congestion of coma; but if death ensues, it is

chiefly from musculo-respiratory paralysis. The pulmonary congestion is less than in cases of coma, for the narcotic influence diminishes the strength and frequency of the cardiac pulsation, which are unrestrained in coma. In the treatment of narcotic apnœa venesection is not necessary; nor is prenopnœa, to remove effusion; but it is especially necessary for a different reason—viz. lingual paralysis. Artificial respiration is here invaluable; if employed, however, without attention to the tongue, it may be useless. 3. In epilepsy.—The normal state of the respiration is a point in the etiology of this disease requiring, in Mr. Hunter's opinion, careful consideration. Many epileptics have a shallow, contracted, and very feebly-acting chest, which predisposes to, and must keep up, the epileptic tendency. Several patients were alluded to whose respirations were not only very limited in amount, but in number also, being less than one to four cardiac pulsations. This feeble lung-action acts injuriously to the epileptic in a two-fold way; it tends to retain carbonic acid in the blood (to which gas many of the symptoms peculiar to the epileptic besides the seizure seems attributable), and also prevents the lungs acting freely as diverticula to the cerebral circulation. 4. Among the functional cerebral derangements were mentioned headache and lethargy, which free respiration in the open air would often remove; also cases in which the respiration would sometimes, without any warning, become extremely difficult (as if from sudden deprivation of nervous influence). In such cases, fresh air, the inhalation of ether and ammonia, deep inspirations, forced (if the patient can effect them), assisted if not, appear to the author indicative and productive of great benefit in these conditions.

February 3, 1860.

A. B. Barnes, Esq., President, in the Chair.

Mr. Milner detailed a case of

FATAL COMA.

The particulars were as follows:—A fat woman, aged 39, of sanguine temperament, fresh complexion, and temperate habits, was after a few days' illness from enlarged and ulcerated throat, seized with symptoms of insensibility, the pupils being dilated, the countenance dusky, and the lips congested. The author saw her six hours after the seizure, when she was in a state of complete coma, the breathing being stertorous, the arms flaccid, the legs extended and motionless, the face somewhat flushed, the eyes suffused, features natural, and not drawn to either side; pulse 120, and weak; skin warm; pupils moderately contracted, but insensible to the strongest light. General convulsions followed, lasting about a minute, and repeated about every quarter of an hour until death, which took place suddenly, nine hours after the commencement of these symptoms. The post-mortem examination revealed alone a congested state of the cerebral veins. The pleura was partially adherent on the right side, the lungs were congested, and the parietes of the heart thin. Kidneys were healthy. As she had suffered from profuse menorrhagia previously, the author considered, knowing her previous history, that her nervous force had been exhausted by various causes, and finally accounted for her sudden and remarkable death.

Mr. Barnes exhibited a specimen of

FIBRINOUS CLOT IN THE HEART,

which had been taken from a child 4 years old. It arose from the right auricle, and was quite organised in its attachment to the walls of the heart; it passed into the right ventricle, and was adherent to one of the columnæ cardiæ.

He also exhibited a specimen of

FIBROUS TUMOUR OF THE UTERUS,

which he had removed, after death, from a widow who had suffered from profuse menstruation for years. Four months ago (October, 1859), the tumour first commenced to distend the os; it gradually came down into the vagina, and death resulted from the profuse hæmorrhage which occurred. The size of the tumour was about nine inches long, the same in circumference, and of nearly the same size throughout to its attachment to the walls of the uterus, from which it grew by a broad base, the pedicle appearing to be occupied by a cyst.

Mr. James Lane exhibited

AN INSTRUMENT FOR DILATATION OF STRICTURES OF THE RECTUM.

It consisted of a small piece of bladder, attached to a gum-elastic catheter which passed through the bladder, and was furnished with a stopcock, by which it could be filled with water, which caused the necessary pressure.

The Society then adjourned.

PARLIAMENTARY INTELLIGENCE.

WINE AND DRUGS SUPPLIED TO THE NAVY.

Lord C. Hamilton asked the Secretary to the Admiralty whether the attention of the Board had been directed to the quality of the wine supplied to the navy for Medical purposes, it having been described as unfit for the use of invalids, although exempt from duty; and also, whether he could give an assurance to the House that the drugs supplied to the navy were not of an equally adulterated and deleterious description.

Lord C. Paget said the drugs were supplied from Apothecaries' Hall, and were necessarily of the best quality. With regard to the wine, no complaints had been received from any of the ships. The statement of the Chancellor of the Exchequer had caused some little sensation at the Admiralty, and therefore they were making some inquiries.

LUNATIC PAUPERS IN IRELAND.

In reply to Colonel Greville,

Mr. Cardwell said it was not intended to bring in a Bill on this subject in the present session.

MEDICAL ACTS AMENDMENT.

Mr. Whiteside obtained leave to bring in a Bill to amend the Medical Acts.

The Bill was brought in and read a first time.

INCREASE OF SMALL-POX.

Mr. D. Griffiths gave notice that he would call the attention of the Home Secretary to the great increase of small-pox in the metropolis; and also to the practice of conveying infected patients in street cabs.

THE SERPENTINE.

On the motion of Sir J. Shelley, a return was ordered of correspondence in reference to cleansing the Serpentine.

STREET CABS.

Mr. Griffith gave notice that on Friday (the 17th) he should call attention to the use of street cabs for the conveyance of sick people to Hospitals.

ADULTERATION OF FOOD AND DRINK BILL.

Mr. Scholefield moved the second reading of this Bill. He hoped there would be no opposition to it, as his only object was to provide a remedy for the evil of adulteration in food and drink. If in committee on the Bill the House could suggest further safeguards for preventing adulteration, he would be glad to adopt them.

Mr. James said he did not mean to oppose the second reading; but he thought there were provisions in the bill which would require the closest scrutiny on the part of the committee.

Sir G. Grey said the Bill was somewhat similar to one of last session, to which his right hon. friend the Home Secretary had objected; but as the present measure had been so much modified, he would not oppose the second reading. He did not, however, wish to be understood as giving his unqualified assent to the Bill.

The Bill was then read a second time, and that day fortnight fixed for the third reading.

The Black Doctor—M. Vriès, who has become notorious under the name of "the Black Doctor," having been condemned on January 11 to fifteen months' imprisonment and 500*l.* fine for embezzlement, and illegally practising as a physician, appealed to the Imperial Court against that decision. The case came on on Friday week, and the Court, after hearing counsel for the prisoner, postponed its judgment for a week.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following Members of the College, having been elected FELLOWS at previous meetings of the Council, were admitted as such on February 9 :—

Arthur, John, Commercial-place
Chapman, Walter, Lower Tooting
Gardner, William Henry, Gloucester-terrace, Hyde-park
Manifold, Michael Fenton, Army
Wren, Erasmus, Bedford-row, London

The following gentlemen, also, having undergone the neeessary examinations for the Diploma, were admitted MEMBERS of the College, at a meeting of the Court of Examiners on February 10 :—

Adams, William James, Banchory Ternan, Aberdeen
Bird, John Durham, Stockport Infirmary
Dowd, Charles, Camberwell.
Grierson, Samuel, Kirkcudbright
Mackenzie, William Jackson, Greenwich
Matterson, Robert Timothy, Leeds
Porter, Lawley John, Hockley-hill, Birmingham
Quicke, John Mugford, Millbrook, Southampton
Simpson, Frank, Whitby, Yorkshire
Wilton, John, Middle Loddon, Australia

DEATHS.

GINGELL.—February 7, at Morton, near Thorbury, Daniel Gingell, M.D. aged 79.

HARRIS.—February 4, at Botesdale, Suffolk, R. H. Harris, aged 68.

KIMBELL.—February 7, John Kimbell, Knowle, Warwickshire, aged 62.

MCDERMOTT.—At Ballyfeard, Cork, Dr. J. McDermott, North Cork Rifles.

OVERTON.—February 7, at Grunston, R. Overton, aged 49.

MEDICINES and Medical Stores figure in the Navy Estimates for 1860-61 at the sum of £73,000.

A vagabond was committed last week for colleeting subscriptions (as he stated) for the Consumption Hospitals at Brompton and Victoria-park, without authority.

DR. EDWARD SMITH has been elected a Corresponding Member of the Académie des Sciences et Lettres of Montpelier, for his researches on respiratory food.

THE Council of the Soeiety of Arts are aetively engaged in completing preliminary arrangements for the proposed Exhibition of 1862.

THE Inns of Courts Rifle Corps have taken, what we have always considered was rather a Medieal sentiment, for their motto—"*Salus Populi Suprema Lex.*"

THE Tuscan Government, amidst its politieal agitations, has not forgotten science. It has just established at Florence two new chairs, one for syphilitie diseases, and the other for diseases of the skin.

MISS BURDETT COUTTS has presented to the University of Oxford a valuable collection of Devonshire fossils to be added to the collection in the new museum, commenced by the late Dr. Buckland. She has also transferred to the Chancellor, masters, and scholars £5000 Three per Cent. Annuities; the dividends to go to the endowment of two Geological Scholarships.

"I am the deelared enemy," said Guy Patin, "of all those Arabian concocters—*cuisiniers arabesques*—who by antimony alone kill more people than the King of Sweden killed in Germany." Speaking of the Physician of Mazarin, he writes :—"He boasts that he possesses three things which never made a wise man : that he knows chemistry, astrology, and the philosopher's stone. Diseases are not cured by such beautiful seerets as these."

THE MUTILATED (?) LADIES OF INDIA.—"Breakfasted and lunched at the hospitable little mess. By-the-bye, 'the authorities' here tell me they have not seen or heard of any mutilated woman passing through this station, or going by rail to Calcutta" (p. 135.) . . . "Not one of them could tell me of a single mutilation of any woman to which they could depose of their personal knowledge."—*Russell's Diary in India.*

FROM the Report of the Faetory Inspeetors we learn, that during the six months ending October 31 last, there were 2,083 accidents from machinery, of which 27 were fatal, and 127 not arising from machinery, of which 8 were fatal.—The mill-owners still require closely looking over. There were 435 eonvictions for factory offenees, for working women and children beyond the time allowed by law, etc.

"IT is a prevalent habit of labourers, in some parts of the country, to sleep in the tap-room of public houses, where they have a free night's lodging; and it is an interesting sight to see such work-worn individuals lying about in winter, near the fireside, on the floor, tables, and benches, and enjoying as complete a rest as if they were in a comfortable bed. Early in the morning they awake, and most of them begin with beer or spirits, etc."—*Chronic Alcoholic Intoxication by Dr. Marcet.*

AN EAST-INDIAN DOCTOR.—"Oh, that is the doetor of the station. He attends the sick Europeans. He also gets, under eertain eireumstances, head-money for every native soldier in garrison." "Does he attend them, then?" "I should think not!" Why, how on earth should he attend a lot of niggers? "But why is he paid for them?" "Ah! that is another matter, you must understand our system a little better before you can comprehend things of this sort." —*Russell's Diary in India.*

OBSTETRICAL SOCIETY OF MANCHESTER.—Offieers for 1860 :—Honorary President, Dr. Radford; President, Dr. Ogden; Vice-Presidents, Dr. James Bower Harrison and Dr. Edward Stephens; Treasurer, Daniel Lynch, Esq.; Honorary Secretary, Mr. Henry Runcorn.—At a meeting held at St. Mary's Hospital on the 7th inst. for the inauguration of an Obstetrical Soeiety, an address was delivered by the President, Dr. Ogden, Physician to the Hospital. The address was a very appropriate one, and impressively delivered. After an exordium of some length, the President enumerated the advantages whieh would aecrue to Obstetries, and an improved obstetric education, by a union of this kind, where eases of importance would be discussed and published, emanating from the ample store of rare and valuable cases afforded by the Hospital, and the veterans in the Profession in this city and its vicinity. He said that an immense amount of experience was lost to the Profession, in facts and useful information, in consequence of no medium, such as an Obstetrical Society affords, being in operation in this city, to enable them to give a systematie aecount of facts relating to Midwifery. He gave an interesting account of the important operations performed in this Hospital, such as seldom oecur in private practiee, which he had witnessed since his election, all of whieh were performed with quite an average suecess to those oeeurring in the Metropolitan Hospitals. He was surprised that no Society of this kind had been instituted in our city, second only to the metropolis, eomprising such an immense field as Manchester afforded, with its large population; and felt assured that such a Soeiety would be of extreme advantage to midwifery, science, and the general community. After wishing the development and progress of the Society every suceess, he paid a high eompliment to the Patron of the Hospital, its Honorary President, Dr. Radford, in the following very pleasing and opportune eulogium, "wishing that he might live long, to enable him to witness the effects of his munifieenee and ability in raising St. Mary's Hospital to that pinnacle of usefulness and philanthropy which so colossal an undertaking deserves; and that the members of this Soeiety may emulate the Patron of St. Mary's Hospital; that the Hospital may flourish; and that its scientific records may assist in carrying out the views which this Society have a right to expect, and which his colleagues have antieipated, of raising the education of Obstetric Medicine to an equality with Medicine and Surgery." He felt assured that such a Society would afford material aid in the eultivation of Obstetrie Medicine, and the general advancement of truth from practieal facts. Officers were appointed for the year, and a vote of thanks terminated the proceedings.

PRACTICE OF POOR-LAW MEDICAL RELIEF.—We have reeeived the following revelation of Poor-law proceedings, and consider it our duty at once to publish it. The iniquities continually perpetrated under the auspices of the Poor-law Authorities cannot be much longer endured; and every fact which tends to bring the system into further disgrace will assist

in allaying them. The facts contained in the following charge, brought against one of the administrators of the system, are strange indeed; and they are brought against him by a member of our own Profession. We shall not now indulge in any further comment on the case, awaiting possible explanations:—"At the last meeting of the Chelsea Board of Guardians, Dr. Brown, the humane Medical officer of the parochial district of Kensal New Town, appeared to answer a charge made against him by Tubbs, a relieving officer, for giving a Medical certificate that a sick man, named Murphy, was not in a fit condition to be removed to the workhouse, while he was so in reality. On the back of the certificate Dr. Brown wrote a memorandum, warning Tubbs that if he neglected the sick poor in the way he had been in the habit of doing, he would report him to the Board; and further requested Tubbs to provide a generous diet for the sick man. Upon this, Tubbs consulted a Mr. Walker, one of the Guardians, and the issue of which was the employing a strange Doctor, Mr. Barnes, to visit the sick man unknown to Dr. Brown, and Mr. Barnes certified that the man was in a fit condition to be removed to the House. Dr. Brown now complained, in warm terms, of the way he had been treated by the Guardians in sending another Medical man to his patient in the manner they had, as it was impossible that a Medical man totally unacquainted with the case could form a fair opinion of it; and Dr. Brown complained that Tubbs, the Relieving Officer, had continually acted in systematic opposition to his wishes; and, in turn, made the following charges against Tubbs's treatment of the sick poor in his district:—Dr. Brown stated that, on the 26th of December last, he visited a sick pauper, named Treevy, and Tubbs afforded relief only after the man was dead. When Treevy was in a dangerous state, Tubbs sent a cart to fetch him to the workhouse; and the sick man's wife was horrified to find in the cart that her husband was to ride in, a corpse. The sick man, upon this discovery, refused to ride in company with the dead, and died shortly afterwards. When his wife remonstrated she was grossly abused.—In answer to this, Tubbs said he considered the House, under the circumstances, the most fitting place for Treevy to be in; and he gave directions for the contractor for conveying the dead and sick to fetch the man; but the man actually refused to go with the contractor. He knew nothing about a corpse being in the cart—in fact, it was not a cart, but a black van.—After a lengthy discussion, the humane Guardians backed their Relieving Officer, and Dr. Brown said he would pay out of his own pocket the nourishing diet his sick patients required. He endeavoured to deal justly towards the parish and those under his care."

"A respectable tradition may be invoked in favour of crinoline. Anchises was doubtless in an ecstasy at the sight of the one worn by Venus:—

"Videns eam
Anchises admirabatur formam et stupendas vestes."

And Ovid assures us of its antiquity in this expression of disappointment:—

"Pars minima est ipsa puella sui."

Thus crinoline continues its progress, spite of all protestations, easily stifled, of those who are chilled, or of those who are burnt by it. Our neighbours over the Straits have endeavoured to take some measures against the accidents which are continually taking place through it. The Queen, whose power connot rule the caprices, at least desires to save the lives of her subjects; and in accordance with her desires, M. Versmann and Dr. Oppenheim are at work endeavouring to find out some material which shall render incombustible the tissues in which ladies clothe themselves. They recommend tungstate of soda, and sulphate of ammonia, and especially the last on account of its cheapness. At present, therefore, the pleasant fiction of the phœnix rising from its ashes may be accredited on each occasion that one of our imprudent beauties catches fire."—*Gaz. Méd. de Lyons.*

SUICIDE IN SWEDEN.—Professor Berg, of Stockholm, has recently published a Report on the Suicides which occurred in Sweden during the years 1843-51. They amounted to 1308, *i.e.* a yearly average of 145·3. A steady increase in their number has taken place since the year 1770. From 1771 to 1775 one suicide occurred amidst 65,320 inhabitants. During the first five years of the present century the proportion rose to 1 in 30,010; from 1816 to 1820, to 1 in 20,690; and from 1816 to 1850, to 1 in 14,830. In the towns the proportion is nearly three times as great as in the country districts. In Stockholm, between 1836-40, there was 1 suicide in every 5560 inhabitants; and from 1846 to 1850, 1 in 5390. Of 6348 suicides occurring since 1816, 5061 (79·72 per cent.) belonged to the male, and 1287 (20·28 per cent.) to the female sex. It was seldomest committed by unmarried females, and most frequently by married men. The majority of suicides were committed between the ages of 25 and 50; viz. almost three times as many as before 25, and one-half more than after 50. By far the greatest number occurred in May, viz. more than 14 per cent.; December, November, and February furnishing the fewest numbers: 21·6 occurred in winter, 32·9 in spring; 25·9 in summer, and 20·3 in autumn. As to the form of death, hanging was resorted to in 38 per cent.; and to this succeeded poisoning in 24·8 per cent., drowning in 21·4 per cent., stabbing in 8·8 per cent., and shooting in 7 per cent. In the years 1826-31, the kinds of suicide did not observe this proportion; for of 466 suicides, 126 took place by hanging, 123 by drowning, 103 by poisoning, 66 by shooting, and 48 by stabbing. Arsenic is the usual poison resorted to. Poisoning and drowning are more frequently resorted to by women than men; while shooting, hanging, and stabbing occur oftenest among men. In the various districts of the kingdom the kinds of suicide vary much; some of these, as poisoning or shooting, being in certain parts quite unknown. Drunkenness has been juridically proved as the cause of suicide in more than 20 per cent. of the cases.

SANITARY SCIENCE IN MILAN.—Every butcher's shop in Milan is a slaughter-house for oxen, calves, sheep, and pigs, and the killing is so openly performed that it is by no means uncommon to see groups of men, women, and children greedily watching the action of the butcher's knife. In the summer the stench arising from the offal and stale blood is really frightful, and our only surprise is that with the butchers' shops and the pestilential effluvia arising from the night-carts that roam about the town for hours, and particularly in the hot months of summer, Milan escapes an annual epidemic. The cemeteries are also a disgrace to the city. It is shocking to see the indecent manner in which the dead are huddled together.

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 11, 1860.

BIRTHS.

Births of Boys, 1080; Girls, 991; Total, 2021.
Average of 10 corresponding weeks, 1850–59, 1721·3.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	754	688	1442
Average of the ten years 1850–59	591·6	596·3	1187·9
Average corrected to increased population	..	..	1306
Deaths of people above 90	..	..	7
Deaths in 15 General Hospitals	44	21	65

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	2	5	10	2	3	6	1
North	490,396	8	4	9	2	10	7	1
Central	393,256	6	3	6	1	7	4	1
East	485,522	9	6	11	3	15	3	5
South	616,635	12	6	11	3	12	9	3
Total	2,362,236	37	24	47	11	47	29	11

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·765 in.
Mean temperature	36·7
Highest point of thermometer	50·2
Lowest point of thermometer	23·2
Mean dew-point temperature	31·1
General direction of wind	Variable
Whole amount of rain in the week	0·40
Amount of horizontal movement of air in the week	1050 miles.

BOOKS RECEIVED.

Clinical Surgery. Part I. By T. Bryant, F.R.C.S. London: 1860.

Foundation for a New Theory and Practice of Medicine. By T. Inman, M.D. London: 1860.

The Anatomy of the Human Lung. By A. T. H. Waters, M.R.C.P. London: 1860.

The New Sydenham Society. Vol. V. 1859.

Clinical Lectures on Certain Acute Diseases. By R. B. Todd, M.D. F.R.S. London: 1860.

A Method of Preserving Vaccine Lymph. By W. Husband, M.D. London: 1860.

On the Sewerage of Towns as it affects British Agriculture. By Mr. Mechi. London: 1860.

On Military and other Tents. By G. Turner. London: 1858 and 1860.

TO CORRESPONDENTS.

X. Y. Z. will see that the pamphlet arrived safely.

Mr. Bindon's letter on Tetanus shall appear next week.

Subscriber.—1. No. The Poor-Law Board now make no distinction between *registered* practitioners. 2. Berlin and Vienna.

Mr. A. Sympson.—The January number of *Macmillan's Magazine* contains a very interesting biography of the late lamented Dr. George Wilson, of Edinburgh.

A Lecture by Dr. Parkes, on Acute Sthenic Pneumonia, is in type, and will appear next week; with M. Claude Bernard's Seventh Lecture on the Chemical Agents of Disease in the Living Body.

Mr. Ayre.—Fourteen essays were sent into the French Academy of Sciences on the subject of cholera, but not one of them was considered worthy of even an honourable mention by the committee appointed for awarding the Bréant Prize.

K., a writer in a Medical contemporary informs the Profession that:—"Cloquet has removed a diseased *heart* as effectually by mesmerism as by chloroform!" If this be correct, Cloquet must have removed at least two diseased hearts.

Mr. Gould.—Even if the report in the local papers be more correct than that in the *Times*, which is not very probable, it does not alter our opinion of the case. Mr. Gould calls himself a SURGEON; as he is not a Surgeon, he ought to be ashamed of himself, and ought to be punished.

H. K.—The stir about Hypnotism in Paris has induced book-worms to look up old musty records, and they find that the thing was known to Father Kircher and others two centuries ago. He terms the phenomena *actinobolism*, or irradiation. Daniel Swenter, also, in 1636 recounts similar experiments. Father Kircher, in his "Ars Magna," published in 1646, describes various experiments on fowls.

Mr. W. Owen.—We have been favoured with the following extract from Minutes of Board of Guardians, Braintree Union, February 6, 1860. "That this Board sincerely regrets the resignation of Mr. Owen, as Medical Officer of the Finchingfield District of this Union, which he has held for a period of twenty-three years, and the duties of which he has discharged to the entire satisfaction of the several Boards of Guardians, and they believe, with great attention and kindness to the poor, from whom no complaints have ever been received by the Board."

DRESSING OF ISSUES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The following contrivance of mine, for the above purpose, is so much more simple and comfortable than the ordinary plan, that I hope you will insert it.

Through an India-rubber band (such as are used for keeping a bundle of letters together), I pass the shank of an ivory stud, I next lay a bit of folded lint, with a hole cut in it (the size of the issue and the stud) on the part, to absorb the moisture, the strap keeps this in position, as also the stud which acts as the pea, in a much more perfect and comfortable manner, than the troublesome apparatus of plaster and bandages. Of course as many studs can be used as are needful. I am, &c.

C. W.

TITLE OF DOCTOR.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In looking over your last year's volume, wherein is included a vast mass of correspondence, as to the legality of Licentiates of the College of Physicians assuming the title of Dr.,—and as to the concurrent conclusions of those qualified to give an opinion, and the verdict of the Profession generally, there can now be no doubt. These Licentiates will still, however, continue to wear what does not belong to them, and few will care about the matter.

But what I wish to draw your attention to, is the fact that a book published under authority, and called the Navy List, should stamp M.D.,—deliberately M.D.—against the names of various men, simply Members and extra-Licentiates of the College of Physicians. Why a clerk of Somerset House should have the power of dubbing any man M.D., upon his presenting a licence from a College of Physicians, I don't know. Sir John Liddell should see to this. I am, &c.

EH.

AN ACCOUCHEUSE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I do not know whether you and other members of the Profession have been equally favoured, but the enclosed is really too "oily" by half to pass unnoticed; it almost surpasses the impudence of Kahn and his abominable Museum, which ought to be indicted just as much as the Holywell-street nuisance. The object of the enclosed, "for the reception of a lady in her confinement who might require temporary retirement" is so obvious, that it would be worth while to ascertain who "the most respectable references" are.

Pray are we to regard Mrs. B—— as a regular Practitioner, and is the "Diploma" (see the card) of the British Lying-in Hospital recognised as a qualification by the Medical Council? My man-servant tells me that a "gentleman" left the note for me. If you have not been so favoured it may add a wrinkle to your editorial brow. I am, &c. A. H.

"1, Crowndale-place, Camden-town, August 11, 1859.

"SIR,—I take the liberty to enclose my card, and beg to state that I have very handsomely furnished apartments, suitable in every respect for the reception of a lady in her confinement who might require temporary retirement.

"The most respectable references can be given.

"I am, Sir, Your obedient Servant,

"ANNE MARIA BERRY, Accoucheuse."

[CARD.]

"Mrs. B——, Midwife,

"No. 1, C —— place, O—— square,

"Diploma from the British Lying-in Hospital."

COMMUNICATIONS have been received from:—

Professor SIMPSON; Dr. PARKES; M. CLAUDE BERNARD; Dr. MARCET Registrar-General; Dr. ROLLESTON; Dr. WALLACE; Dr. LANKESTER; Dr. WILKS; Dr. PATTERSON; Mr. DALTON; Mr. VINCENT; Mr. NOURSE; Mr. FARRER; Mr. COLE; Mr. OWEN; Mr. CALVERT; Mr. ROSCOE; Mr. FIELD; Mr. LEONINI; Mr. READ; Dr. HARLAND; Mr. EASTON; Mr. TAYLOR; Mr. COOKE; Mr. ROBERTSON; Dr. LYCETT; Dr. MURRAY; Mr. WILSON; Dr. SMART; Mr. HEBDEN; Dr. ROOKE; Mr. PETCH.

APPOINTMENTS FOR THE WEEK.

February 18. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. Lankester "On the Relations of the Animal Kingdom to the Industry of Man."

20. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Mr. Price "On the Treatment of certain Diseased Conditions of the Hip-Joint, by complete and partial Excision of the Articulation."

21. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Owen "On Fossil Reptiles."

PATHOLOGICAL SOCIETY, 8 p.m. (Council Meeting 7.)

22. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

23. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall "On Light."

ROYAL SOCIETY, 8½ p.m.

24. *Friday.*

Operations, Westminster Ophthalmic. 1½ p.m.

ROYAL INSTITUTION, 8 p.m. Dr. W. B. Carpenter "On the Relations between the Vital and Physical Forces."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—For Cicatrix after Burn; Disease of Upper Jaw; Hare-lip. By Mr. Bowman—For Varicose Veins; Strabismus; Displaced Prepuce.

ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture VII.

EXPERIMENTAL PATHOLOGY. ON CATALYSIS; OR, ON THE CHEMICAL AGENTS OF DISEASE IN THE LIVING BODY.

Summary: Difference in the Action of Poisons upon Various Animals, to be mainly referred to the Nervous System—Animals, when less Sensible to Neurosthenic Poisons, more liable to Contagious and Virulent Diseases—This Difference accounted for by the Alterations which take place in the Blood—Mortification of Parts, the Vessels of which have been Tied—Septic Poisons invariably Produced within Living Bodies—Their Origin difficult to be accounted for—In some Cases the Virus pervades the whole Economy; in others it is localised in particular Organs—Hydrophobia — Glanders — Contagious Pneumonia — Physiological Analogies with these Morbid Conditions—A mad Dog resembles a Viper—Methods of artificially Imitating this Morbid Process: Injection of Yeast into the Veins—Of Corrupted Blood—Of the Blood drawn from fasting Animals—Putrid Symptoms observed in consequence—Pringle's well-known Experiments on Putrid Contagion — The Progress of Medicine in this respect intimately connected with that of Organic Chemistry.

Gentlemen,—In a preceding Lecture we endeavoured to convince you that idiosyncrasies ought to be referred to certain peculiar organic predispositions, which, far from introducing physiological laws of an entirely novel character into the economy, are the natural result of the properties enjoyed by the nervous system.

We have already stated, that animals debilitated by want of proper nourishment submit less readily to the agency of certain poisons than others in a vigorous state of health; but, as you are aware, it has been questioned whether similar modifications are due to nervous influence, and whether the diminished activity of the absorbent powers is not sufficient to explain them. In order to settle the question at once, I injected an aqueous solution of woorara into the veins of two rabbits, one of whom had been previously fasting, while the other was duly fed; in this manner, absorption was entirely dispensed with, the poison being at once conveyed into the blood. The result was such as might have been expected. To poison the fasting animal a dose larger by one-third was required than had been found sufficient to destroy the other. It is, therefore, perfectly clear that all this class of phenomena must be entirely referred to the agency of the nervous system.

But, while the animal is in some measure preserved from the noxious influence of certain poisons, through the rapidly-increasing debility of its nervous system, it becomes obnoxious to the action of morbid influences of a totally different character. It even appears to me, that in our nosological classifications this peculiar liability of the system might be turned to account, as regards the etiology of disease.

To adduce a characteristic instance of this: when frogs have been kept for a long space of time in captivity, their health declines, and ulcerations arise around the nose and mouth; the nervous system being in this case considerably depressed, the animal is of course found to resist much longer the action of strychnia and similar poisons, while parasitical affections spread with fearful rapidity. Frogs are subject to the growth of parasitical fungi, which, after a certain lapse of time, occasion the animal's death. Now, if a healthy frog is placed in a jar, containing others affected with the above-mentioned disease, the new-comer sets contagion at defiance; while if another frog, affected with ulcerations in the vicinity of the natural orifices, is introduced into the jar, the parasitical vegetation covers it at once.

It has been found that similar affections always have a strong tendency to arise in animals in a low state of health. The itch, a disease which frequently prevails among horses and sheep, is scarcely ever found to attack animals in good condition; and, in man, the lower classes are known to be a prey to vermin, especially in childhood and old age; while persons who live under more favourable circumstances are scarcely ever affected with this inconvenience, except towards the latter end of long and painful diseases; for it is generally in such cases that the *morbus pediculoris* has been observed.

The decrease of nervous power equally constitutes a predisposition to putrid, contagious, and virulent affections; the fact is well known to Veterinary Surgeons.

It would appear, therefore, that an apposition exists between the two great classes of disease we have just examined; in proportion as the animal grows more sensible to the action of neurosthenic poisons, the power of resisting the influence of putrid substances is increased. How is this difference to be accounted for? We shall attempt to give you a solution of the difficulty.

That the chemical composition of the blood should incessantly be modified, is one of the essential conditions of life; repairing, as it does, the daily losses of the economy, and renewing the elements of all the tissues which enter into the system, the blood may be compared to a torrent which continually pours out new substances, while other elements are flowing into it; and the stronger are the animal's vital powers, the more rapid are the successive changes of the blood; a fact principally observed in birds, which enjoy greater vital energy than any other class of animals. The uninterrupted continuance of circulation is, therefore, in such animals, of still greater importance than in others; the blood cannot stagnate without promptly acquiring septic properties. If the tributary vessels of a muscle are tied in a mammal or bird, it become a putrid mass within twenty-four hours; in a batrachian this change would not take place before a much longer space of time.

Now, you are aware that the nervous system presides over all the phenomena of life in which motion is concerned; as soon, therefore, as the nerves are impaired, circulation languishes, and the chemical composition of the blood becomes thereby liable to important changes. If, therefore, an animal being given, it is our purpose to preserve it from the action of woorara, or similar poisons, we must lower its forces. If, on the contrary, we intend to preserve it from contagious diseases, we must increase them by all possible means.

But these septic bodies, or specific poisons, are almost invariably organic substances, and are produced within a living organisation; here we have, no doubt, a peculiar and characteristic biological action; we need not, therefore, be surprised to see pathologists endeavouring to withdraw this class of phenomena from the domain of physiology, in order to make them the exclusive property of Medicine.

We must not, however, in my opinion, give up all hope of connecting, one day, these morbid phenomena with the laws of physiology. If at present unable to do so, we shall no doubt succeed at some future period. Is it not, in fact, quite possible that in animals certain physiological conditions may arise, which would give birth to virulent poisons? We are aware that in a perfect state of health, several creatures are venomous; that is to say, they possess a peculiar virus which Nature has given them for the purpose of killing their prey, and defending themselves from their enemies. Here, then, we have a physiological virus; how is it produced within the system? The difficulty is quite as great as with regard to morbid poisons.

It would appear that in several cases the noxious substance prevails throughout the economy; in other cases we only discover it in certain fluids. The virus which occasions hydrophobia belongs to the latter class; it resides exclusively in the animal's saliva. We are not yet aware whether any one of the salivary glands is its peculiar seat, or whether it is indifferently secreted by all of them. No experiments have been tried on this point; but it has been experimentally proved that the peculiar venomous principle does not exist in the blood; transfusion does not convey the disease from a mad dog to a healthy one.

It is a singular fact, and one which pre-eminently deserves our attention, that in so general a disease the virus, which

alone is capable of transmitting the affection, should be exclusively localised within one single apparatus, without existing in the blood at large. Yet, if we reflect upon the question, we discover, in the physiological state, a great many similar dispositions; the principles which concur in a vast number of physiological functions; pepsine, ptyaline, and the active principle of the pancreatic juice, are they not created by special glands? and is not the venom of serpents, which does not exist within the blood, produced by a special apparatus? Viewed in this light a mad dog resembles a viper or a rattlesnake.

But, on the other hand, there exist several virulent diseases, in which the blood really appears to contain the morbid principle. This is the case with the glanders; and it is a well-known fact that healthy animals may be infected with the blood of a diseased horse, as well as with the slimy matter that escapes from the nose and mouth.

But another particular, which will, perhaps, excite your astonishment, is that the normal secretions, bile, saliva, gastric juice, and so forth, do not appear to contain the slightest vestige of this poison; while, on the other hand, the pathological fluids appear to be impregnated with it, and possess the property of transmitting the disease to sound animals—a fact experimentally proved with regard to pus, the fluid contained in a hydrocele, and various other morbid secretions. For this reason alone are the autopsies performed on animals that die of the glanders attended with so much danger; the virus pervades the whole system, and the slightest wound is sufficient to inoculate the complaint.

You need not, however, be astonished at this singular property; you have already witnessed the repulsion which the salivary glands evince for certain substances introduced into the blood; and why should not certain morbid principles be in this manner rejected from all the secretions in which the normal conditions remain unimpaired? The same thing appears to take place with respect to the contagious pneumonia of horned cattle. We are aware that volatile emanations transmit the morbid principle; but experiments have been tried (in Belgium) for the purpose of inoculating it directly to animals, as a preservative against the disease. Something similar to the process of inoculation in the small-pox was expected to result from this; it was then discovered that neither the animal's blood nor any of the fluids of the economy was endowed with the property of propagating the complaint. It appears to have chosen the lung for its exclusive seat, and the liquids therein contained, pus, lymph, etc., are alone endowed with the property of transmitting the complaint. The intense local inflammation which follows the operation sufficiently testifies to the noxious properties of this virus; and when, in order not to spoil the animal's flesh, the tail is selected as the point where inoculation is to be performed, the subsequent inflammation frequently causes it to mortify.

Here, then, we have another virus which exclusively resides in the tissue of the lungs, and is not found in the blood at large; but even in the normal state a great many substances are found in various tissues, which do not exist in this fluid. Thus, muscular flesh contains a large amount of salts of potash, while scarcely any trace of them is found in the blood; in a word, the various bodies found in different parts of the economy are not invariably represented in the torrent of the circulation.

The history of specific diseases offers, therefore, nothing which cannot rationally be explained; it now remains for us to discover the physiological process by which a virus may be originated. Nothing is easier than to produce putrid affections in sound animals. Thus, when transfusion is performed under the ordinary conditions—when the blood is conveyed directly from one animal into the veins of another—no accidents whatever are produced; but if the blood is allowed to remain for a short space of time in contact with the atmosphere, and if the serum is then injected into the vessels, all the symptoms of putrid resorption are observed, and the animals die after exhibiting all the characteristic symptoms of putrid infection.

The blood is therefore capable of acquiring toxic properties without the intervention of any foreign principle, merely through the modifications which take place in its composition when life is extinct. The same results may be attained to without even drawing blood from the veins. If the blood of a fasting animal is directly injected into the veins of a healthy one, the latter is poisoned exactly in the same manner as before; and yet the blood, in this case, has not undergone any previous decomposition.

The introduction of foreign principles, of course, acts upon the blood with still more intensity; nearly all the substances known under the name of *ferments*, are endowed with the property of communicating a deleterious influence to this fluid. When yeast is introduced into an animal's veins, passive hæmorrhage, and other adynamic symptoms, are immediately produced, and death takes place within a few days. Now, if the animal's blood is transfused into another's veins, all the phenomena previously described take place in rapid succession, exactly as if yeast, and not blood, had been directly poured into the vessels.

It seems likely that in this case a series of decompositions take place within the blood, which give rise to other *ferments*. The well-known experiment related in Pringle's work on Army Diseases, appears to tally with the result of our own experiments.

(In order to prove the influence of putrid emanations, even at a distance, on the chemical phenomena of life, he plunged a thread into the yolk of a rotten egg, and then suspended it in a jar containing the yolk of another egg, and under these circumstances, decomposition took place with far greater rapidity than usual.)

We, therefore, perceive that all this series of phenomena holds intimate connection with that mysterious chemical process known under the name of *catalysis*. The theory of fermentation is at present so imperfectly known—and organic chemistry has in this respect made, as yet, so little progress—that it would hardly be fair to reproach Medicine with its deficiencies on this point. There exists a whole series of diseases which evidently result from the chemical actions which take place within the body. It is, therefore, chemistry alone, which, in its future progress, can teach us the physiological laws which embrace this particular branch of Medicine.

CLINICAL LECTURE

DELIVERED AT

University College Hospital,

By E. A. PARKES, M.D.

Professor of Clinical Medicine.

CASE OF ACUTE STHENIC PNEUMONIA LEFT WITHOUT TREATMENT.

OBSERVATIONS ON THE TEMPERATURE OF THE BODY, AND ON THE URINARY EXCRETION.

Gentlemen,—The case of acute pneumonia, which I bring to your notice, has favourably run its course without further treatment than the application of a few leeches. You must not, however, conclude from this, that all cases of pneumonia should be left untreated. On the contrary, I am firmly persuaded that we have it in our power materially to modify the course, and shorten the duration of pneumonia by the judicious employment of blood-letting, leeching, tartar emetic, certain salines, and opium. But as it is extremely important that you should know what is the natural and unmodified course of a disease, and as this appeared to be a favourable opportunity, I thought I could conscientiously leave the patient to the unassisted processes of Nature.

Before commencing the case, let me remind you that in persons under 35, and who do not suffer from any organic affection of the heart, liver, or kidneys, the acute sthenic pneumonia has, in the great majority of instances, a definite course. After some days of very slight initiatory malaise, severe febrile symptoms commence suddenly, and attain in a few hours a great intensity. An almost as sudden an improvement occurs about the fifth day, in slight cases; about the ninth or tenth day in severe. The fever then either greatly lessens or ends, and all we have remaining is the local mischief which has taken place in the lungs, and which time more or less rapidly removes. This course, however, is, as already suggested, materially altered by the presence of other affections, especially of the kidneys and heart, and by the effects of the secondary contamination of the blood which results in the latter stages from the absorption of the lung exudation, and which can give rise to

inflammation of the other lung, to pleurisy, pericarditis, and coagulation of blood in the heart or vessels. But making every allowance for these modifying agencies, we cannot refuse to allow that the symptoms in a majority of cases are evolved in a regular and consecutive manner.

In considering our case, we will divide the symptoms under three heads:—

1st. The course of the pyrexia, as measured especially by the thermometer and the pulse.

2nd. The course of the local lung symptoms.

3rd. The condition of other organs.

The patient, G. D., aged 22, is a well-built man, weighing when in health about ten stone, and measuring 5 feet 4½ inches in height. In habits, temperate; in occupation (cab-driver), much exposed to cold and wet. He has twice had rheumatic fever (eleven and two years ago), and his heart, in one or other attacks, has been slightly damaged, for he has slight aortic obstruction and mitral regurgitant disease, without at present any marked alteration in the size of the heart's cavities. Owing, perhaps, to his exposed occupation, perhaps to some slight reflux of blood from the slightly incompetent mitral valve producing lung-congestion, and perhaps ectasis of the pulmonary vessels, he has been subject for six years to slight winter bronchitis, but at present he has no, or only slight, emphysema.

From his previous history, therefore, you will see that he has a strong rheumatic tendency; that his lungs have been somewhat damaged; and that these two unfavourable conditions are always liable to be called into action on account of his exposed mode of life.

For some days previous to Wednesday, January 4, he had had slight malaise, a little cough, and pain in the left side. At 4 p.m. on the day mentioned he shivered, had headache, and increase of cough. Next day he was so ill as to be confined to bed, and his expectoration was viscid and bloody. He was admitted in the evening of January 6. He does not attribute his illness to any special exposure. Counting the commencement of the disease from the shivering, and omitting the previous malaise, he was, when admitted, in the third day of the disease, the third day being completed at 4 p.m. on January 7. He was intensely febrile, with flushed cheeks; constant cough; viscid, bloody, pneumonic expectoration; hurried breathing, with crepitation and bronchial respiration over the posterior base of the left lung. The conjunctivæ were a little yellow.

1. *The Course of the Pyrexia.*—Owing to the care of Mr. Ringer and Mr. Miller, thermometrical observations in the axilla were taken hourly during the day, from nine in the morning till eleven and twelve at night. The annexed table gives the general results. I have placed the pulse and respirations with the temperature, for the purpose of comparison.

During the third and fourth days of the disease the temperature was uniformly high, the difference between the maximum and minimum being only 1·6° on the third, and 0·6° on the fourth day. The fourth day was the most febrile, both as to mean temperature and as to constancy of height. The fifth day was scarcely less febrile. The mean temperature was $0·2^5$ below the fourth day, but the minimum was above the minimum of the fourth day. Towards the end of the fifth day, however, and during the commencement of the sixth day (from 4 to 12 p.m. January 9), the thermometer decidedly slightly fell; then during the night of January 9 (early part of the sixth day of the disease) it made a great descent to 101° and after this time never rose above 101·4°. During the whole of the after part of the sixth day, and the first part of the seventh, the temperature continued to fall, and at 11 a.m. on January 11, (the nineteenth hour of the seventh day of the disease), it reached 98°. In 36 hours it had fallen from 103·2 to 98, or no less than five degrees. Afterwards it oscillated for two days betwen 98° and 98·8°, but never rose above this latter point. The fever in fact had ended. This sudden end of pyrexia, this rapid "defervescence"—to use Wunderlich's useful phrase—is what the old physicians termed "the end by crisis," and it is sometimes accompanied by strong action of some eliminating organ—either the skin, the kidneys, or the bowels. In our case there was both profuse sweating and considerable urinary excretion, but whether more at the period of rapid fall than before is uncertain. The pulse ranged from 120 to 100 during the first three days, and then fell to 90, 80, and 70. On comparing carefully the hourly variations of the pulse and temperature, it is quite clear that there is a connexion between them, so that either simultaneously, or often a little before or after, a fall

TABLE OF THE TEMPERATURE, PULSE, AND RESPIRATIONS.

From Hourly Observations during the Day. Mean Number of Daily Observations, 14.

Date.	Day of Disease. (The disease commenced at 4 p.m.)	Temperature in Axilla. Hourly Observations during the Day.					Pulse. Hourly Observations during the Day.					Respirations hourly observed. Mean No.
		Mean.	Max.	Min.	Hours of Max.	Hours of Min.	Mean.	Max.	Min.	Hours of Max.	Hours of Min.	
Jan. 7	Part of third and part of fourth day.	103·6° Fah.	104·2°	102·6°	7 p.m.	9 a.m.	108	120	100	1 a.m.	2, 5, 10, and 11 p.m. 11 a.m.	36
„ 8	Part of fourth and fifth days.	103·9°	104·2°	103·6°	5, 7, and 8 p.m.	11 a.m.	107	116	98	7 p.m.		36
„ 9	Part of fifth and sixth days.	103·4°	104·2°	103°	1 p.m.	8 and 10 p.m.	106	112	100	4 and 6 p.m.	10 and 12 p.m.	43
„ 10	Part of sixth and seventh days.	100·6°	101·4°	99·4°	9 a.m. 1 p.m.	11 p.m.	93	112	82	5 p.m.	10 p.m.	38
„ 11	Part of seventh and eighth days.	98·6°	99°	98°	3, 5, and 6 p.m.	11 a.m.	86	84	72	2 p.m.	4 p.m.	30
„ 12	Part of eighth and ninth days.	98·5°	98·8°	98·4°	1 p.m.	10 a.m. 2 and 4 p.m.	76	84	70	1 p.m.	9 a.m.	31

or rise in the thermometer occurred with a fall or rise in the number of the pulse. Not infrequently the alteration in the pulse occurred before the change in the thermometer. Still there are several exceptions, and sometimes the pulse rose, (though never greatly,) when the temperature was falling. From an analysis of cases of typhoid fever, I have been led to believe that no relation exists between the numbers of the pulse and the heat of the body, but certainly in this instance the facts seem to indicate otherwise. When the thermometer oscillated and finally fell, the pulse fell at the same time and very uniformly. The respirations averaged 38 in the four first days, and 35 afterwards. They did not fall nearly so much as the temperature and the pulse, and in this case at least were not nearly so good an indication of the course of the pyrexia. As the mean of the thermometer was not above 104, as the mean of the pulse was not 120, and the mean of the respiration was not 40, this case must be considered a slight one, for the rule laid down by Wunderlich is very useful—viz. to judge of the intensity of the disease by these symptoms, to call all cases slight that fall below them, and all severe in which the thermometer averages more than 104° during the height of the disease, the pulse more than 120, and the respiration more than 40.

2. *The Local Symptoms.*—When the patient was admitted there was considerable crepitation, and some bronchial respiration in the lower lobe of the left lung. The hepatization increased, and was considerable on the fifth and sixth days. Possibly it even increased after this time, but of this I am not certain. At any rate, its greatest amount was either at the period of the "defervescence," that is of the rapid fall in temperature, or was subsequent to this. The number of respirations, as already said, was even greater after the temperature and pulse had commenced to fall than before, so that they appeared to run parallel rather with the amount of the hepatization than with the general fever. The sputa were most bloody during the third and fourth days of the disease, were less florid, and more rusty, on the fifth and sixth; then

became less viscid and free from blood or hæmatine. The pain in the side disappeared on the fourth or fifth day. After the seventh or eighth day the bronchial respiration began to lessen, and had ceased by about the twelfth to the sixteenth day. On this point I am not quite sure. Harsh respiration, some redux crepitation, and a little sonorous *râle* were left for some days more.

3. *The Condition of other Organs.*—The heart has already been noticed. There was supplementary breathing in the right lung, and about the angle of the right scapula was some slight suspicious bronchial respiration, as if there were some consolidation there. This, however, disappeared early. The liver was not enlarged or tender, but the conjunctivæ were very slightly yellow. This yellowness disappeared at convalescence. The condition of the spleen and pancreas was unknown. There was thirst, loss of appetite, and dry furred tongue. The action of the eliminating organs was as follows: *a*. The skin acted profusely throughout, both before and at the period of defervescence. *b*. The bowels were rather confined; the motions said to be natural. *c*. The amount of excretion from the lungs was undetermined. *d*. The excretion from the kidneys was not determined till January 9, viz. part of the fifth and sixth days of the disease; the last day of the intense pyrexia. On this day there was a little albumen (one-sixth of the height of the urine in a test-tube). There were no chlorides. On the following day the albumen had disappeared.

TABLE. (a)

Date.	Day of Disease.	Condition of Patient.	Amount of Urine in cub. cents. in 24 hours	Urea in grammes in 24 hours	Chloride of Sodium in 24 hours, in grammes.	1 kilogramme of body weight excreted in 24 hours, of urea in grammes.
Jan. 10	Part of 6th and 7th days	First day of Defervescence, temp. 100·6° Fah.	980	85·56 (= 1321 grains)	..	1·345
,, 11	Part of 7th and 8th	Temp. 98·6° Fah. Complete defervescence	..	..	..	..
,, 12	Part of 8th and 9th	Complete defervescence. Absorption of exudation	865	87·28 (b) (= 1349 grains)	..	1·373
,, 13	Part of 9th and 10th	,,	865	87·38 (= 1349 grains)	..	1·373
,, 14	Part of 10th and 11th	,,	..	..	Some, amount unknown. 0·040grms. in 10 c. c.	..
,, 17	Part of 13th and 14th	Complete convalescence. Exudation gone	1300	35·1 (= 542 grains)	5·2 (= 80 grains)	0·551
,, 24	Part of 20th and 21st	Ditto	1297	30·2 (= 466 grains)	17·18 (= 265 grains)	0·474
,, 25	Part of 21st and 22nd	Ditto	1760	44·0 (= 679 grains)	21·95 (= 339 grains)	0·691
,, 27	Part of 23rd and 24th	Ditto	1910	40·1 (= 619 grains)	14·32 (= 221 grains)	0·630
Mean excretion of urea by 1 kilogramme of body weight on the 7th, 9th, and 10th days, during resolution						1·363
Ditto ditto during the 14th, 21st, 22nd, and 24th days complete convalescence..						0·586
Mean physiological excretion in men aged 22						0 500

(a) The urea and chloride of sodium were determined according to the method of Liebig, by my excellent Clinical Clerk, Mr. Smith. The chloride of sodium was not got rid of before testing for urea, but the usual correction was made. The amounts are given both in grammes and grains.
(b) The urine of two days added together, and the total halved.

The other urinary ingredients were not determined, but there were copious deposits of lithates on January 9, 10, 11, 12, 13; and probably after this date, but no note was made.

On January 11, 8 grammes of chloride of sodium were given by the mouth. On the 12th and 13th, as on previous days, there was no chlorine in the urine; on the 14th (11th day of disease), the chlorine began to re-appear; was in some quantity on the 17th (14th day of disease), and was abundant, (17 and 22 grammes) on the 21st and 22nd days of disease.

We have no means of saying what was the amount of ureal excretion in the early days of the pyrexia. The urine was then albuminous, and the kidney-tubes may have been blocked, so that the enormous amount of urea poured out during defervescence may have been partly caused by previous retention, as well as by the remains of the pyrexia and the metamorphosis of the absorbed exudation.

From the observations of several competent persons it seems clear that, usually, the urea is greater in amount before, than after, resolution. If so, the urea at that time probably depends more upon heightened metamorphosis in the body generally, than upon the chemical changes in the lungs.

The chloride of sodium was completely absent for a long time. This fact, noticed especially by Redenbacher and Beale seems, in pneumonia, to be intimately, though not solely, connected with the exudation which is rich in chlorides. Even when the chloride of sodium was given as an experiment it did not pass off rapidly, as in health, but was retained for more than forty-eight hours. The albumen was absent at and after defervescence. The albuminuria, therefore, accompanied the height of the disease, and not the period of resolution.

The urates were throughout abundant. We did not determine the exact amount of uric acid, but we may conclude from the almost constant condition of this ingredient in other cases that it was in large excess.

Now, in considering these facts, the only point which time will allow me to discuss here is this:—What causes this spontaneous cure—this determinate duration?

First of all, let us follow this question by another—What is the exact connexion between the lung symptoms and the general pyrexia? The course of the two is certainly not exactly parallel. The complete consolidation seems to be posterior, in point of time, to the height of the pyrexia. It has even been supposed by Wunderlich that the exudation into the lungs coincides with the end of the pyrexia—that is to say, that the defervescence commences when the lungs become completely hepatized. I have not been able to satisfy myself rigorously on this point. If it could be satisfactorily made out, it would certainly imply that the exudation into the air-cells relieved or cured the fever—in other words, that the lung-disease is not a primary, but a secondary condition, and that it succeeds to and brings to an end, by purifying the blood, a condition of general pyrexia, arising from blood-disease. Without believing that this relation is quite determined (if it were determined the case would be settled), there is no doubt that the fever ends spontaneously, or very greatly lessens, at the time when the inflammation of the lung is still very great.

There are at present two views, more or less clearly defined which aim at explaining these phenomena, and which may be thus expressed:—

1. According to the first of these, there is a blood-disease of some sort, of a nature not thoroughly known, but which consists, in part, in an augmentation of the fibrine, as in acute rheumatism. Increasing up to a certain point, and giving rise to the slight malaise which precedes all cases of pneumonia, it is at last brought to a head by some exposure, by a dietetic error, or by reaching a point at which the functions of the blood are seriously interfered with. Then ensues high general fever from implication of the nervous system, and at the same time some organ or other is, on account of special affinity for the morbid blood, or from previous damage to its structure, specially irritated. In pneumonia the lung is the seat of election, and there is rapid hyperæmia and transudation of fluid into the air-cells. By this transudation, the morbid blood is purified. The process is analogous to that of gout, in which a diseased blood gives rise to a local disease by the deposition of urate of soda in and about joints. When the localisation and consequent purification is finished, then the fever ends. There remains the lung-exudation, which gradually softens down, is partly expectorated, partly absorbed; and, in the process of absorption, and may produce again secondary contamination of the blood, and certain affections of other organs, which constitute those secondary affections which sometimes complicate the after course of pneumonia.

The weak points in this hypothesis are the want of definite

indication of the blood-disease, and of its mode of production. There is some evidence on these points, but it is certainly not very great.

Its strong points are the explanation it gives of the previous malaise, of the sudden outburst of fever, when the diseased blood implicates at last the nervous system; of the singular and rapid termination of the pyrexia at a time when the lung-disease is intense, and of the enormous elimination of urea during the very first days before the lung-exudation has softened down.

2. The second hypothesis is the exact contrary of the former. The lung-affection is supposed to be the primary lesion; it is a local inflammation produced by the (still obscure) causes of local inflammation, running the ordinary course of such inflammations, and giving rise to violent symptomatic pyrexia. The undoubted increase of fibrine in the blood is supposed to be not primary but secondary, to be caused by and to augment with the inflammation, and to be at its height with it. Virchow has stated that this fibrine is nothing more than the albuminous substance absorbed by the lymphatics of the inflamed and hepatized lung, and poured into the blood. The fever is believed to be entirely symptomatic of the local disease, and to be commensurate with its intensity and extent. The arguments for this view seem to be that the lung-symptoms are remarkably early in manifestation, though they may not be very intense. Pain in the side and cough are very soon present, and sometimes occur even before the shivering and headache. The pyrexia, although great in the early days, is perhaps not greater than might have been produced by the condition of the lung; and as to the termination of the fever, this may be supposed to occur because the really true febrile stage of pneumonia is not the period of complete exudation, but the preceding period of intense hyperæmia. To say that the pyrexia is gone when the lung disease is most intense may be an incorreet expression of the fact; the consolidation may possibly, indeed, be most intense, but this may be merely the natural termination of that enormous hyperæmia and blockage of vessels from local changes of nutrition, which is in reality the essential disease.

The difference between these two hypotheses would be this: the fever ends spontaneously, first, because the blood is purified, or secondly, because the local disease ends spontaneously, —*i.e.* the active febrile making local disease. This last assumption, however, is decidedly a very bold and hazardous one.

Between these two views it is not very easy, nor perhaps is it desirable yet, to choose, for the blood has not yet been sufficiently examined. The only blood-disease which has yet been indicated by the supporters of the first view, as anterior to pneumonia, is hyperinosis (excess of fibrine); and as hyperinosis occurs in acute rheumatism without pneumonia, it is evident that there must be other cause either in the blood or in the local structure of the lung which locates the disease in that part.

That hyperinosis is really anterior in pneumonia as in rheumatism must, in spite of the opinion of Virchow (c) be considered likely from the experiments, among others, of Professor Naumann, of Bonn (d), that it is not the only condition in either of these eases will be generally admitted. But what other blood affection is there? None has yet been indicated to my knowledge in the acute sthenic pneumonia of young persons without gouty or renal disease. But there is one point on which I have been trying to collect evidence for some years, but at present without sufficient success. It is well known how frequently the liver is affected in pneumonia, so that some amount of jaundice is not at all uncommon, and sometimes bile pigment appears in the pneumonie sputa. I have also found in some cases evidence of liver affection for some time before the lung disease, especially the so-called torpor with deficient biliary flow.

Is there, then, any condition of the liver which adds something to the blood which ought not to be there? Taurin has been found in the healthy tissue of the lung, but in the hepatized lung it seems from Verdeil's observations on his pneumic acid (taurin), to be in excess. Is it some compound of this sort which, in combination with the hyperinosis determines the localisation of the blood-disease, or produces by its irritation the inflammation of the lung? I know no facts whatever which can lead to a decision; but it is to be hoped that some competent person will soon undertake a more complete analysis of blood in the very first days of pneumonia than has yet been made.

But, whatever be the facts as to the order of things in pneumonia, whether the lung affection is a mere localisation of the blood disease, or whether the undoubted blood disease of the developed stage is merely produced by absorption from the inflamed lung, it is certain that the usual course of pneumonia is such as we witnessed in this untreated case,—viz., 1. There is an early period of intense fever, ceasing, if no complication be present, of itself at a tolerably determinate time; 2. There is a later period of lung hepatization which softens down during a period of moderate fever, and is expectorated or absorbed. There are therefore two periods in pneumonia, and both have their dangers. The intense early fever may kill by its intensity; the exudation may kill, subsequently, by apnœa, or may contaminate the blood during softening to such an extent as to lead to renewal or increase of the fever and inflammation of other parts; or to coagulation of the blood in the heart or great vessels. Each period has its own dangers, and must have its own treatment. To this point I hope to direct your attention on another occasion.

(c) I do not intend to deny that the lymphatics and blood-vessels, too, take up from an inflamed lung, as from any inflamed part, albuminoid substances which flow into the blood, but merely that this is not sufficient to explain all the facts at present known about hyperinosis.

(d) Ergebnisse und Studien aus der Med. Klinik zu Bonn, von Dr. M. E. A. Naumann. Leipsig, 1858, p. 59. et seq. I refer only to Naumann's experiments, and not to his singular views on the production of hyperinosis.

ORIGINAL COMMUNICATIONS.

ON AN AUSCULTATORY SOUND PRODUCED BY THE ACTION OF THE HEART ON A PORTION OF LUNG,

By BENJAMIN W. RICHARDSON, M.A. M.D.

Member of the Royal College of Physicians; Senior Physician to the Royal Infirmary for Diseases of the Chest; and Lecturer on Physiology at the Grosvenor-place School of Medicine.

In the course of my experience in auscultation I have met three times with a peculiar, but well-marked, sound, compounded of a respiratory and a cardiac act. In so far as I am aware the sound has not been described by any author. It will best be characterised by the history of the cases in which it occurred.

From the year 1851 to 1854, I was almost daily in attendance upon a lady who suffered from dilatation of the bronchial tubes, and emphysema of the right lung, attended with frequent attacks of urgent dyspnœa. In the last year of her life there appeared, without any acute premonitory symptoms, a well-marked systolic regurgitant murmur, succeeded by general symptoms of dropsy. For some time the abnormal heart sounds continued without modification. The mitral murmur was fully pronounced and heard most distinctly towards the apex of the heart, the diastolic sound was perfectly normal and clear over the base. About six weeks before death, after the subsidence of a very severe attack of dyspnœa, during which the act of auscultation was insupportable, I was surprised on going over the region of the heart again at meeting with a sound, which was not only new to this special case, but new to my ear altogether. The systolic rasp was present as before; it was most distinct three inches below the shrunken nipple, bearing a little to the left side. The clear diastolic sound was still perfect; it was distinctly heard about an inch above the nipple, upwards in a straight line. But, one inch below the nipple, and bearing to the left side, there was a superficial sound which could be localised by the mouth of a large stethoscope; and which, when present, obscured the other abnormal sound altogether at that single point of observation. The sound was so superficial, that it seemed directly beneath the stethoscope, or if the ear were applied, immediately in contact with the ear. It was not a friction sound, it was not a murmur, it was not a crepitation; it was rather a crackling coarse sound, resembling somewhat the burning of dried gorse, or the tearing of a piece of calico. The period of the sound was peculiar; it was irregular as to time, so that sometimes with the stethescope over the one spot where it was marked, it would be found absent for one entire action or more of the heart, during which action the

systolic murmur and the normal diastolic *dup* were distinct. This observation of an occasional absence led me ultimately to the cause of the sound. When the sound did appear, it was synchronous with the systolic murmur, and clouded it; the second clear sound followed unchanged. After a little inquiry, I found that the sound was in some measure influenced by the respiration; this influence resolved itself into the following facts:—When the patient expired, and forcibly opposed the refilling of the chest with air, the new cardiac sound was absent altogether. When the patient made a deep inspiration, and held the breath, the sound was produced during that time by every systole of the heart. At the beginning of an ordinary respiratory act the sound became elicited; at the acme of inspiration it was most marked; towards the close of expiration it was feeble or lost altogether. To distinguish these differences, nevertheless, a well-marked respiration was necessary. When the respiration was quick and feeble, the new cardiac sound was always present with the systole. The late Dr. Snow saw this case with me, and confirmed, on two occasions all the facts I have named.

The second illustration of this sound occurred to me in a case which I attended in conjunction with Mr. Gaskell, of Chelsea. The patient was a young gentleman, aged 21, who —after an acute inflammatory attack, partaking rather of the character of an intermittent than of rheumatism, but implicating the endocardium—suffered from the effects of chronic endocardial mischief. When I saw him, three months before death, I diagnosed mitral and aortic disease, with hypertrophy, as well as tubercle of the left lung. I saw him weekly, Mr. Gaskell attending in the interval. During one of the intervals the patient had an acute attack of pleuritic pain on the left side, which lasted four days, and embarrassed the breathing very considerably. On examining the chest at my next visit, I was struck at finding an exocardial sound, identical in character with that I have described above. The sound was again situated at the base of the heart, and to the left side. As before, it was superficial, local, an accompaniment of the systole, painfully distinct, and subject to similar modifications, as in the last-named case, during inspiration and expiration. Mr. Gaskell and I often observed this sound for several minutes at a time. I put an iodine mark round the spot externally where the sound was localised. The ring described the seat of the sound till the death.

The third case in which I met with the sound was in a child, brought to me at the Royal Infirmary for Diseases of the Chest. This child was the subject of the chronic effects of hooping-cough. There were enlarged bronchi, emphysema of the right side, and hypertrophy of the heart. The ordinary systolic and diastolic sounds were in this case unattended by murmur. The exocardial sound existed again at the base of the heart, bearing to the left side. It was coincident with the systole, and was also governed by the respiration; but, as the child could not be taught to inspire and expire by rule, that governance was less well defined. Unfortunately I am unable to follow the history of this case further. The child either died or was taken elsewhere. She was brought to the Infirmary but that once.

To return to the first two examples: The connexion I had observed, in the first example, between the respiration and the exocardial sound, led me at length to the conclusion that the sound was a compound of two acts—one respiratory, the other cardiac. It occurred to me that a portion of the left lung at the point where it partially envelopes the left side of the heart had been drawn by pleuritic adhesion, and bound down to the thoracic wall immediately over the heart; that the piece of lung thus placed was subjected to the impulse of the heart during systole, and that when inflated the sudden compression produced by the impulse elicited the sound by forcible expulsion of air from the air-vesicles. I explained this view to Dr. Snow, and he concurred in it entirely.

Both the two first cases ended fatally, and both, curiously enough, six weeks after the occurrence of the exocardial sound. Of course this was only coincidence. The first patient died from exhaustion; the second died suddenly while sitting up in bed laughing at some passing circumstance.

The post-mortem in the first case revealed no disease of the mitral valve itself; but immediately below the valve, in the ventricle, and to the left side, there was, firmly attached to the endocardial membrane, a rounded concretion, the base of which was of the size of a shilling, and the projection of which into the ventricle extended for at least half-an-inch. This concretion was partly organised. The heart was hypertrophied. The pericardium was adherent to the lung; and over the base of the left ventricle to the left side, in the exact position in which the exocardial sound had been present, there extended a corner of lung. This structure, bound down to the pericardium by the under surface, was attached to the thoracic wall above by a band of adhesion an inch broad, which was inserted almost like fine tendon into the thoracic wall close to the sternum. This band pulled the piece of lung quite over the heart. Below, the lung itself was compressed into a convexity in which the rounded surface of the heart fitted; the appearance of the lung indicated that the structure had been subjected to compression at this overlapping point.

In the second case there was found in the left side of the heart disease of the mitral valve—thickening and induration. On the aortic valves were atheromatous deposits, and the same extended into the aorta. The heart was unusually large from dilatation with hypertrophy of its walls.

At the base of the heart externally there was the same condition as in the preceding example, except that there was no adhesion of the lung to the pericardium; but a piece of lung, from the left lower margin of the left lobe, two inches long, and tongue-shaped, was dragged obliquely from above downwards over the heart, by a membranous band, which also was firmly attached to the thoracic wall, close to the sternum. The portion of this lung passing over the heart was compressed into a hollow on the under surface, and its substance was condensed. The centre of the compressed point corresponded with the external ring which I had marked on the thorax; it was immediately beneath the ring.

In this post-mortem I placed a tube in the trachea, and made an assistant inflate the lung, while I extended the portion of compressed lung in the line in which it had been bound; then, when the whole lung was full of air, I forcibly compressed the tongue of lung with my free hand, and holding the stethoscope between the back of the compressing hand and the ear, I elicited with each contraction the precise sound I had heard during the life of the patient.

I have but little to add to the facts now given. That the sound I have described is a compound sound, produced by the impulse of the heart upon a portion of inflated lung bound over the surface of the heart by adhesion, is, I think, proved, both by the influence of respiration on the sound, and by the post-mortem results.

In the matter of treatment the knowledge of the existence of this peculiarity is of little avail; and I think that the presence of the portion of lung over the heart interferes but little with the action of the heart, and hardly modifies the course of the case: for in such instances as those in which this condition of lung obtains, there are other lesions pre-existent and prominently marked, upon which the prognosis entirely rests.

The chief interest derivable from the narration supplied relates to diagnosis. For my part—well practised in the science of auscultation—I was for a period of several days unable to explain the meaning of the new sound after first becoming acquainted with it; and, indeed, I attached more importance to it than it deserved, for it occurred to me, primarily, as possibly due to fluctuation of some fluid matter enclosed in a cyst attached to the inner surface of the pericardium. Next I thought it might occur from bony deposits on the surface of the heart, and, indeed, various other conjectures might have arisen, but that the obvious interpretation I have given of the phenomenon at last presented itself. Henceforth, I do not suppose there could be a moment's hesitation in diagnosis, and as a ready diagnosis even of minor facts is often a primary step towards explaining the greater elements of a problem and towards the removal of unnecessary difficulties and doubts, I hope I need not apologise for laying so simple a matter in still simpler terms before the Profession.

12, Hinde-street, Manchester-square.

CHAIR OF OPHTHALMOLOGY AT THE MEDICO-CHIRURGICAL FACULTY OF THE TURIN UNIVERSITY.—Among the changes in the remodelling of Public Instruction, a Special Chair of Ophthalmology has been decreed, and M. Sperino has been nominated the first Professor to occupy it.

CASE OF VESICO-VAGINAL FISTULA:

OPERATION AND SUCCESSFUL ISSUE.

By HAYNES WALTON,

Surgeon to St. Mary's, and to the Central London Ophthalmic Hospitals.

It is possible that a communication which is most unpretending in its way, and avowedly undertakes neither to teach, nor even to suggest anything, may not be useless. At least I suspect so, and I believe that the mere record and simple narrative of a successful operation on a distressing injury, till lately almost irremediable, and as yet surgically treated but by few surgeons, cannot be without some of the advantages to be derived from a good example. I am convinced that many a surgeon, especially in Provincial Practice, loses opportunities of much personal satisfaction, of credit, and of benefit to suffering humanity, because he erroneously supposes that certain operations, I allude especially to those of modern surgery, not really difficult to accomplish, can be done only by certain people.

In December of last year, Dr. Thorn of the Harrow-row, requested me to undertake the treatment of a vesico-vaginal fistula, the first he had ever met with in his own practice, in the wife of a journeyman cabinet-maker. I called to make a preliminary examination, to ascertain the condition of the parts, and to settle the necessary arrangements for any operation that might be deemed advisable. The unfortunate woman, between twenty and thirty years old, was of dwarfish stature, being nearer four than five feet in height, and rickety. She was in a state of much distress to herself, and disgust to others. She was confined to bed by an attack of old-standing liver disease (abscess of the liver as I was informed), and in spite of all her efforts, for she was certainly a woman of cleanly habits, she was lying in a bed of liquid manure. Could it be otherwise with an incessant flow of urine, except among the wealthy, where well trained attendants constantly changing the wetted articles somewhat lessen the abomination? "I cannot live in this manner," she said, "I would rather die, I soak through twenty folds of blanket at night, and spoil other things too."

She had been confined between two and three months; the accouchement (her first) had been a very trying one, but non-instrumental; and as it was evident to Dr. Thorn that the spontaneous effort of cure had proceeded to its utmost, he determined to resort to practical Surgery. When, four days after the labour, sloughing of the vagina commenced, he tried hard to induce his patient to wear an elastic catheter, but she very resolutely refused to be touched. Nothing remained but to keep the vagina as cleanly as possible; in nine days after the fistula was formed.

I was accompanied by Dr. Broadbent, late Resident Obstetric Officer to St. Mary's Hospital, who has had personal experience in these operations—in whose judgment I have much confidence, and to whom I am indebted for several useful hints in the case.

I found these conditions:—The parts about the vulva were excoriated, the cervix uteri was abnormally large, and the os fissured and congested; about an inch from the os uteri was seen the fistulous opening from the bladder, situated a little to the left of the median line, elliptic in form, obliquely longitudinal in direction, and in size barely admitting the little finger.

Two days subsequently I proceeded to operate. The patient's bowels had been previously fully evacuated. Chloroform was given. It would be quite unnecessary to detail the various steps of the operation, but a few matters may be alluded to. The effectual and well-maintained opening of the vagina, presided over by Drs. Broadbent and Thorn, was thus accomplished; and I dwell on it because, except well done, everything else must fail.

The patient was placed in the lithotomy position, the thighs, however, being more flexed on the abdomen than is necessary in that operation, and the nates were brought over the edge of the table. The posterior wall of the vagina was well depressed by means of a "duck-bill" speculum, bent retractors served to open the vagina laterally, and a firm hold was secured in the anterior wall of the vagina by a pair of vulsellum forceps, which was thus drawn down so as to bring the fistula into view, and steadily maintained in this position during the operation.

With a pair of forceps and a knife sufficiently long—(but I need not particularise about instruments, as all large surgical instrument makers keep the required ones in sets)—I pared off, in one piece, the edges of the fistula smoothly, quickly, and amply—not sparingly, by scraping, as it were, the surface; but thoroughly, through the entire thickness of the flap, as I believe all plastic operations demand. There was scarcely any bleeding. Three sutures—silver ones, of course—were deemed sufficient, and passed almost through the thickness of the part with common needles, of small size and sharp curve, through the medium of the *porte aiguille*, and tightened with the appropriate instrument, as the necessary preparation for the lead clamp of Bozeman, which was retained by perforated shot, passed over the wire, and clamped on it. A bit of oiled lint was placed over this, to guard the opposite side of the vagina from contact with the metal. The metal catheter, with its peculiar curve, and bladder attached, was introduced. An opiate was given, and repeated at regular intervals, to prevent the action of the bowels, and to overcome, or lessen, constitutional irritation. The only circumstance worthy of record that occurred during the treatment relates to the use of the catheter. It could not be borne; it irritated and distressed to a degree that rendered it intolerable; and, at the end of the third day, the patient would pull it out. I was distressed at this, because I thought its use imperative, and feared non-union of the wound in consequence; but I was sure that there had been indication enough for it to be away. I have since learned that there have been several successful cases where no catheter has been employed.

On the eighth day I removed the fastening and cleaned the vagina; when, to my great delight, I found that there was no longer a vesico-vaginal fistula. Complete union had taken place, the urine was retained, and therefore could now be passed in a natural manner.

69, Brook-street, Hanover-square.

THE LONDON

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SAMARITAN HOSPITAL.

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(Under the care of Mr. SPENCER WELLS.)

E. A., single, aged 23, admitted January 4, 1860.

History.—Had worked as a laundress for six years. Between three and four years ago first suffered from pain above the umbilicus, especially when employed at hard work. This lasted three weeks, and then disappeared without treatment. Three years ago first noticed an enlargement in the upper part of the abdomen, more particularly on the right side; and this continued to increase. Unable to follow her occupation as a laundress, she became a dressmaker, and continued at this employment until the end of 1858. Six months before this she noticed diminished excretion of urine; and, at times, hardly passed any. About the same time she suffered very much from pain in the back and loins. This continued up to August, 1858—at times being very intense; but afterwards was not so severe, except just at the catamenial period. The catamenia have been regular, but generally last seven days—being absent three weeks. She was first under homœopaths for six months, without benefit. She then went to the Torquay Infirmary, and remained there eighteen weeks. She was then sent to St. George's Hospital, and remained six weeks under Mr. Cæsar Hawkins. She left because her desire to have the tumour removed was not complied with; and she was admitted to the Samaritan Hospital, under Mr. Spencer Wells, on June 22, 1859. She was at this time as large as a woman far advanced in pregnancy, the whole abdomen being occupied by a large fluctuating tumour. Looking to the history of the case, and the fact that no line of demarcation could be made out between the liver and the upper part of the tumour, it was decided not to consent to her earnest desire to have the tumour removed, until the diagnosis was verified by a preliminary tapping. Mr. Wells accordingly tapped her, and removed eleven pounds of a pale,

amber-coloured fluid. The cyst and liver were then found to be distinctly separated, and several groups of smaller cysts could be felt. On this account it was determined not to inject iodine. She was relieved by the tapping, but suffered a good deal of pain—apparently from rolling of the cyst as she turned. This passed off, and she returned into the country on the 13th of July, with directions to come to town when the cyst filled again.

She was readmitted on November 8, and ovariotomy was again postponed on account of an attack of circumscribed peritonitis. A good deal of lymph seemed to have been effused, for there was a very loud friction-sound beneath the right false ribs. She was tapped the second time on November 18; was relieved by the tapping, and went to the country on the 30th.

Her general health improved, and she came up for the third time in January, beginning to suffer much pain from distension, having filled fast. It was decided to perform ovariotomy at once; but several accidental circumstances—foggy days, appearance of catamenia, etc.—led to delay. The circumference at umbilicus was forty-one inches; distance between ensiform cartilage and symphisis pubis, eighteen inches; the umbilicus being exactly midway.

Operation.—January 24.—Present: the Hospital Staff, Mr. Bowman, and Mr. Leggatt.—Dr. Priestley administered chloroform. Mr. Wells made an incision of about five inches along the linea alba. The upper end was about two inches below the umbilicus, the lower end about the same distance above the symphisis pubis. Having exposed the surface of the cyst, and separated a few slight adhesions to a piece of omentum, Mr. Wells passed his hand rapidly over the surface of the tumour, and found it was quite free from adhesion. A full-sized trocar was then introduced, and a large cyst drawn outwards as it was emptied. Several other cysts were then successively tapped, emptied, and drawn out; and, lastly, some semi-solid rounded growths of small cysts aggregated together were drawn outwards one after another, until the whole tumour was thus withdrawn from the peritoneal cavity. A broad peduncle was secured by a clamp, the tumour cut away, and the wound united by hare-lip pins passed through the peritoneum. It then appeared that the clamp lying across the wound exerted a good deal of traction on the uterus. To remedy this, Mr. Wells pierced the peduncle close behind the clamp and tied it with strong twine in three portions, removing the clamp, allowing the peduncle to sink until the ligature was on a level with the peritoneal edge of the wound, and fixing it there by transfixing it with a hare-lip pin which also passed through both sides of the wound. After the removal of the clamp a large artery bled on the cut surface of the peduncle, and was tied. The cutaneous edges of the wound were closed by wire sutures. The whole operation, including the administration of chloroform, scarcely exceeded half-an-hour. The fluid removed weighed twenty-two pounds; the cysts, three pounds; total, twenty-five pounds.

The after-treatment consisted at first of hot linseed poultices all over the abdomen, occasional injections of twenty minims of laudanum in a little water, and the use of the catheter. Peritonitis seemed threatening about twenty hours after operation, as she was hot and thirsty, complained of some pain, and the pulse got up to 120, and increased to 136; but all this subsided without further treatment than very hot poultices, and there was from this time a steady and rapid recovery. She said that she had suffered far more before the operation from the distension than she had done since. Champagne was given on the third day, beef-tea, brandy, and soda-water. Two hare-lip pins were removed and nearly the whole of the slough of the peduncle. On the fourth day the two remaining pins were removed, and the ligatures came away spontaneously. The pulse had fallen to 96. On the sixth day the bowels acted naturally. The wound having united perfectly, except where the peduncle had passed, two superficial sutures were removed, and the others two days afterwards. She left her bed on February 7, exactly a fortnight after operation. The wound was then completely healed, and she was looking quite well. She remained a fortnight longer to recover strength for the long railway journey to Torquay, walking up and down stairs, sitting up to needlework, etc., and left in excellent health and spirits on the 22nd inst.—just four weeks after operation.

Remarks.—It will be observed that no medicine whatever was given by the mouth in this case. A few small opiate enemata, only used when there was pain, constituted the entire treatment, so far as drugs were concerned. Had a few homœopathic globules been given the case might have been cited as a great triumph of homœopathic treatment after a surgical operation. As it stands, it is in itself a sufficient answer to those who decry ovariotomy as an unjustifiable operation. A young woman, suffering hopelessly from an incurable disease, under which she must have sunk before very long, is not only relieved from present suffering, but restored in a short time to good health; and, so far as can judged from other cases, likely to continue well, and capable of bearing children. Restoration to health without mutilation or deformity is the highest aim of the Surgeon, and that aim is attained by ovariotomy. As to the danger, Mr. Wells has performed the operation eleven times in the Samaritan Hospital; eight of the patients recovered, and only three died. This is a far better result than is attained after lithotomy in the adult, after the larger amputations, after excision of the larger joints, after ligature of the principal arteries, after herniotomy, after removal of large portions of either jaw,—all of which operations are recognised as "orthodox," or "legitimate," in the phraseology of the text-books.

ST. THOMAS'S HOSPITAL.

DELIGATION OF THE COMMON CAROTID ARTERY, FOR WOUND OF THE EXTERNAL CAROTID—RECOVERY.

(Under the care of Mr. LE GROS CLARK.)

[Reported by Mr. CHARLES GRABHAM, House Surgeon.]

J. H., aged 27, a bricklayer, was admitted into St. Thomas's Hospital, on January 23, at two in the morning, having been stabbed in the face with a knife. The patient, a fine muscular young man, stated that the woman with whom he was cohabiting had, in a fit of jealousy an hour previously, seized a carving-knife, and with it made a plunge at his throat, and, as he stooped down to avoid it, it struck his face. Copious hæmorrhage instantly followed, and he was taken by a policeman to the nearest Surgeon, who put sutures in the wound and applied some strapping. When brought to the Hospital, a clean incised wound, of the shape of the italic letter *f*, and about two and a-half inches in length, was found extending from the prominence of the left malar bone to about midway between the lobule of the ear and the angle of the lower jaw. On withdrawing the sutures, the wound was found to be deep, and the little finger introduced into it and following in its tract extended for some depth under the parotid gland. There was no decided bleeding, but only a general oozing from the divided tissues. The edges of the wound were again approximated by sutures, and strapping and a compress of lint applied over the whole. The patient was much exhausted from loss of blood; the pulse was small and weak, but soon improved after the administration of some wine. In about half-an-hour, however, fresh hæmorrhage to a great extent took place. The wound was again opened, and it was found that the blood proceeded from the deep part of the wound under the parotid gland, now spirting, now heaving up, apparently from some depth. Pressure applied with the fingers between the angle of the jaw and the mastoid process, readily commanded the hæmorrhage. The wound was now enlarged in the direction from which the bleeding proceeded, and attempts were made to secure the wounded vessel, but without success. Immediately the pressure was remitted, the blood welled up from beneath the parotid in such gushes as suggested the immediate necessity for some operation to arrest the hæmorrhage. Mr. Le Gros Clark was sent for, and having carefully examined the wound, and noticed the disposition of the bleeding, he determined upon ligature of the common carotid. The operation was performed in the usual manner, what is termed the "high operation" being chosen. The chief points of interest were, that on making the superficial incision, the parts bled very freely, but this was explained by the patient himself, for he said that if he merely scratched his finger the bleeding was difficult to arrest, showing, therefore, that he possessed the hæmorrhagic diathesis. The sterno-mastoid muscle was very large, and concealed the artery more than is common. The artery having been tied,

the edges of the wound were brought together by metallic sutures, and the wound in the face treated in a similar manner. Immediately after the artery had been tied, a gush of arterial blood took place from the original wound; slight pressure served to suppress this collateral flow, which in a minute or two entirely ceased. The patient's pulse was scarcely perceptible, but some more wine soon restored it. He was placed with his head on a low pillow, and expressed himself as feeling comfortable.

24th.—Has passed a pretty good night, and feels comfortable, except that he coughs a little.

25th.—The cough is troublesome; he does not complain of anything else; pulse good, 70 per minute; he takes plenty of light nourishment. His cough soon ceased, and he continued to go on well. The ligature came away on the sixteenth day, and the wounds rapidly healed.

February 17.—He is still in the Hospital, but in perfect health, and up to the present time has not had any head symptoms.

KING'S COLLEGE HOSPITAL.

DISEASE OF THE ALVEOLUS AND ANTRUM.

(Under the care of Mr. FERGUSSON.)

Mr. Fergusson, in his remarks after an operation on Saturday last, for the removal of disease affecting the alveolus and antrum, made some important and interesting observations having reference generally to the exposure of such parts prior to the removal of the actual disease. He said that formerly, and even now, some Surgeons were in the habit of freely dividing the integument of the cheek, lip, etc., trying to get at the disease from various points. Mr. Fergusson said that one method he pursued with advantage (as in a case of removal of malignant disease of the upper jaw, recorded in our pages some few months ago), was to divide the upper lip in the median line, and then by carrying the incision on one or both sides, as the circumstances of the case required it into the nose, to dissect back the upper lip, ala nasi, and cheek, and thus expose the parts freely, avoid the deformity of scar on the cheek, or, to use his words, "to leave as few marks of the Surgeon's doings on the face as possible." In the case before us—a young woman—he was able to remove the disease without interfering with the lip. It affected the alveolar ridge of the right side, extending from the second incisor to the second molar, and was continued into the antrum; but whether it first arose in the antrum or the alveolus, he did not know. Mr. Fergusson attributed the success attending this method of removal in a great measure to the instrument he used, viz. a pair of clipping forceps. He first clipped away the alveolar ridge, and then attacked the portion of disease situated in the neighbourhood; by this means freely laid open the antrum and nostril. Mr. Fergusson stated that in this case the disease was of a fibro-gelatinous nature. He alluded to a case in which Mr. Bowman successfully removed a large tumour from the antrum extending into the mouth, without dividing the lips.

REMOVAL OF PREPUCE DISPLACED AND INDURATED AFTER PHAGÆDENIC CHANCRE.

(Under the care of Mr. BOWMAN.)

This patient, a man past middle life, had last summer a phagædenic ulcer on the skin of the dorsum of the penis, at a point a little behind the reflexion of the prepuce from the glans. A great part of the skin on the dorsum, and of the prepuce on the left side as far as the frænum, was destroyed; the loose cellular tissue as well, as low as the fibrous coat of the corpus cavernosum was destroyed, and had left a rigid cicatrix. The remains of the prepuce were, as it were, accumulated in a lump as large and somewhat the shape of the glans, just below that structure, forming what might be called a "bifid penis." Mr. Bowman did not attempt to remedy the rigid condition induced by the cicatrix in the dorsum. He said that if he had laid down the skin over the part, it would probably not have adhered, and that he had often seen tedious suppuration and sinuses follow such a procedure. He now, therefore, cut off the redundant skin, etc., and brought the cut edges together by fine silk. The silk he used—"China three twist"—was extremely fine. He had now used it for ten years, and was desirous that it should be more generally used. It was particularly adapted for fine operations; viz. when it was necessary to keep the parts in perfect apposition without producing irritation or much cicatrix, about the eyelids It was, of course, too small when it was required to hold together the thick edges of such wounds as in excision of the breast; it occasioned no irritation, and scarcely any suppuration; he had known it to remain in for some months, having been overlooked, without the patient being aware of its presence.

INCISED WOUND INTO THE KNEE-JOINT—FAVOURABLE RESULT.

(Under the care of Mr. PARTRIDGE.)

[From Notes by Mr. Mason, House Surgeon.]

T. H., aged 16, a resident in London, was admitted into King's College Hospital on the morning of February 8, with an incised wound into the knee-joint. The patient states that about eight in the morning, while splitting some wood, the axe which he was using came violently in contact with his knee, making a deep wound. He was brought to the Hospital as soon as possible. On examination by the House Surgeon, an incised wound, about three inches in length, was found on the inner side of the right patella; synovia was slowly oozing out. He was taken to bed, and the wound carefully stitched with silver wire; lint, dipped in collodion, was put over all, and a M'Intyre splint applied to the limb. No bad symptoms have arisen since the patient's admission, the joint showing no indication of inflammation. The wound is granulating healthily, and the patient has not suffered constitutionally in any way.

ABDOMINAL ABSCESS WITH PERFORATION OF INTESTINE.

(Under the care of Mr. BOWMAN.)

J. B., aged 9, was admitted into King's College Hospital, on October 29, 1859. The patient is a native of London, and had had good health up to eight months ago, when he began to feel languid, and occasionally suffered some shivering fits, but not sufficiently ill to make him seek medical advice. About three months before his mother noticed a hard and painful swelling in the abdomen, in the umbilical region. Hot fomentations were applied, and he improved rapidly. On October 24, he complained of great pain in the abdomen, and loss of appetite; fomentation again eased the pain, but the umbilicus was found greatly inflamed. He was brought to the Hospital on October 29, and was admitted.

On admission, the patient, a pale, unhealthy-looking boy, stated that he had had brothers and sisters, but all have died with the exception of one sister. On examining the abdomen, it is found much swelled, and is exceedingly painful; the umbilicus discharges a thin unhealthy-looking matter, mixed with liquid fæces, and with some air-bubbles. The appetite is very bad; the tongue red and dry; bowels confined. A poultice was applied to the abdomen.

November 9.—Mr. Bowman passed a probe into the opening in the umbilicus, and found that it proceeded in the downward direction for four inches; three inches to the right direction, and two inches to the left. An incision was then made in the linea alba in a downward direction, giving exit to a great deal of pus and feculent matter.

14th.—The patient is much better in health; the discharges healthy, with less feculent admixture.

21st.—Another incision was made to-day by Mr. Bowman, and more matter evacuated. Bowels confined; tongue slightly furred. The patient looks much fatter than on his admission to the Hospital.

25th.—There has been no feculent matter discharged from the wound for the last two days. Poultice still applied; there is some hardness about the region of the umbilicus; appetite good, and general health much improved.

December 12.—The discharge still continues to a slight degree, and is of a serous nature.

January 16, 1860.—Mr. Bowman ordered a solution of iodine (a drachm of the tincture to eight ounces of water), to be injected into the opening at the umbilicus.

20th.—The injection of the iodine has caused no irritation; the discharge is much less; tongue clean; appetite good.

February 8.—Has gradually improved up to this date; the discharge is now very scanty. Ordered to attend the Hospital as an out-patient.

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Medical Times and Gazette.

SATURDAY, FEBRUARY 25.

THE GREAT SEWAGE QUESTION.

The town of Brighton is dissatisfied with its sewage; and it has, therefore, called in Engineering Doctors to consult and advise how it may best be rid of its superfluous matters. If there ever were a town situated in these latitudes in which all the adjuncts of health might be concentrated, we should imagine that Brighton, by its situation, must be such a place. Soil, site, inclination, sea-breezes,—all conbine to render this the most salubrious of dwelling-places. Nevertheless, the still small voice of vapours and odours indicates that the pure air above and the once virgin sub-soil below are contaminated with animal putrescence.

But, in this difficulty, Brighton is only on a par with every other town. And, in fact, the problem which it has to solve is one which is of universal interest—How to get rid of the sewage? The question, if answered satisfactorily for one place, is answered satisfactorily for all; and is clearly one in the solution of which our Profession must bring its knowledge to bear. We have selected this case of Brighton, in order to make a few remarks on what appear to us to be the general principles which should preside over all local arrangements of this kind; and because we find that here, as on so many other occasions, the engineer who advises sticks with extreme pertinacity, like the well-known cobler to his stall, keeping only one idea in his head,—viz. the getting rid of the sewage,—as though when he had done this he had done all he had to do as a man of science.

We are happy to find that public attention has been of late especially called to the consideration of another most important item in this matter,—viz. how to *save*, as well as get rid of the sewage. We last year, in a leading article, alluded to some most important facts pointed out by Professor Liebig in his "Letters on Agriculture;" and, since then, the eyes of agriculturists appear to have become a little awake to the danger of the utter and enormous waste of riches which is going on so extensively through our sewers. Mr. Mechi has used voice and pen on the subject, and the authority of the *Times* has also been added to the argument. Our Profession may do much in this matter; and therefore is it that we refer once again to it. Engineers appear to be simply engineers—the supply of food to the country has nothing to do with them. They, therefore, cannot be called philosophers. Here, for instance, is the celebrated Mr. Hawkesley called in to help the distresses of the Brighton people. He gives them a Report (dated October 29, 1859,) drawn up after a careful inspection of the town itself, its cesspools, and its culverts, and its general engineering difficulties and facilities. And what does he advise? Why, that the town should expend £57,000 (estimated, which, of course, means £70,000 expended) for the sole purpose of establishing "the most feasible method of conveying the sewage out to sea without, on the one hand, incurring an excessive expenditure, and without, on the other hand, endangering the health, or interfering with the comfort," etc. When one reads these ready and easy methods of getting rid of a temporary difficulty, we cannot help wishing that some imperial despot would issue his fiat that the only scheme which should be permitted in practice, should be that which removes the sewage and utilises it. Can any one doubt that the way to combine the two desiderata would then soon be discovered? Southwark manufacturers and Thames penny steamboats soon got rid of their smoke when Lord Palmerston told them to do so. Here, then, is a great engineer—a man who notoriously has potent influence with the Government—recommending a populous wealthy town like Brighton, to throw all its subterraneous riches into the ocean, *and to make permanent preparation for doing so.* What is it to him if bones and guano, some fine day, cease to be imported? What is it to him if the artificial ammoniacals, which have unnaturally forced and stimulated our corn lands, should no longer be forthcoming? or if by these artificial manures we have been for years past abstracting from the soil its natural fertility, without returning to it those materials upon which its fertility mainly depends? Engineers don't care about these matters, but it surely is the business of the philosopher and the patriot to consider them. He should tell the farmer that his artificial manures are *taking it* out of the soil, stimulating it to the producing of precocious crops; and that this forcing system *must* at some, not distant, time come to an end. Surely we ought to make preparation for the day when these artificial things must fail.

When we wrote on this subject before, we asked, Are Professor Liebig's statements true? Now we find them endorsed by the highest of agricultural authorities. If his statements then are true, we consider Mr. Hawkesley's plan for the drainage of Brighton, and all like plans for the drainage of towns, as little less than the plan of an empty suicide, who cuts his throat to relieve himself of his temporary embarrassment. Mr. Hawkesley has the old answer ready; he says, "You can't utilise sewage, it won't pay." But surely it is worth something when pumped upon the Brighton Downs, and surely the pumping of it on to the land would never exceed the expense demanded by him for effectually throwing it into the depths of the ocean.

After all, the question with us, at the present time, is not so much, *how* this sewage should be saved, as whether it is absolutely true, that if we do not save it, our lands will be at some early day impoverished. If Liebig's views are true, we have no choice but to save the sewage. Let the fact then be disproved, or admitted, and the logical conclusion will necessarily result, and demonstrate what the practice must be. The question is one of national importance, and as bearing closely upon the health of the country, belongs in part to us. Let us decide whether statements like the following are expressive of the truth before we rush into schemes of the irretrievable character too often recommended by engineers. In a letter to Mr. Connigham, to which we last year called attention, Mr. F. O. Ward writes:—

"I would remind you that to throw away the ammonia and phosphorus of the London sewage is virtually to throw away bread. Town sewage, which many engineers look upon as refuse to be discharged, I regard as property to be administered. The proper outfall for the London sewage is not this or that point of the river, or the sea; but a suitable tract of land growing exhausting crops. Fifty farms, of 1000 acres each, might be raised in value at least £10 per annum by irrigation with the London sewage. This would produce £500,000 per annum, equivalent, at 5 per cent., to £10,000,000 of capital. This ought not to be thrown into the sea."

The business of Boards of Health is simply to cleanse out our cities, and we therefore can't be surprised if these Boards don't take wide views of the sewage question. But unfortunately, into their hands fall all these rich *excreta*, and

unless under the pressure of agriculturists and landlords we can hardly expect that they will see the way of conveying "to the land those precious streams which now exhaust our soil, contaminate our rivers, and impoverish our agriculturists, and those dependent upon them."—(Mechi.) Agriculturists and landlords are, however, as a body, slow of motion, and so long as bones and guano come freely into the market we must not expect that they will take a prospective view, through the telescope of philosophy, unless the matter is well driven into them by the continued repetition of plain-spoken facts. Mr. Ellerman reckons the value of reproducing matter which is annually wasted in these islands, at £50,000,000! Mr. Mechi says it is worth the cost of feeding London!

It must also be remembered, that a scheme which will effectually bring about the returning to the earth of its transformed riches in the shape of sewage, is a scheme which will *for ever hereafter* be the means of fertilising our fields. Such a scheme is one which will add ever-increasing riches to our soil, because, then, the imported vegetable wealth of the countries which supply us with corn, will flow upon our acres, in addition to their own produce which is returned to them again. Steam-ploughs and deep draining are merely means of warding off the evil day—all they can do, unless this sewage be returned to the earth, *is more thoroughly to exhaust the soil*, by robbing its deeper layers of those mineral, and other principles which its superficial layers no longer possess. When both layers, deep and superficial, are by the aid of steam-ploughs and guano thoroughly exhausted —what then does this so-called Scientific Agricultural Farming propose to do?

In conclusion, we would beg to call attention to this very important fact,—Certain engineers and other great men in their way assert that sewage cannot, *practically*, be so managed as to render it available to the agriculturist; and also that all attempts to render it so have been, in a commercial point of view, failures; but it should be distinctly understood that men of science have never yet been publicly called upon to solve the question: How can we best render the sewage of towns available for agricultural purposes? Let this question be put to the men most capable of giving it an answer, in conjunction with that other question, which has hitherto been solely dealt with: How may we be best rid of our sewage? Engineers go on the assumption that we have already discovered the best and only methods of dealing agriculturally with manure. This assumption may be, and probably is, a complete mistake.

THE WEEK.

It will be remembered that a Charter was granted to the College of Surgeons, in pursuance of the provisions in the Medical Act, empowering the College "to institute and hold examinations for the purpose of testing the fitness of persons to practise as dentists, and to grant certificates of such fitness;" and directing that "the Board of Examiners in Dental Surgery shall consist of six members, three of whom shall be members of the Court of Examiners of the College, and three others of them shall be persons skilled in Dental Surgery." The Council of the College having established the bye-laws and regulations necessary for carrying out such examinations, met on Saturday, the 18th instant, when Mr. Lawrence, Mr. Green, Mr. Arnott, Mr. Bell, Mr. Tomes, and Mr. Rogers were elected members of the Board of Examiners in Dental Surgery. We believe nearly the whole Profession will regret that the College has taken this step, and has thus opened a back-door of entrance into the College. These Dental Licentiates, like the Licentiates in Midwifery, will call themselves Surgeons, and are not likely to confine their practice to their specialty. Instead of a high order of Dentists, we shall have a low class of Surgeons thrust upon us. This, however, is a trivial mistake compared with the blunder the Council has made in granting their diploma to men who have not complied with the educational regulations of the College. We all feel that the Council has done us an injustice. We all feel that we have been wronged. Those who have long held the diploma, or who are preserving the diplomas of our fathers as heir-looms, or who are struggling through the difficulties of a severe curriculum in the hope of reaching the honour of membership,—all have reason to remonstrate. Our hope now is, that the mistaken course will be stayed for the future, and the past error rectified by the legitimate interference of the Medical Council, which has the power, under Clause xx. of the Act, of representing defects in the course of study or examination required by any College, to Her Majesty's Most Honourable Privy Council. This body may then suspend the right of registration in respect of qualifications so defectively granted. Taking this view of our position and means of redress, the Practitioners of Reading have memorialised the Medical Council in a form which may be found in another part of this number, with protests from the Gloucestershire Medical and Surgical Association addressed, one to the College, and the other to the Medical Council.

A return has just been printed for the House of Commons, showing what oaths are required to be taken as a qualification in order that Physicians, Surgeons, etc., should be allowed to practise their respective professions. It appears that no oath is administered to any Fellow, Member, or Licentiate of the Royal College of Physicians of London as a qualification in order to his being allowed to practise his profession. The Royal College of Surgeons of England does not require any oath upon the admission of persons either to its Membership or Fellowship, but Fellows and Members must subscribe a statutory declaration to the effect that they will observe the bye-laws of the College, and will obey every lawful summons issued by order of the Council of the College, having no reasonable excuse to the contrary. Nor are Apothecaries required to take any oath as a qualification in order to their being allowed to practise their profession.

The unquiet spirits of the Medical Society of London have had their day. They have done their worst. All that the penny post and personal influence could do has been brought to bear. The result has been a meeting of some seventeen malcontents at Freemasons' Hall out of some 160 subscribing Fellows. But what matters? the fewer the better in secret meetings. The seventeen have agreed together. They have compiled a list of those gentlemen they recommend for office. It is a peculiarity in the mental disposition of some persons that they love to command. Their greatest happiness is to dictate. Any attempt to act independently of their own will, or to give a free scope to contrary opinions, is put down as either temerity, folly, or want of gentlemanly feeling, and as such is to be visited with reprobation. This proposed list is well worthy of Loyola. The Council of the Society consists of some thirty-one members, besides the trustees. In the list proposed by the seventeen are to be found names which would grace any Society. Some dozen, however, are known to be favourably disposed to the party ejected last year. They are, moreover amongst some of the Society's most regular attendants and best tactitians. The majority of the attending trustees will favourably support this dozen. On the other hand, every gentleman opposed to them has been, with one or two exeeptions, carefully excluded. Former zeal for the best

interests of the Society is passed over in the sin of disobedience to the would-be rulers of the Society. A working majority on almost all questions is almost certain if the list proposed by the opponents of the present Council be carried. The nomination of the present Council is, on the contrary, in every way impartial. Some of the most powerful of their number have voluntarily withdrawn. No man's opinion has been canvassed if he was likely to prove a useful member of the Society. Thus the list includes several of those of the opposite party. We trust the Fellows of the Society will not obey the commands of the discontented seventeen. The report of the Council will prove that for the most part, the Council have deserved well of the Society. Every Fellow may now judge of the actual, general, and financial state of the Society. Its assets and liabilities are so clearly set that even a child may understand them. We feel bound to congratulate the Council, and we do hope that by independent united action the Fellows of the Society will support their Council.

Dr. Churchill, Curer of Consumption, writes a reclamatory letter to the Editor of the *Gazette Hebdomadaire*, demanding justice to be done to himself and his hypophosphites. The following is the Editor's reply :—

"M. Churchill having ingeniously discovered, as he has been kind enough to tell us before several persons, that our appreciation of the facts which he laid before us was wanting in good faith, and had no other object than that of pleasing the Faculty, we are surprised, rather more than honoured, by finding him again asking our opinion. It would be easy enough for us to show that four deaths out of twelve patients in less than two years, show a result not particularly satisfactory, when we recollect that of the twelve two did not appear to us to be phthisical at all, and that five were apparently affected with tubercle, but only in the first stage, presenting merely correlative symptoms, bronchitis, and pulmonary congestions, and belonging to that class of patients whose life may be prolonged ten, twenty, or thirty years. We may add that the careless way (*peu de rigeur des notes*) in which M. Churchill takes his notes of the stethoscopic signs, does not inspire us with perfect confidence in the cures which he announces. But he cannot wish us to make him, a second time, victim of our partiality and base flattery. All we can do for him, in declining his offer, is to recall to him the offer we made in the conversation above alluded to :— 1. To submit fresh patient to the examination of competent Physicians ; and 2. To submit to the test those patients only who are incontestably the subjects of pulmonary consumption."

Our Profession should not allow Mr. Gladstone's Budget and Mr. Cobden's Treaty to drive from their recollection the fact that Lord John Russell is bound to produce a Reform Bill during the present Session of Parliament. We have on many occasions insisted upon the necessity of our Profession being represented in Parliament ; and we believe the present to be a very favourable occasion for us to ask Lord J. Russell to give a fair hearing to our claim of being specially represented, as a Profession, in Parliament. It must be remembered that several years ago, Lord John made a distinct proposal to the Royal College of Surgeons of England, offering to procure for that body, in his scheme, if it so desired, a representative to Parliament. In its wisdom that College then declined the offer. The fact, however, shows clearly enough what was then Lord J. Russell's idea on the subject ; and it augurs favourably for the wish we express that he would assist us in his present scheme. We need not again retrace the arguments—so often stated—why the country, as well as the Profession, would be benefited by the admission to the House of Commons of some Medical man, who would carry with him the confidence of the Profession. It is manifest, indeed, that the important questions, so continually debated there concerning Sanitary Science and Practice, can never receive a complete solution in the absence of some Medical exponent of the opinions of the Profession. The gross ignorance of the upper classes in all that affects our art and its science is only too notorious. Why should we, therefore, not at once set to work to petition Lord John to give to the Profession at large, or to our Collegiate Bodies, representatives ? The thing is manifestly in itself most reasonable ; and, for reasons above given, we may fairly believe that Lord John Russell would not oppose the proposition.

We call the attention of our quack cancer-curers and clerical impostors to the following interesting fact, which illustrates the rare fact of a vagabond in the art of mal-curing getting his actual equivalent duly meted out to him. One Martinez has been condemned, at Toulouse, to five years' imprisonment and a fine of 1000 francs. His offence was : "That he pretended to have a special means of curing cancer ; that he frightened people into trying his remedies, assuring them of certain death if they did not trust to him, and *vice versâ ;* that he pretended he had been Physician to the Queen of Spain ; that he took the title of Doctor, being only a simple *officier de santè ;* that he screwed enormous sums out of his patients ; that he always had half paid down before he commenced operations."—Hear this, you of his genus ! See how like you are !—"that he made his patients suffer fearful tortures ; made mystery of his treatment ; etc. etc." We might run on for a page of such-like accusations. Our readers will note the curious resemblance in the proceedings of these miserable wretches and others who still ply their villanous trade of torture with impunity, and to their great personal aggrandisement.

Acupressure is fast coming into use among Surgeons. In Mr. Adams' case, which we noticed last week, the superiority of the needle over the ligature has been made most apparent. The needle was removed forty-eight hours after the operation, and there was not a sign of bleeding or suppuration ; while the ligature has remained, as usual, acting as a seton during the sloughing process it sets up. It should be observed that no part of the needle was left exposed on the raw surface of the wound ; it was introduced half-an-inch above the cut point. This is a great advantage in amputation ; for the cut surfaces can be brought into apposition free at every point from the contact of any foreign body. Our provincial Hospital Surgeons are taking up the method in a most creditable manner. At Dundee, Carlisle, Greenock, and Liverpool, it has been applied with great success ; and now that Mr. Adams has led the way in the metropolis, at a small Hospital, his example will be followed sooner or later in the larger establishments where the Surgery partakes more of the character of Stereotype. Mr. Bickersteth, of Liverpool, writes most warmly as to the facility of acupressure and its probable great results.

We last week recorded a collision between the Governors and Medical Officers of an Infirmary at Scarborough, and this week we have to notify another collision, in the Midland Counties, of a similar nature, and arising from a somewhat similar cause. The Medical Officers of the Bedford Hospital have resigned their appointments, on account of the ignominious treatment to which they have been subjected, as they consider, by the governing body of the Hospital. The Medical Men have always, heretofore, been *ex-officio* members of the monthly Governing Board ; but, a year or more ago, a clique of Governors conspired together, upset the monthly Board, and appointed a weekly Committee of Management.

from which they excluded the Medical Officers. This weekly Board at once set to work, interfering with the privileges of these gentlemen. Hereupon the Medical Men naturally make a stand; and, consequently, an inquiry was made as to the practice of other Hospitals. It was found that out of thirty-eight Hospitals, the Medical Men were competent to serve at thirty-three. Notwithstanding this glaring fact, the Committee did not elect a single member of its Medical staff. Such marked opposition on the part of the Governors was considered humiliating to the staff; and, consequently, Mr. Harris, Consulting Surgeon, and Messrs. Thurnall and Sharpin, Surgeons to the Hospital, at once tendered their resignation. They have been earnestly requested to withdraw their resignations; but they—very properly, as we think—refuse to do so, unless the very reasonable terms which they ask are complied with by the Governors. We only trust that these gentlemen may receive the support they deserve from their Professional brethren at Bedford.

We cannot help calling attention to the perfection which the puffing and advertising system has attained in the hands of some of our public Medical Charities. It may be remembered that the condition of a little crippled girl created a sensation in the City some days ago. On the following morning, after the appearance of the tale in the papers, the following is found in the *Daily Telegraph*:—

"Royal Orthopædic Hospital. — A letter has been addressed to the Lord Mayor by the secretary of this admirable Institution, in reference to the case of Amelia Beamish, a neglected little girl, who, with her mother, was brought up on Tuesday morning to the Mansion House, charged with begging. It appears that later in the day the child attended at the Hospital in the charge of a police-officer, and has been admitted into the wards, where she is sure of receiving the care and attention she requires. She is stated to be in a sad condition through want and neglect, and suffering also from spinal disease. The claims and benefits conferred by the Institution deserve to be more generally known among the benevolent and philanthropic, the means at the disposal of the committee being wholly inadequate to the demands upon them. The wards, we learn, now contain 48 in-patients, and 1600 out-patients are under treatment; yet there are now more than 200 extreme cases waiting to be received, but which cannot be admitted for want of funds. We trust that the publicity given to this fact will have the effect of attracting attention to the requirements and merits of the Institution, and enable its blessings to be widely extended. More than 25,000 crippled poor have already experienced its benefits, and many have regained the use of their limbs after being unable to walk or stand for more than twenty years, and many, likewise, have walked out of the Hospital who had never walked before."

A discovery of great interest has just been made at the College of Physicians, by Dr. Alderson, the Treasurer. The original charter, granted by Henry VIII. in 1518, to Linacre and five other Physicians, has long been supposed to have been lost or mislaid. The Profession, therefore, will hear with great satisfaction that this venerable document has been found in excellent preservation, with the great seal attached. We congratulate Dr. Alderson on his interesting archæological discovery.

We are requested to direct attention to the following resolutions carried at a meeting of the Committee of the Poor-law Medical Reform Association, held at the Freemasons' Tavern on February 21, Mr. Griffin in the chair:—

"1st. That the best thanks of this meeting are due, and are hereby given, to R. Griffin, Esq., for his great sacrifice of time and labour in the advocacy of the cause of Poor-law Medical Reform.

"2nd. That with the view of more efficiently carrying out this agitation to a successful issue, the Committee beg to recommend the co-operation of the Medical students of the various London and Provincial Hospitals, and earnestly trust that they will forthwith take steps to convene meetings at their various Schools, and to petition the House of Commons in favour of Poor-law Medical Reform."

REVIEWS.

The New Sydenham Society. Vol. V. Selected Monographs. Pp. 380.

The New Sydenham Society is well and usefully fulfilling its appointed task. It has just added another volume to its predecessors containing three selected monographs, namely, Kussmaul and Tenner on Epileptiform Convulsions from Hæmorrhage; Wagner on the Resection of Bones and Joints: and Graefe's three memoirs on Iridectomy in Iritis, Choroiditis, and Glaucoma. The value, the great practical value, of these memoirs, will be admitted by every one who peruses them; and yet we may be sure, that unless for the existence of a Society of this kind our brethren would most probably never have had an opportunity of perusing them in their full costume in our native language. No doubt in the journals and reviews we should find abstracts and summaries of the chief facts which they contain; but we should miss the chance of judging for ourselves of the value of the experiments performed, of seeing how far the author's conclusions are justified by his premises, and so forth. It is no use our attempting to deny the fact that at the present moment we have to thank the German and the Frenchman for a great many of our modern physiological facts. We have no Müllers and Claude Bernards working amongst us at this moment. Then again in physiological and pathological chemistry, and in pathological anatomy we have to turn our thoughts to Germany, and there Hasse, Vogel, Rokitansky, Lehmann, Scherer, and a host of names confront and confound us. Well may we, therefore, draw from this mine of wealth, which is worked for us by our Teutonic brethren; and thankfully ought the Profession to patronise a Society like the New Sydenham, which brings home to the capacity of the English reader the great and forward doings of the accomplished Medical and philosophical foreigner.

The first of the above-mentioned memoirs will, doubtless, excite much interest at the present moment; it is probably the offspring, indeed, of the epileptic movement, which has agitated our Profession of late years. New remedies have been springing up for the cure of this classical disorder—one as useful as the other; books have been devoted to its discussion; operations recommended to cut it short; and now at last we are to have an Epileptic Hospital, which is to rise, of course, solely for the good of humanity, and the scientific study of the disease by competent parties.

A scientific memoir, therefore, on the subject comes *à-propos*. We have read it with very great interest; and hoping to excite a general perusal of it, we will just indicate in a few words what the author's experiments have brought him to believe, concerning the fons and origo of epilepsy. His conclusions, it must be remembered, are drawn from the results of his experiments, many of which are detailed at length. Convulsions resulting from profuse hæmorrhage in warm-blooded animals resemble epileptic convulsions; and when the brain is suddenly deprived of its red blood the same convulsions ensue as those which follow ligature of the cervical arteries. Ligature of the trachea, (*i.e.* venous blood sent to the brain,) also excites epileptic convulsions. But, on the other hand, arterial congestion of the brain produces only paralysis, dizziness, etc. The English, say the authors, have paid particular attention to the subject of convulsions from loss of blood: "the frightful vampyrism prevalent in the British Islands may have afforded them greater opportunities of observing such dangerous consequences," etc. Their references, however, are on this head to Mr. Wardrop and Dr. M. Hall, and, therefore, the remarkably ill-timed nature of the accusation is accounted for.

As regards the cause of epilepsy, they consider *that sudden interruption of the nutritive supply to the brain* is the cause of numerous forms of it; and they found that convulsions precisely resembling those of epilepsy followed, in from eight to eighteen seconds, complete withdrawal of the supply of

arterial blood. But if the ligature of the arteries be removed, and at the very moment when the convulsions are at their height, "as if spell-bound by the wand of a magician, these convulsions cease, and the sudden change from the most frightful spasm to complete relaxation of the system offers a most striking contrast." Hence the absurdity of bleeding in epilepsy, excepting for the purpose of relieving congestion of venous blood.

It appears, then, that the *proximate* cause of the convulsions is merely of a temporary kind,—a defective supply of red blood; and that "in every attack of complete epilepsy the same material alteration affects at the same time the whole cerebrum." And experiments seem to render it almost certain that epileptic convulsions can be brought about by contraction of the blood-vessels induced by the vaso-motor nerves.

From these few items of the opinions and experiments of the authors, our readers may judge of the very interesting and original nature of this essay.

The other papers in these volumes bear titles which will recommend them sufficiently to the consideration of the Profession.

The translations of these three monographs have been well performed by Dr. E. Bronner, Mr. T. Holmes, and Mr. Windsor. To the paper on Resection of Bones, Mr. Holmes has added a very useful appendix of cases.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON TURNING BY EXTERNAL MANIPULATION.

By Dr. NOEGGERATH.

Dr. Noeggerath calls attention to this procedure because he believes that it is put into force and appreciated in the United States far less than it deserves to be. Prior to the discovery of obstetrical auscultation, the bulk of accoucheurs doubted the possibility of ascertaining accurately the position of the child by external examination, although even at that period two of the most celebrated German Practitioners, Wigand and W. Schmidt, attached the highest importance to this. Since the practice of auscultation, however, has become general, it is agreed that the position may be accurately made out by its aid; and Dr. Noeggerath declares, as the result of no inconsiderable experience, that if required to establish the diagnosis in a case of transverse presentation, at the beginning of the labour, by one method to the exclusion of the other, that he would rather dispense entirely with the internal than with the external examination. In some few instances the thickness of the walls of the abdomen, the tenderness of the uterus, or an undue mobility of the fœtus, exclude the chances of a satisfactory external examination. The facts of the not infrequent occurrence of spontaneous version of the fœtus, naturally first directed attention to external manipulation on the part of Wigand and other of the older Practitioners; and the greater precision of diagnosis has led to its more successful and more extended application. The *modus operandi*, however, directed by Wigand, is the same as that which is followed at the present day. All the leading accoucheurs of Germany have furnished their testimony in favour of the practice; and especially has this been the case with Joerg, Busch, and Kilian. In England the subject has attracted no attention, so that it is hardly even alluded to in the text-books; but in France the practice has been adopted by several accoucheurs; and the text-books of Cazeaux and Maffei, especially of the latter, may be advantageously consulted upon the matter. The great advantage of the procedure is the safety for both mother and child, while it is devoid of the fear and suffering attendant upon most other operations. Its superiority to ordinary turning, on the grounds of freedom from suffering for the mother and absence of danger to the child, is indeed obvious.

"Before speaking of the indications, let me say a few words in regard to the manner in which these manipulations do influence the position of the fœtus in utero. While the first advocates of this proceeding imagined that the direct motion imparted to the fœtal parts by outside pressure was the only way in which their position was influenced, it was left to the ingenuity of Drs. Joerg, Busch, and Kilian, to call our attention to the *dynamic* effect of these manipulations upon the uterus. There is no doubt a great deal of truth in this view, if we bear in mind that the largest number of transverse or oblique presentations is not only accompanied, but even caused by deformities of the usually ovoid form of the womb; and if they should be corrected, the situation of the fœtus would also come nearer to a more natural condition. Then we can easily imagine why pressure exerted upon the womb from outside will be apt to correct malpositions of the fœtus. But it is our conviction that neither the dynamical or the mechanical effect do either of them alone effect the change. It is a combination of both that does the work.

"The operation is indicated in all those cases where the child presents in an oblique or transverse position, in such a way that the head is situated not far from the pelvic entrance, provided that there is nothing in the case which actually demands, or possibly may after a while demand, an actual interference for hastening the process of labour. For example, in all cases of neck and shoulder presentations, in all presentations of the trunk, where the head is situated nearer to the pelvis than to the chest, we may try to correct the position by external manipulation. . . . . The caution not to try version by external manipulation in cases wherein we want a prompt delivery of the child by all means, is derived from the fact that such trials do sometimes prove unsuccessful, at least unless continued for a long time. It would be wrong, for instance, to try these manipulations in a case of hæmorrhage or convulsion, because of the loss of valuable time, which ought to have been employed in a prompter mode of delivery; and even should we succeed in bringing down the head to the upper strait, this would afterwards prove a bar to the easy performance of delivery by the feet, if required by inefficiency of pains, which failed to firmly engage the head in the pelvic brim, as a preparatory step for delivery with the forceps."

The accoucheur having assured himself by repeated inspection, palpation, and auscultation of the exact mode of the presentation of the child, he takes his position at the side of the bed opposite that where the head is located, the woman having laid down on her back. "Suppose the head is felt in the left iliac fossa, the operator places his right hand upon the cranial protuberance, while his left hand is placed on that portion of the uterus where the nates are situated. Now, gentle frictions are made over the points indicated, and at once a pressure effected upon the head with a tendency to push it downwards, and towards the mesian line, while the breech is gently pushed upwards towards the opposite side. All this is done during an interval of the pains. As soon as another pain begins, both hands keep their places, the woman turning on the left side. With the remission of the pain the same manœuvre must be repeated and continued until a change of presentation is effected. This having been ascertained by internal examination, the woman keeps on her left side, and a small hard pillow is to be placed just underneath that portion of the abdomen where the fœtal head was at first situated. If, after a number of pains, the head is found to have retaken its former situation, the manipulations must be repeated, and, after turning has been again effected, it is advisable to rupture the membranes, in order to keep the head from returning to where it was formerly imbedded. In some cases it is necessary to repeat these manipulations three or four times before the head becomes firmly engaged in the upper strait; but, should the operator not have succeeded before the waters are discharged, it is not safe, or of any use, to persevere."—*New York Journal of Medicine*, November, pp. 329—347.

FARADISATION OF THE DIAPHRAGM IN ASPHYXIA FROM CHLOROFORM.

By Dr. FRIEDBERG.

A boy, aged four years, inhaled chloroform from a sponge prior to undergoing an operation for the removal of a small tumour of the lower eyelid. At most ʒj. was employed, and in less than two minutes alarming appearances were produced. The pulse had become very small, the respiration consisted only in a short, rattling inspiration, the face was livid, and the limbs were relaxed. Windows were opened, cold water was sprinkled on the face, ammonia was applied to the nostrils, and a small sponge was carried down to the epiglottis,

in order to remove any mucus and to endeavour to excite coughing—the thorax being at the same time rubbed, and sometimes dashed with cold water. These means might have been employed for two or three minutes, when a further change in the child's condition was observable. The pulse had now quite ceased, the countenance was that of a corpse, and the lower jaw had dropped. When the eyelids were separated to examine the pupils (which were dilated), they remained gaping. As no time was, evidently, to be lost, the author had recourse to artificial respiration. He did not endeavour to induce this, however, by the insufflation of air, regarding that as a very uncertain procedure. The methodical compression of the abdomen is a much better one, and was executed. While an assistant compressed the abdomen with both his hands beneath the navel, in order to prevent the viscera receding below, the author pressed the upper portion of the abdominal walls towards the diaphragm, removing the hands then immediately, in order to allow of the expansion of the lungs. This rhythmical procedure was kept up for about three minutes without any appreciable advantage. A complete relaxation of the diaphragm, in fact, existed, as there was neither resistance offered by it to the passage of the hand or any subsequent vaulting of the epigastrium. It was now resolved to Faradise the diaphragm, in order to induce its contraction. One of the conductors of Bois Reymond's induction apparatus was applied over the phrenic nerve (where the omoïhyodeus lies at the outer edge of the sterno-cleido-mastoïdeus), and the other to the seventh intercostal space, pressing this latter deeply towards the diaphragm. The Faradisation was performed sometimes on one side and sometimes on the other, the stream being interrupted ten times on the contraction of the diaphragm giving rise to vaulting of the epigastrium, a short sob occurring at the same time. The Faradisation being now suspended, a slight spontaneous inspiration occurred, which was followed by a second and third, and a temporary reddening of the face, the pulse also becoming perceptible. Compression of the abdomen was again resorted to, the tension of the diaphragm no offering its proper resistance. The attempt to suspend the compression at the end of ten minutes of its employment was attended with an immediate enfeeblement of the respiration and pulse. It was therefore resumed for another ten minutes, the extremities being also rubbed, the face sprinkled with water, and ammonia applied to the nose. The recovery at last became so complete, that the operation was proceeded with, and the child did very well.—*Virchow's Archiv.* Band xvi. p. 527.

EXCERPTA MINORA.

Excoriated Nipples.—Dr. Pierce observes that he has seen the stramonium ointment, as well as the whole list of astringent and stimulating preparations used; but no one has been so universally followed by good results as that made after the following prescription, ℞ Acid. tannic. gr. xx., glycerinæ, alcohol. aa, ʒj. M.—*Boston Medical Journal*, January, p. 406.

Treatment of Traumatic Tetanus by Application of Ice to the Spine.—Dr. B. B. Carpenter, of Suffolk County, New York, states that in 1833 he published two cases of traumatic tetanus successfully treated by ice, and that since that time he has similarly treated fourteen cases with like result, except in one instance. His cases occurred in persons of good constitution and temperate habits. As specimens of the results of his treatment in the sixteen cases, he now publishes two examples, one of the acute and the other of the chronic form of traumatic tetanus. It is a common and fatal disease during the warm months in the part of the country where he lives.—*New York Journal*, January, p. 133.

Case of Hydrothorax and Thoracentesis.—Dr. A. Bell relates an interesting case of hydrothorax occurring in a man, aged 26, admitted to the Brooklyn Hospital, July 24, in a state of collapse, having all the aspect of threatened asphyxia. The heart had undergone such displacement that its apex was beating at the fifth intercostal space, midway between the axilla and nipple. The operation was at once performed, the trocar with stomach-pump attached being the instruments employed, and the puncture made in the eighth intercostal space, in a line with the axilla. The fluid drawn off measured 206 fluid ounces. Just before the operation, the circumference of the chest over the nipple was 42½ inches; the right side being half-an-inch larger than the left; and after the operation the circumference measured 36¾ inches, and the left side, instead of being smaller, was now found 2¾ inches larger than the right. Slight ptyalism was excited, and blisters were applied, and the patient gradually amended, the heart returning to its natural position, and the respiratory sounds, which had ceased to be heard in the right lung, again becoming audible. He was detained long for observation, and was dismissed cured November 5.—*Ibid.*, p. 66.

Case of Reduction of an Inverted Uterus.—Dr. Irvin relates the case of a woman who, after being in labour for about six hours with her eleventh child, and having a very roomy pelvis, was then delivered after two or three uterine contractions, which also inverted the uterus with placenta attached. The cord being very short, the weight of the child dragged the uterus between the thighs nearly as far as the knees. The cord was divided, and several unsuccessful attempts were made to reduce the organ with the placenta still attached to it. The hæmorrhage becoming very alarming, the author, following Dr. Meig's injunctions, separated the placenta, and it greatly diminished. "Placing my right hand under the uterus, and supporting it in a line with the axis of the pelvis with my left, I pressed the tips of my fingers firmly against the fundus, and pushed it upwards. After a little while the tumour softened, and I found that I had indented the fundus, the pressure being continued until my fingers were arrested by the contracted os, which yielded in about a minute. I then carried my hand upward in the pelvic axis, and when I had introduced my arm half-way to the elbow, the fundus suddenly shot away from my hand, and the organ resumed its natural position." The case did very well.—*North American Medico-Chirurgical Review*, January, p. 93.

A New Mode of Reducing Strangulated Hernia.—Dr. B. F. Richardson thus describes and explains this:—"The patient was put upon his elbows and knees. Grasping the hernial tumour between my fingers and thumb, I pushed it steadily and firmly towards the inguinal ring—the patient being at the same time directed to take a full inspiration, and then make a strong and continuous expulsive effort, so as to distend the abdominal muscles as much as possible. Between, as well as during the expulsive efforts, the tumour was steadily pressed towards the ring. The reduction took place at the second effort, the time occupied not being more than two minutes. . . . . The most usual cause of hernia is diaphragmatic pressure, induced through lifting, coughing, etc. Through the medium of the abdominal viscera the muscular parietes are distended, and the apertures thereby enlarged. The diaphragmatic force, being diffused over the intra-abdominal surface, is easily antagonised by pressure at any particular point; and, when attempting reduction in the manner proposed, the diaphragmatic force should be more than counterbalanced, and the patient enjoined to permit the abdominal muscles to distend without restraint."—*American Journal of Medical Science*, January, p. 284.

Exodus of the Medical Students of the Southern States from Philadelphia.—The rupture between the Southern and Northern States of the American Union arising from the Harper's Ferry business has given rise to a large secession of the Medical Students from the Schools of Philadelphia, especially the Jefferson College. The members have been variously estimated at between one and two hundred, and these have been joined by some students from New York. Meetings were held and resolutions passed, and the seceders were provided from the Southern States with free passes along the railroads and funds for travelling. The Southern Schools have tendered their sympathy and cordial welcome to all seceders; and at Richmond, Virginia, a procession was got up, "deafening cheers and ladies' handkerchiefs" receiving them, according to the established mode in such ceremonies.

Death from Chloroform at Lisbon.—M. Barbosa relates, in the *Lisbon Medical Gazette*, a case in which chloroform was administered for the purpose of removing two small cysts from the upper eyelid. The inhalation was proceeded with slowly, and at the period of death about two drachms of the chloroform had been used, small portions being poured upon a napkin and brought to within about an inch of the patient's mouth. The horizontal position was observed. The lungs were found congested and ecchymosed, the large veins were filled with blood, and the right ventricle of the heart contained coagula, the other cavities being empty.

GENERAL CORRESPONDENCE.

IDIOPATHIC TETANUS.

Letter from Mr. Bindon.

[To the Editor of the Medical Times and Gazette.]

Sir,—I saw in your valuable paper of Saturday week a report of a case of "Acute Idiopathic Tetanus terminating Fatally;" and you remark that such cases generally are mild in character, and result in recovery.

During the last five or six years I have had four cases of idiopathic tetanus, acute to a degree, and all terminated fatally within twenty-four hours after I had seen them; one, indeed, might be classed as traumatic tetanus (and I think there is some grounds for doubt in your case), and I will record it. A man, about fifty years old, had injured his thumb by a fall; it was dressed as a fracture by an Army Surgeon. In a week afterwards I was called to see him, and found him suffering severely from tetanus, with emprosthotonos; his bowels were open. I at once amputated the thumb, the central articulation of which had been ruptured, and was quite offensive to the smell; gave a turpentine enema and chloroform occasionally, so as to keep the spasms in subjection. When not under the full influence of chloroform, the emprosthotonos was so excessive that his body became bent upwards in an arch, and all my strength had no effect on it. He would not swallow anything unless when partially affected by the chloroform. He died quite suddenly, while his clergyman was praying with him, and was sensible to the last.

The other three cases are in all respects so similar as to symptoms and treatment, that I think it sufficient, in contrast with your remark, to particularise the last one I was fortunate to see. A strong, healthy, robust girl, daughter of a farmer, had been, a week before I saw her, carrying oats on her back to the barn; next morning she complained of being tired and of having got cold. I was asked to see her for a cold; but at my inspection I was greatly surprised, as I had been prepared to find some chest affection. Her head was bent backwards, the abdomen forwards, and the legs backwards towards the buttocks; she lay on her right side; was covered with a profuse perspiration; said she could not swallow. Her parents could give me no more information about her, and were under the impression that she had taken a severe cold, and would not believe my opinion that she had tetanus. She had been given oil twice during her illness, which acted on her bowels; she could not swallow water. Nothing appeared wrong with her spine, and she denied having received any injury. She did not like to move: pulse quick. I ordered her a purgative bolus and enemas of turpentine and assafœtida, and thirty drops of chloroform every second hour, with wine and broth when she could be got to swallow. I left her; she died next morning at five o'clock, having had severe and repeated spasms up to her death.

I am, &c. John V. Bindon, F.R.C.S.

Torren Hill, Dungannon, Ireland.

GRATUITOUS MEDICAL SERVICES.

Letter from Mr. Spender.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have noticed with much satisfaction your vigorous articles on the abuses of Medical Charities. Now that the Profession has obtained a Registration Act, it appears to me that we ought to use all our energies to diminish, if not to remove, this enormous evil. In a pecuniary sense, I doubt whether we do not suffer more loss from the indiscriminate relief offered at Hospitals and Dispensaries, than from all the quacks and irregular Practitioners together.

It is notoriously difficult to bring this subject home to the understandings of the lay gentlemen who form the executive committees of our Medical charities. It is only natural that those gentlemen should regard the numerical attendance of patients as a tolerable criterion of the success of the institution in which they are interested, and a tribute to the care and skill of the honorary Medical officers. It appears scarcely to enter into the calculation that the work undertaken ought to be thoroughly done, which is impossible if the time and strength of the Medical Officers are over-taxed; and that the really deserving poor ought to receive the most complete relief which the healing art can afford.

I have to suggest a plan which will, I believe, check some of the more flagrant impositions on Medical charities. I do not see why the Surgeons and Physicians should not take matters into their own hands, and try and accomplish what that ornamental appendage, the visitor for the week, cannot or will not do. I have always exercised the right of dismissing persons who have applied for gratuitous relief, if I have good reason for supposing that their circumstances place them altogether above the level of the labouring class.

Such persons commit a three-fold robbery, by applying at a Dispensary,—they rob me, and my Medical brethren, they rob the institution, and they rob the sick poor of the money-value of their time unnecessarily wasted.

The notion that the Medical officers of a Hospital are paid for their services is very prevalent among our middle classes, and induces many persons to think that they are not doing any pecuniary injury to those officers by seeking their aid as patients of such Hospital. I would rather that ten undeserving persons received gratuitous relief than that any unreasonable impediment should be thrown in the way of honest labouring folk receiving efficient and immediate Medical care; but it is absurd to say that nothing can be done to diminish the magnitude of the present evil.

The "free and unappropriated sittings" in our churches are, however, as often occupied by rich worshippers as the benches of an Hospital out-patient room by well-to-do patients. It is the meritorious characteristic of the clergyman and the doctor that they offer consolation and help without stint and measure, and without reference to a perishable money-standard. But surely those who are able to minister to our earthly necessities ought not to grudge to do so; for it may as fairly be said of us as of the priesthood, that "they who preach the Gospel shall live by the Gospel."

I am, &c. John K. Spender.

Bath, February 1.

PROTESTS TO THE MEDICAL COUNCIL.

Gloucestershire Medical and Surgical Association.

[To the Editor of the Medical Times and Gazette.]

Sir,—Herewith I send copies of Memorials transmitted this day to the Medical Council and the Royal College of Surgeons. I am, &c.

Gloucester, Feb. 18. John W. Wilton.

"Memorial of the Gloucestershire Medical and Surgical Association, to the Royal College of Surgeons of England.

"Your memorialists beg respectfully to protest against the recent indulgences said to have been granted by the Council of the College to individuals who have not passed through the usual curriculum of study required, as a general rule, from all who desire to become Members of the College.

"Your memorialists beg to point out, that the admission of imperfectly-educated persons into the Medical Profession, inflicts great injustice upon those who have spent both time and money in acquiring a knowledge of a noble science; that if such indulgences have been granted, the Council have infringed the privileges of the Fellows and Members of the College, whose interests the Council are pledged to maintain; and that such proceedings tend to neutralise the benefits intended by the Medical Act, of affording to the people of this country guaranteed Conservators of the Public Health.

"Your memorialists beg to direct your special attention to the application made by a person calling himself Dr. Turnbull, residing in their immediate neighbourhood, as one which not only directly concerns the interests of many members of this Association, but is also of considerable importance to the Profession at large."

"Memorial of the Gloucestershire Medical and Surgical Association, to the General Council of Medical Education and Registration of the United Kingdom.

"Your memorialists beg respectfully to call your attention to the inefficient provisions made by the Medical Act, Sections xxxix. and xl., for the conviction of illegal Practitioners, as

evidenced by the recent decisions in Magisterial and other superior Courts.

"Your memorialists are convinced, that until better securities be provided, the object of the Legislature in the Act above referred to, namely, that the public be enabled to readily distinguish qualified from unqualified Practitioners, will be completely unattainable.

"Your memorialists, therefore, respectfully urge on your Honourable Council, the necessity of applying for more extended powers, in order that the intentions of the Legislature, as set forth in the preamble to the Medical Act, may be fully and effectually carried out."

THE READING PROTEST TO THE MEDICAL COUNCIL.

"Gentlemen,—We, the undersigned, have seen, with great regret, that the Council of the Royal College of Surgeons of England continues to grant its diplomas to candidates who have not passed through the course of education which has hitherto been considered essential, and has, in some cases, given them to persons whose unprofessional conduct has rendered them unworthy of that distinction.

"We agree in opinion that the Council by these acts has tarnished the honour and dignity of our Profession, and that its diplomas have ceased to guarantee the Professional attainments of its members.

"The Council has disregarded the protests addressed to it, and we, therefore, appeal to you to exercise the powers given by the New Medical Act, and to compel the Council to adopt a course more conducive to the interests of the public and the honour of the Profession.

"George May, F.R.C.S.	J. Shea, B.A., M.R.C.S.
"Edward Wells, M.D.	Charles Vines, M.R.C.S.
"Thelwall B. Maurice.	William Butler Young,
"J. A. Bulley, F.R.C.S.	M.R.C.S.
"W. W. Moxhay.	J. Harrison, F.R.C.S.
"T. L. Walford, M.R.C.S.	John W. Workman.
"A. J. Moore.	C. Cowan, M.D.
"R. N. Woodhouse, M.D.	George May, jun.

"Reading, February 11, 1860."

ACUPRESSURE IN AMPUTATION.

LETTER FROM MR. WIGLESWORTH.

[To the Editor of the Medical Times and Gazette.]

SIR,—Allow me to record the first case of acupressure which has been performed in England, excepting the one by Dr. Simpson at Carlisle, and which took place at the Royal Infirmary in this town on Tuesday, the 14th instant.

The patient was a young woman, under the care of Mr. Bickersteth, who amputated the leg (by Teale's method) at the junction of the middle and lower third. Three needles were required to command the hæmorrhage (from the anterior and posterior tibial, and peroneal arteries,) which was effectually controlled. They were removed at the end of forty-eight hours, and no bleeding ensued. The needles were not made "to transfix" the skin, but were inserted only into the tissues immediately after passing over the artery. This is, I believe, a new feature in the application of them.

I am, &c. ARTHUR WIGLESWORTH.

Liverpool, February 20.

[Our Correspondent seems to have overlooked Mr. Adams's case on the 16th instant.—ED.]

POOR-LAW MEDICAL REFORM.

LETTER FROM MR. GRIFFIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have much pleasure in informing you that the Poor-law Medical Bill will be introduced on Tuesday next by Mr. Pigott. All the clauses will remain as they are in the pamphlet No. IV., excepting those relating to vaccination, which it has been thought desirable to withdraw, and make the subject of a separate Bill. If they really desire this measure to be carried, each officer ought to write to his own M.P., at least, and request his support. They ought also to petition the House. Let me beg of each to act as if the cause depended on his own individual exertions.

No time should be lost, otherwise the Bill may be thrown out on a second reading; and it may take years to recover our lost position. 150 gentlemen have sent in their subscriptions during the last three weeks, to the amount of £70. I am, therefore, free of debt, and have a small balance in hand, but not sufficient to carry on an affair of this magnitude with vigour, as every M.P. ought to have another pamphlet before the second reading comes on. I beg to thank those gentlemen who have already written to me, expressing their approval of my services, and I yet hope the Poor-law Medical Officers will, as a body, unite in supporting me with vigour in this affair.

The Committee met this day, and, I am happy to say, have expressed their approval of the course now being pursued.

I am, &c. RICHARD GRIFFIN.

Poor-law Medical Offices,
12, Royal-terrace, Weymouth, February 21.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 14, 1860.

F. C. SKEY, Esq., President, in the Chair.

THE Society was attended this evening by an unusual number of Military Surgeons, and by several literary gentlemen of eminence who have taken much interest in the "Social Evil."

A paper, by WILLIAM ACTON, Esq., was read,

ON THE RARITY AND MILDNESS OF SYPHILIS AMONG THE BELGIAN TROOPS QUARTERED AT BRUSSELS,

AS COMPARED WITH ITS PREVALENCE AND SEVERITY AMONG THE FOOT-GUARDS IN LONDON.

The author, after some introductory remarks, thanking the English and Belgian military authorities for the ready assistance given him in the preparation of this paper, stated that in both armies a weekly examination is made to discover if disease exists among the men. If found affected, the patients are at once sent into Hospital. In Belgium, the authorities next inquire the name of the woman supposed to have infected the soldier, as well as the house where the disease was contracted, and the particulars are forwarded without delay to the Inspector of Health, who at once examines the girl, to verify the soldier's statement. If found diseased, she is at once sent to the public Hospital, and confined there till cured. These stringent measures are not only ordered, but strictly and effectually carried out. The result has been found so beneficial, that at the time the author visited the Hospital, only eleven men out of a garrison of 3,500 soldiers were laid up; six of these affections were merely slight cases of gonorrhœa. To show that this was not an accidental immunity, a table was given of the whole of the diseases under which the Brussels troops suffered during 1859, and the following remarkable deductions were drawn:—First, the extraordinary rarity of venereal disease, one out of ten men only suffering from the affection; and, secondly, the singular mildness of the complaint. The almost total exemption from syphilis is a no less remarkable phenomenon. Only sixty-two cases of chancre occurred during the twelve months in the garrison; in other words, one only in fifty-six men fell ill during that period. Secondary symptoms were almost unknown, as only ten men came into hospital with this serious complaint. To show that this immunity was not confined to the military hospitals, Mr. Acton gave a table, showing that in the wards of the civil Hospital only forty-two cases were under treatment out of a population of 260,000. The author met the questions, "How do you show that this immunity is a consequence of the sanitary regulations to which you ascribe it?—may it not have existed before

the regulations?" by giving M. Thiry's reply: "In the wards, where we now have 42 eases, we formerly (*i.e.*, before the present system had been set on foot) had from 150 to 160 venereal patients." The system followed for the sanitary regulation of the women was next described, and it was shown that Medical men may respect the feelings of the sex, and yet the women (degraded though they be) appreciate the kind consideration with which the chief inspector and his assistants perform their painful duties. On the morning when the author was present, eighty women were examined, yet he could not discover the least trace of disease in any of them, and their certificates were signed in about an hour and a-half. The necessity and advantage of the system seemed to be mutually felt by all parties. It was the law of the land, and, as such, it was implicitly obeyed as an arrangement of the Legislature for the well-being of society. Attention was next called to the striking contrast to be found among the women of London, whose deplorable state was illustrated by the fact that out of 63 women examined lately for admission into a Penitentiary, 59 were so seriously diseased that the surgeon could not give his sanction to their being taken into the institution until they had been cured. Another illustration was cited as having occurred at Windsor. During the last summer the first battalion of Fusilier Guards was quartered in this royal garrison, and out of 600 men 64 were laid up in hospital with venereal affections. This state of things arose from the infected condition of the women of the town, as was well known to the men, officers, and police authorities. The author next contrasted the condition of the public thoroughfares in the two capitals. In Brussels—whatever its vices—the youth may return home from his school unchallenged by loose women; the drunken mechanic is not carried off almost by force to the prostitute's lair; the soldier, reeling home to his barrack, is not waylaid, robbed and infected. One and all may, and can, if they wish, even in Brussels, seek out the tempter, but the Belgian Government conceals the unfortunate sisterhood as much as possible, and vice is not allowed to parade its attractive forms before the half-willing victim. Were the same regulation applied to our principal thoroughfares, the author could not but think that we should gain many great advantages. If nothing else, we should have a much less numerous roll of infected soldiers, for whose vices the country pays without any return whatever. If a case of small-pox occurs, the health-officer and policeman unite in putting down the dangerous nuisance; but although a dozen infected prostitutes are well known to frequent a royal town like Windsor, the authorities remain inactive. The comparison with our Foot Guards was next alluded to. Instead of syphilis being the slight affection it is in Brussels, this complaint has been for many years, and continues to be, a very plague in the London regiments. During the first few years after enlisting, many a promising young soldier is laid up in Hospital, enduring a long course of mercury, which depresses the vital powers, and disposes to other complaints. After a long convalescence, and in spite of all the precautions that can be taken by the Medical officers, such men become invalided, and no statistical tables can give any accurate idea of the numbers of good soldiers thus lost to the service. From tables given, it appeared that more than one-half of all the sick sent to Hospital are admitted in consequence of venereal complaints; and the no less remarkable deduction is drawn, that could we eradicate this disease, we should at once remove half the complaints under which our Foot Guards suffer. In London every fourth man suffers from syphilis (primary), instead of every fifty-sixth, as in Brussels. Constitutional syphilis in the Guards is so common and severe, that one in eight men who suffer from chancre comes into Hospital on account of secondary symptoms. *The Remedies.*—The question, said the author, will be doubtless put to me, "Do you propose to introduce the foreign system of examining public women into London?" He disclaimed at once any such intention. It was idle to deny that one of the greatest difficulties in the way of attempting any remedy consists in the fear of injuring the very morality which a remedy professes to protect. This fear is felt, and loudly proclaimed, by a large number of well-meaning men, who, ill-informed on the causes and consequences of vice, and having their own feelings under control, think that the mass of mankind can, and therefore ought to, and therefore will, exert self-restraint. The result is a kind of apathy that leads even the best men to shrink from action, or even discussion, on what they admit is the monster social evil of the day, from a vague dread of some unforeseen moral result. The author assumed that the Society did not sympathise with this timidity; he might, therefore, dare here to ask and endeavour to discover if there were any remedies within our reach other than the continental system of regular licensing and periodical inspection. Mr. Acton then went on to consider the class of men for whom we have to legislate, and proved from the statistics that almost all young soldiers became infected. These observations, said he, are not applicable to soldiers alone. The indulgence of the sexual passion is not confined to any class or condition of life. In spite of education and religious culture, incontinence is a very widely-spread evil. It was, then, for the Medical Profession to consider, if (as he maintained) we are unable to do so completely, yet how we can to some extent guard the young soldier against the consequences of his evil passions, which, as shown in the above statistics, no amount of consequent disease or permanent ill-health will induce him to restrain. In answer to the moral objections, he submitted that incontinence and resulting disease are such widely-spread and destructive evils, that no greater can arise from the introduction of any reasonable preventive measures. The Legislature, the philanthropist, even the clergyman, must admit that our efforts, such as they were, have hitherto completely failed. As neglect will not succeed, we are justified in hoping that a scientific investigation will in this, as in other sanitary matters, assist us in devising plans for ameliorating a great social evil. In the first place, he would offer facilities for local ablution in the different barracks in London, and showed that in the present day no such accommodation existed He cited, however, the example of the East India Depôt Barracks at Warley as evidence that, when such facilities are given to the soldier, they had been found to have a most beneficial effect. He then stated that it was to the interest of all parties concerned to offer an asylum and cure for the women who diseased the soldiers. It was the cheapest remedy, and more in accordance with the common-sense plan of removing one-half of the diseases under which the army at present labours than any other. The details cannot of course be given here, but Mr. Acton read a letter from Sir John Liddell, the Director-General of the Naval Medical Department, showing that Government had already given a partial sanction to the plan, as £1800 had been voted for building wards at Portsmouth for the treatment of prostitutes, and that £500 a year were granted at present for the maintenance of this system; and he but asked that what was found so beneficial at Portsmouth should be granted to garrison towns like Windsor; and he concluded by affirming, that in future the country would blame the officers of a regiment if such grants were not asked for, to remove a preventable disease, and one which was now proved to cause half the sickness that occurs among the Household Troops.

Mr. Holmes Coote said the Society was under great obligations to Mr. Acton for the boldness with which he had brought the subject forward. It was a right thing to call diseases by their proper names, and to present them before the public in their true aspect. The manner in which the venereal disease was spread at the present time throughout London was a disgrace to the Legislature; and the remedies proposed to check it were puerile and silly. Efforts were made, by public meetings and subscriptions, to take girls from the streets, in order to make vacancies for others. Although incontinence was a great sin, there were evils connected with continence which were far greater to society, as any person could tell who had had experience in the wards of lunatic asylums. He was confident the disease might be gradually checked by proper sanitary regulations. The great evil which prostitutes had to complain of was dirt, and the want of proper means of ablution. He did not think there was anything peculiar or specific in the disease, but that it was the result of filth—the peculiarity of the sore depending upon the peculiarity of the texture. When at Smyrna, a few years ago, the venereal disease was not known in that town, although there were establishments in which Greek prostitutes lived. On the arrival, however, of the German legion from Portsmouth, the disease broke out, and was never afterwards eradicated. In various parts of Turkey the introduction of the disease appeared to be entirely connected with the presence of English troops, the state of whose health was

apparently entirely disregarded before they left England. The evils inflicted on society by the disease were almost incalculable. In the Hospital with which he was connected, he continually saw women of the utmost respectability, mothers of families, covered with various forms of venereal eruption, obliged to continue living with their husbands, and giving birth to children, diseased or dead. These and other evils were allowed to exist because we were so remarkably pious that we could not think of sanctioning vice by any proper legislation.

Mr. Hulke said he had carried on a large Dispensary in Smyrna in conjunction with some of his colleagues, and they had found that syphilis in its worst forms prevailed among the lower classes of the Turkish population.

Mr. Spencer Wells corroborated Mr. Hulke's statement as to the prevalence of syphilis among the lower orders in Smyrna; and, in reference to the alleged connexion of the disease with dirt, stated that in the Dardanelles, where the English soldiers had free intercourse with excessively dirty Greek women, nothing was known of syphilis in the camp until the arrival of a young English woman, when there was a considerable outbreak of gonorrhœa. The mere institution of lavatories would not check the progress of the disease. Their utility in barracks was unquestionable; the soldiers, however, did not contract syphilis there, but in dirty parts of the town, so that the poison was inoculated before the men had any opportunity of using barrack lavatories. When in the navy, some years ago, he endeavoured to make it a punishable offence for a man to be infected with venereal disease; but the trial was not successful, since it prevented the men from applying for relief till the disease had so far advanced that they were disabled for service. An opposite course proved more advantageous. When the men were but slightly affected, they were not put on the sick list, which involved the stopping of the grog and some of the rations, but were only subjected to local treatment without taking them off duty. In the army the men were regularly inspected, and as soon as they were found to be diseased were treated immediately. Nevertheless, a fourth of the entire sickness of the army arose from venereal disease, which was rapidly extending. In an average of fourteen years prior to 1856, 76 men in 1000 were found to be suffering from the disease, but since that time the proportion had increased to 126 in a 1000. In order to check the disease it would be necessary to go deeper than Mr. Acton proposed. It would not do for members of this Society to discuss the best way to afford an unlimited supply of healthy prostitutes for the use of the soldiers in London. A better class of men should be taken into the army, proper amusements and occupations and the means of education should be placed within their reach, rather than by removing the fear of venereal infection, leading them to suppose that they could indiscriminately indulge their lowest passions with impunity.

Dr. Letheby thought the time was arrived when some remedy should be applied to the evil, which was rapidly extending in London. The public and the Profession were indebted to Mr. Acton for identifying himself with the subject, which he (Dr. Letheby) regarded as one of the most important social questions of the day. Nothing produced such serious effects upon the community as the spread of syphilis among the lower orders. The application of remedies was unquestionably beset with difficulties. It was not easy to find a remedy that did not interfere with the liberty of the subject and the inviolability of home; but the disease had arrived at such a point that some remedy was imperative. One important step would be the establishment of Hospitals, where prostitutes could be treated as soon as they became infected. A large per-centage of infant mortality, among the lower classes, was due to syphilis.

Dr. Schulhof stated that the system described by Mr. Acton was adopted in Prague, and he did not think the morality of the people was much increased by the knowledge that they might indulge with impunity. He remembered hearing the young Medical students speak of the safety with which they might enter the houses where the prostitutes resided. He had practised in the East, and had ample opportunities of ascertaining the amount of syphilis among the people, which was certainly very much less than in Europe. Women were there very easily obtainable. In Hamburg, as in most seaport towns, the disease was very prevalent. The establishment of public Hospitals for the reception of prostitutes, without the customary formalities, would no doubt be highly beneficial. He regretted that there should be so much delicacy among Medical men on the subject, and that students should have such slender opportunities of studying the disease. Very few Medical men had any idea of syphilis at all, though it was one of the most dangerous maladies inflicted on society.

Dr. Webster said he was desirous of removing an impression that appeared to prevail that the "social evil" raged to a greater extent in London than in any part of Europe. He believed that syphilis prevailed more in Spain than in England. He had visited the Hospitals in Madrid, Barcelona, Malaga, Granada, and all the chief cities, in all of which syphilitic wards were found containing numerous patients, some of whom suffered from the worst forms of the disease. He did not attach great importance to police regulations, for where these were the most strict, and outward propriety was most manifest, the disease was none the less prevalent. The best remedy to be applied to the army was, he believed, mental and physical occupation.

Mr. Solly, so far from deeming syphilis as an evil, regarded it as a blessing, acting as it did as a restraint upon the indulgence of evil passions. Could the disease be exterminated, fornication would ride rampant through the land. He agreed with Mr. Wells that the cure for the army (and the same applied to society generally) was to elevate the moral character. Dr. Schulhof was mistaken in supposing that syphilis was not studied in the Hospitals. The venereal wards were open to them, and every opportunity was afforded for acquiring a thorough knowledge of the malady. In St. Thomas's Hospital there were 150 beds for syphilitic patients.

Dr. Robinson (of the Fusilier Guards) adverted to the loss of service in the army occasioned by the disease. Ablution, he said, would tend to lessen its severity, but would not altogether prevent it. Generally the men returned to the barracks too late to profit by the washing-rooms. Dr. Stewart's method, he feared, would be found impracticable in large towns like London. Much good might be done by confining prostitutes to their dwellings in the evening. In Dublin the streets near the barracks were infested by prostitutes who waylaid the men in the evening, and thus occasioned the disease to spread among them. He had some time ago suggested the establishment of Lock Hospitals in garrison-towns, to be supported by the Government and the local authorities. A general officer to whom he mentioned the subject considered that the difficulties in a financial point of view on the part of Government would be insurmountable.

Dr. Stewart described the plan adopted at the East India Depôt at Warley, where youths were received as recruits. When there was an influx of venereal cases in the Hospital, the sergeants found out from what house the infection came, and unless the infected individual was removed, a picquet was placed opposite the door to prevent any person entering. Ablution was also insisted upon in a way that could not be so well carried out among grown-up soldiers.

Mr. Henry Lee thought Mr. Acton's comparison of Brussels and London was hardly a fair one. The London Footguards were a privileged class; they had better wages than the Brussels soldiers, and were subject to greater temptations; so that it was not fair to assume that the amount of syphilis existing among them was an accurate criterion of the extent of the malady in other regiments.

Dr. Balfour stated that from statistics extending over ten years, from 1837 to 1847, the number of cases among the Guards compared with the line was as 9 to 15; so that Mr. Acton had understated rather than overstated the case of the British army as contrasted with the Belgian. At present the amount of inefficiency from syphilis among the troops in the United Kingdom was equal to two and a-half regiments. He had traced the history of 1126 men who entered the Grenadier Guards between September, 1847, and March, 1853, down to the period of their embarkation for the Crimea in 1854. The average period during which they were under observation was three years and five months. Of the whole number, 536 men were admitted into the Hospital suffering from specific venereal disease, the actual number of admissions being 1250. 212 were admitted once; 292, twice: 210, three times; 220, four times; 120, five times; 114, six times; 42, seven times; 16, eight times; 10, nine times; and 1, fourteen times. Mr. Wells had said that a better class of men ought to be enticed into the army, but the difficulty was how to obtain

them without largely increasing the pay. No doubt occupation would be the best remedy, but Government refused to employ the men in productive-work lest it should interfere with trade. He should be glad to know whether any of the syphilitic cases in Brussels had been admitted into the Infirmeries Regimentaires (where slight cases were generally received), and, if so, whether they had been taken into account by Mr. Acton. He agreed with Mr. Acton in thinking it desirable to adopt every means to diminish the disease in the British army, but he confessed he saw no way in which it could be materially abated.

Mr. Acton hoped that the ventilation of the subject would have a beneficial effect. With regard to the navy, he did not think that the regulations suggested for the army would be very successful there, as the men were only on board a short time, and, when the ships were paid off were beyond the control of the authorities. He had heard statements similar to those made by Mr. Solly, coming from different persons in society, but he was not prepared to hear such language from a Medical man. The subject had hitherto been left in the hands of quacks; but he hoped some effort would be made to remove the opprobrium attaching to Medical men practising in that department, and to adopt measures for the prevention of so wide-spread a malady.

The Society then adjourned.

OBITUARY.

MR. R. CREMER, OF CHELMSFORD.

We have to record the death of one of the old school of Medical Practitioners, whose life was an honour to his Profession. Mr. Cremer was a member of an ancient family of that name which had settled in Norfolk since the time of Henry VII., various members of which, at different periods of their history, had intermarried with some of the leading families in England—those of Earl Fitzwilliam, Sir Edmund Filmer, and Sir Cordell Firebrace. Through great pecuniary losses in his family he early embraced the Medical profession, and was one of the first pupils, at St. Bartholomew's Hospital, of the late John Abernethy, with whom he continued on terms of friendship till the death of the latter. He commenced practice in Chelmsford in the year 1790, and rapidly rose to eminence in his Profession. He was an unfailing friend of the poor, being frequently known to pass a night and a day in a mud cottage at the sick-bed of some poor sufferer who otherwise would have been unaided, and this in the full tide of a most prosperous practice. He never turned his face away from any poor man. After fifty years of a very laborious and successful practice, and at the age of seventy, he retired from the Profession (though in full possession of his mental and bodily powers), from a conscientious persuasion that, having attained the usual life of man, it was not right to stand in the way of the rising generation. He died at Barnes, Surrey, on the 26th ult., having reached his ninetieth year, the last twenty years of his life being spent in that village, in daily administering to the wants of his poorer neighbours, striving to alleviate their sorrows and troubles, by his professional skill, and, so far as he was able, by pecuniary help. He was a man of exemplary piety, of great benevolence, and of acknowledged skill in his Profession; and his loss is lamented by a large circle of professional and private friends.

PARLIAMENTARY INTELLIGENCE.

BIRTHS, DEATHS, AND MARRIAGES IN IRELAND.

Lord Dunkellin asked the Chief Secretary for Ireland Ireland whether Her Majesty's Government proposed to take any steps towards the promotion of a general system of registration of births, deaths, and marriages in Ireland during this session of Parliament?

Mr. Cardwell said he would answer the question at an early day.

THE SERPENTINE.

Sir J. Shelley has given notice, that as soon as the returns in reference to the works now being carried on for cleansing the Serpentine were published, and in the hands of members, he should call the attention of the House to the subject, and give an opportunity of deciding upon the desirability of proceeding therewith.

SMALL-POX IN LONDON.

Mr. Griffith rose to call the attention of the Secretary of State for the Home Department to the recent increase of small-pox and to the liability of the public to infectious disease by the use of street cabs in conveying such cases to Hospitals and other places, and to ask whether it would not be desirable that the Government should introduce some legislative provision for the establishment of carriages for the exclusive use of the sick, and for the prohibition of the employment of street cabs for the above purpose within the metropolitan district. He observed that there could be no difficulty in finding the proper machinery for carrying out his suggestion. There were several Boards in London, any one of which might take charge of it—the Poor-Law Board, the Police Commissioners, the Medical Department of the Privy Council, and the Metropolitan Board of Works. The parish of St. James had already a carriage appropriated to the conveyance of the sick to the Hospital, and there was no difficulty in confining its use to that class. The carriage could always be horsed from the nearest stand. To show how much small-pox was spreading, and how largely the conveyance of cases in street cabs tended to spread the infection, he mentioned the case of a town within ten miles of London where a street cab had brought from the metropolis a person labouring under small-pox, and that single case had affected the whole town, so that the epidemic was raging in the whole locality. He would, therefore, ask the question that he had placed on the paper.

Mr. Clive had no doubt that it would be extremely easy to prohibit the carrying of sick persons in cabs. The difficulty would be in finding a substitute for those vehicles. It could hardly be expected that the Government should undertake the conveyance of all the sick persons in the kingdom. It would be quite possible for parishes to make provision for that purpose, but until some such arrangement were made, it would be hardly right to suppress the existing mode of conveyance. The police authorities had, however, ordered some model cabs to be provided for the conveyance of such sick persons as were under their control.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora held on Friday, February 17th, the following gentlemen were admitted Members of the College under the Temporary Bye-laws:—

Allan, John, M.D., Milner square, Islington
Badgley, Francis, M.D., Albion-street, Hyde-park
Blandford, George Fielding, M.B., Chelsea
Brown-Séquard, Charles Edward, M.D., Paris
Burton, Matthew, M.D., Royal Naval Hospital, Haslar
Carmichael, James, M.D., Torrington-square
Cunningham, Lenox Thompson, H.M.S. *Formidable*, Sheerness
Elliot, William Henry, M.D., Exeter
Fairbrother, Alexander, M.D., Bristol
Finch, William Corbin, M.D, Salisbury
Fraser, Donald, M.D., Harrington-square
Gaulter, Thomas Coke, M.D., Royal Hospital, Chelsea
Grabham, John, M.D., Lonsdale-square, Islington
Hardwick, Robert George, M.B., Leeds
Lawrence, George William, M.D., Camberwell
Lewis, John Riggs Miller, M.D., Shoeburyness
Lichtenberg, George Philipp Justus Ludwig, M.D., Finsbury-place
Logan, Thomas Galbraith, M.D., Army Medical Department
Moss, William Chapman, M.D., Long Ashton, near Bristol
Piggott, George West, M.D., Harrogate
Prichard, Thomas, M.D., Northampton
Ringer, Theobald, M.D., H M. Bengal Army
Scholfield, Edward, M.D., Doncaster
Thudichum, John Louis William, M.D., South Audley-street
Torry, John Cooper, M.D., Lincoln
Williams, William White, M.D., Gloucester
Wilson, George, M.B., Leeds
Wilson, John Grant, M.D., Bath

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, February 16:—

Cayley, William,
Coates, Matthew, Royal Navy

Everett, Benjamin George, Warminster, Wilts
Jones, Philip Sydney, Sydney, New South Wales
La Mert, Lima Abraham, 37, Bedford-square
Stilwell, Edward, Epsom, Surrey

The following gentlemen also on the same day passed their First Examination :—

Godfray, Charles Le Veconte, St. Bartholomew's Hospital
Hope, Samuel
Milson, Richard Henry

APPOINTMENTS.

ELLIOT.—Dr. Elliot was unanimously elected a Physician to the Devon and Exeter Hospital on the 17th inst.

SHAPTER.—The Committee of the Exeter Female Penitentiary have unanimously elected Dr. Shapter as Consulting Physician, in the place of Dr. Blackall, deceased.

STONE—FRODSHAM.—Dr. Stone and Dr. Frodsham have been elected Physicians to the Farringdon General Dispensary and Lying-in Charity.

DEATHS.

BARBER.—February 13, at Broad-street, Stamford, Edward Barber, aged 53.
BOWEN.—January 21, at St Catherine's, Canada, Dr. Charles Ap A. Bowen, aged 28.
FALLOWFIELD.—February 12, at Brisco-hill, Jonathan Fallowfield, aged 79.
HANDEY.—February 20, at 178, Waterloo-road, Horatio Henry Handey, aged 41.
MARTIN.—February 9, at Overbury, Mr. John Martin, aged 70.
MAY.—December 28, in Sacramento, California, Samuel J. May, M.D.
SPENCER.—February 13, at Earl Shilton, Thomas Spencer, M.R.C.S., aged 54.

A new Journal of Medicine is announced at Madrid, with the pleasant title of *La Concordia*.

WE regret to learn that Miss Nightingale's health, which has for some time caused much uneasiness, continues to decline.

M. BABINET, the successor of Arago, says, in the *Journal des Débats*, that there will be the highest tide on the 8th of March next that there has been in Europe for a century.

ST. LUKE'S HOSPITAL.—Dr. Sutherland has resigned the office of Physician to St. Luke's Hospital, and has been elected Consulting Physician to that Institution. We believe that it is not the intention of the committee to fill up the vacancy, in consequence of the limited number of curable patients at present in the Hospital.

NORTHERN SEA-BATHING INFIRMARY. — At a special general meeting of the Governors of the Royal Northern Sea-Bathing Infirmary, held at Scarborough on February 18, the following gentlemen were elected on the Medical Staff:—Mr. Weddell, Mr. Dale, Mr. Cooke, Mr. Taylor, Dr. Robertson, and Dr. Cross. The new Infirmary of fifty beds will open for the reception of patients on May 1.

THE *Revue Thérapeutique du Midi* announces that its final setting is at hand. It is, however, to reappear under the title of *Montpellier Médical;* and the same editor hopes that the same admirers will still patronise the new journal and his ancient collaborateurs, who will do their best to please.

M. HUZAR informs the French Academy that the *bruit de souffle*, so often heard in diseases of the heart, is a most proper term, for this bruit is, in his opinion, caused by air mixed with the blood! Those who say "there is nothing new under the sun" will find themselves mistaken, we imagine, when they read this novel idea.

VIENNA GENERAL HOSPITAL.—According to the report for 1857, recently published, there have been received into this Hospital from 1784 to 1857 inclusive, 250,683 patients (143,684 male and 106,999 female). There have been discharged 212,664 patients (123,274 male and 89,390 female) and 36,504 have died (19,124 males and 17,310 females).

M. LESCARBAULT, THE PHYSICIAN-ASTRONOMER. — This *savant* has, we think most judiciously, declined parading himself at a public banquet at Paris. He says, in his letter, that, grateful as he feels for the offer, the habits of his simple and retired life quite forbid his accepting it, while his professional duties quite preclude his leaving his patients, not having the advantage of possessing substitutes like his Paris *confrères*.

"ECHINOCOCCI have been found," M. Legrand says, "in the following organs: in the brain; in the lungs; in the liver; in the spleen; between the layers of the omentum; in the eye, between the crystalline lens and the choroid; in the urine and in the kidneys; in the subclavicular cellular tissue; between the two layers of the aponeurisms of the external oblique; and in the muscular tissue of the trapezius, and between the temporal muscle and the occipito-frontalis fascia."

"THE Foundling Hospital," writes Mr. Acton, "has ceased, I believe, to carry out the true intent and meaning of its founder. With a revenue of the present value of £11,000 a year, and with an assured income within the present century (according to the statements of the Charity Commissioners) of £40,000 a year, this institution so wanders from its legitimate path and from propriety of administration, that each of its inmates costs it nearly £360 before attaining fifteen years of age, besides being unhealthy and unnecessarily reared in the atmosphere of the metropolis; and has but a poor start in life after all."

UNIVERSITY OF DUBLIN.—On Shrove Tuesday the Spring Commencements were held in the Examination-hall of Trinity College, when the following Medical and Surgical degrees were conferred by the Right Hon. Francis Blackburne, Lord Justice of Appeal, Vice-Chancellor of the University:—Doctor in Medicine: William Hill Evans. Bachelors in Medicine: William Carleton, Edward Smith, Brice Smyth, Edward L. Boyes, Frederick F. Flynn. Masters in Surgery: Brice Smyth, Edward L. Boyes, William B. Peebles. The honorary degree of Doctor in Laws was at the same time conferred upon the Right Hon. Sir John Laird Mair Lawrence, Bart., G.C.B. His Excellency the Lord-Lieutenant attended at the Commencements.

INFANT DIETETICS.—On Monday evening last a meeting of Medical gentlemen and others was held at the Hanover-square Rooms, for the purpose of hearing a paper read upon the "Comparative Properties of Human and Animal Milks, considered in Relation to some Pysiological Facts;" the object of the meeting being, according to the card of invitation, to induce discussion as to the best substitute for breast-milk in the case of hand-reared children. Dr. Druitt was called to the chair; the paper was then read. It was written by a lady, in accordance with an earnest request made to her to bring this important subject before the notice of the public. The paper commenced by referring to the alarming state of infant mortality, and suggested, as its chief cause, firstly, the want of breast-milk; secondly, the ignorance with which infants deserted by their mothers are fed and tended. The system of employing wet-nurses was strongly denounced; and it was contended that the children would thrive much better on farinaceous food, with a mixture perhaps of cow's milk. A discussion ensued, in which the Chairman, Dr. Routh, and others took part; and a vote of thanks to the authoress of the paper was carried.

IN the last October number of the *American Journal of Medical Sciences* there is a paper on "The Effects of the Use of Alcoholic Liquors in Tubercular Disease, or in Constitutions predisposed to such Disease." This paper is the substance of the Fiske Fund Prize Essay, awarded to Dr. Bell, of New York. Dr. Bell has entered as carefully as may be, under the guidance of statistics, into the question; and the results which his investigations bring him to are the following:—1. The opinion so largely prevailing as to the effects of the use of alcoholic liquors, viz. that they have a marked influence in preventing the deposition of tubercle, is destitute of any solid foundation. 2. On the contrary, their use appears rather to predispose to tubercular deposition. 3. Where tubercle already exists alcohol has no obvious effect in modifying the usual course run by that substance. 4. Neither does it mitigate, in any considerable degree, the morbid effects of tubercle upon the system, in any stage of the disease.

A BELGRAVIAN CISTERN.—Dr. Aldis thus describes the receptacle for the water-supply of a nobleman's family:—"The water was disgusting to the sight, and containing some sixpences apparently darkened by sulphuretted hydrogen. I expressed surprise, stating at the same time that the published reports of Dr. Dundas Thomson were favourable to the Chelsea water, and asked if the cistern had been examined; when the reply was in the negative. I then proposed to

inspect it; upon which his lordship accompanied me downstairs into the front cellar, where we were shown an excellent slate cistern, uncovered, close to servants' closet, and in a most filthy condition with numerous cobwebs in contact with the water, and the ventilation of the closet near its surface. The cellar was also exceedingly dirty, and smelt like some of the worst back slums in the metropolis. It happened that a fresh supply was coming in at the time of our visit, but this was clear and agreeable to the taste."

THE LATE DR. TODD—Last week a meeting of gentlemen connected with King's College, and private friends of the late Dr. Todd, was held in the library of the College, to consider the most suitable means for perpetuating the memory of the deceased gentleman in connection with the College and the Hospital. Mr. Cotton, treasurer of the College, took the chair, and having briefly explained the object of the meeting, read a letter from the Bishop of Lichfield, paying a high tribute to the character of Dr. Todd, and expressing his satisfaction at the steps about to be taken to preserve his memory. The Rev. Principal Jelf, moved a resolution in furtherance of the object of the meeting, and after some observations from Mr. Cheere, some discussion followed, and it was subsequently determined that a statue of Dr. Todd should be erected in the Hospital, and a Todd Clinical Gold Medal be founded as a prize. A committee was formed, and about £150 subscribed in the room. The active promoters of this movement have made one false move, however, by placing on the list of their provisional committee the names of at least four very eminent Medical men, without their knowledge or sanction.

ALLEGED DEATH FROM VIOLENCE IN A LUNATIC ASYLUM.—Mr. Humphreys, coroner for East Middlesex, resumed and concluded an adjourned inquest, respecting the death of W. T. Cheshire, aged 39 years, a lunatic, who, it was alleged, had died from undue violence while under the care of the authorities of the Colney Hatch Lunatic Asylum. The evidence was of a conflicting character. Several witnesses distinctly asserted that when deceased was removed from the insane ward of Clerkenwell Workhouse to Colney Hatch Asylum there were no marks of violence on his body; while, on the other hand, the attendants at the asylum positively stated that when deceased was admitted there were bruises on his wrists, arms, chest, and back. The jury ultimately returned the following verdict: "That the deceased died in a certain public lunatic asylum from the mortal effects of acute mania, with effusion of the brain; and the jurors do further say that the marks of bruises on the arms, chest, and back of the deceased arose from the necessary restraint while deceased was at Clerkenwell Workhouse, but how the said bruises came on the ankles of the deceased there was no evidence to prove."

DISEASE OF THE HIP-JOINT.—On Monday, the 20th inst., Mr. Price brought before the Medical Society of London the subject of the treatment of certain diseased conditions of the hip-joint by complete and partial excision of the articulation. The author had collected authentic details of fifty-nine cases in which the operation had been adopted in this country and in America. Passing in review the various diseases, their nature and extent, which had been submitted to operation, he arrived at the following conclusions:—That the proceeding was oftentimes not only necessitous, but imperative, if the intelligent Surgeon wished to prolong life and mitigate pain. That even in very far-advanced cases, such, for instance where the acetabulum, as well as the head of the femur, was extensively disorganised, the operation could be undertaken with a fair hope of success. Formerly Surgeons had remained content with removing the dislocated and diseased head of the femur, but now much more complicated cases were submitted to operation. Statistics showed that out of 59 cases 33 had proved quite successful, 11 had been partially so, *i. e.* that the patients were greatly benefited, both locally and constitutionally, and lived for periods between three months and two years—death occurring more from other causes than from a recurrence of the disease which demanded operation; 14 deaths resulted more or less directly from the operation, but it would be unfair to say that every case did so, as the operation was occasionally performed when, perhaps, too slender grounds really existed for any result beyond slight palliation. In one case only was the ultimate result not known. The operation was almost confined to British Surgery; 53 out of the 59 cases had been operated on in this country and Jersey. The author alluded to the importance of always making a careful discrimination between various diseases of the hard structures forming the joint, for many affections involving the bones had been termed carious, when really no such condition existed. Preparations of the parts removed by the author in his operations were exhibited, and two patients on whom the operation had been resorted to. One case, the first one operated on by Mr. Fergusson in 1845, and the other one, in which Mr. Price had taken away the head of the femur. In both a most useful limb had resulted.

SPURIOUS GOLD.—The case of Wee Qua, the Chinaman, convicted at Ballarat, and sentenced to twelve months' imprisonment with hard labour, for the sale of spurious gold-manufactured by himself, demands full publicity in a gold producing and gold-buying country. From Dr. MacAdam (formerly of Glasgow), who was professionally engaged by the Government for the prosecution, we have received the following account of the matter:—The spurious dust, of which we have had the opportunity of inspecting a sample, is, to a casual observer, utterly undistinguishable from the genuine article. Even its weight is so great as to deceive: though on examination its specific gravity is found to be only two-thirds that of genuine gold. The mechanical imitation of gold-dust shows remarkable care and painstaking in the manufacture. There are three clearly distinguishable forms:—1. Small nuggets, made by casting the alloy through a plate with largish holes, into water, whereby the irregular nuggetty form is obtained. 2. Smaller pieces, like flattened shot, made by casting through smaller holes into water, something similar to the process of casting shot. These pieces are afterwards flattened by a blow of a wooden mallet. 3. Small dust, apparently made by casting through a fine sieve. By mixing the above three shapes and sizes, a mechanical imitation of the usual forms of gold-dust is obtained, which deceives a purchaser who might detect any one of them if offered separately. The metal used for the manufacture of the whole of the three kinds is an alloy consisting chiefly of copper, a little silver, and a trace of gold. They are then covered with fine gold by the electrotype process. The final result is, that the spurious dust contains about eight per cent. of gold. So perfect is the coating of gold over the alloy, that the dust is not affected by either cold or boiling nitric acid (aqua fortis) of the greatest strength, even after being exposed to it for twenty-four hours. On removal of the smallest portion of the gold coating, the acid acts immediately and destroys the nugget. It seems then, as if the dust, after electrotyping, has been subjected to a preliminary test, and all imperfectly covered pieces removed. The only effect of the acid is to clean and brighten the dust, which appears to have been intentionally dulled by the application of some kind of grease, so as to imitate the natural colour of gold as collected by the digger. Some muriatic acid, however, being added to the nitric acid, producing nitro-muriatic acid (commonly known as aqua regia), the gold coating is immediately removed, and the alloy destroyed rapidly, accompanied with evolution of the ruddy vapour of nitrous acid, and the formation of dark green coppery solution. These particulars will serve to put our readers on their guard against this most ingenious fraud.—*Melbourne Leader.*

FINAL CAUSES.—"The investigator, if he starts with any one clear conviction, it is that every part of a living creature is cunningly adapted to some special use in its life. Has not his Paley told him that that seemingly useless organ, the spleen, is beautifully adjusted as so much packing between the other organs? And yet, at the outset of his studies, he finds that no adaptive reason whatsoever can be given for one half of the peculiarities of vegetable structure; he also discovers rudimentary teeth, which are never used, in the gums of the young calf and in those of the fœtal whale; insects which never bite have rudimental jaws, and others which never fly have rudimental wings; naturally blind creatures have rudimental eyes; and the halt have rudimentary limbs. So, again, no animal or plant puts on its perfect form at once, but all have to start from the same point, however various the course which each has to pursue. Not only men and horses, and cats and dogs, lobsters and beetles, periwinkles and mussels, but even the very sponges and animalcules commence their existence under forms which are essentially undistinguishable; and this is true of all the infinite variety of plants. Nay,

more, all living beings march side by side along the high road of development, and separate the later the more like they are; like people leaving church, who all go down the aisle, but having reached the door some turn into the parsonage, others go down the village, and others part only in the next parish. A man in his development runs for a little while parallel with, though never passing through, the form of the meanest worm, then travels for a space beside the fish, then journeys along with the bird and the reptile for his fellow travellers; and only at last, after a brief companionship with the highest of the four-footed and four-handed world, rises into the dignity of pure manhood. No competent thinker of the present day dreams of explaining these indubitable facts by the notion of the existence of unknown and undiscoverable adaptations to purpose. And we would remind those who, ignorant of the facts, must be moved by authority, that no one has asserted the incompetenec of the doctrine of final causes, in its application to physiology and anatomy, more strongly than our own eminent anatomist, Professor Owen, who, speaking of such cases, says—"On the Nature of Limbs," (pp. 39, 40,)—"I think it will be obvious that the principle of final adaptations fails to satisfy all the conditions of the problem."

Prize Questions of the Academie des Sciences for 1860, 1861, 1862, and 1863.—1st. The Great Prize in the Physical Sciences proposed in 1859 for 1861.—"The Comparative Anatomy of the Nervous System in Fish." The same prize proposed in 1857 for 1859, and deferred to 1862—"The Study of Vegetable Hybrids, in Relation to their Fecundity, and their Perpetuity or Non-Perpetuity." Each prize a gold medal of 3000 francs. Essays to be delivered before December 31, 1861. The same prize proposed in 1856 for 1857, and deferred to 1860—"Examine the mode of formation and structure of the spores and other organs concerned in the reproduction of fungi (*champignons*), as also their physiological action, the germination of the spores, and particularly the parasitic fungi, as regards their mode of penetration into and development in other living organisms." Papers to be sent in by April 1, 1860. 2. The Montyon Prize for Experimental Physiology:—A gold medal, value 805 francs, will be adjudged to the work, whether printed or manuscript, which appears to the Academy to have most contributed to the progress of experimental physiology. The competing works to be forwarded to the Academy before April 1 of each year. 4. The Montyon Legacies:—One or more prizes will be awarded to the authors of works or discoveries deemed of utility to the art of healing, or to those who have discovered the means of rendering an art or occupation less injurious to health. The prizes will be only awarded for such works as contain well-determined discoveries. The amount of the prizes cannot be indicated beforehand, because the number of prizes is not determinate; but the liberality of the testator has placed in the hands of the Academy the means of conferring prizes of considerable value; so that the authors will be recompensed for any expensive experiments or researches which they may have undertaken, and will receive rewards proportionate to the services rendered. The works or memoirs must be delivered by the first of April of each year. 3. The Cuvier Prize of a medal of 1500 francs, for 1860, will be adjudged to the author of the most remarkable work among those published, concerning the animal kingdom or geology, during 1857, 1858, and 1859. 4. The Alhumbert Prize, in the Natural Sciences, of a medal of 2500 francs for 1862.—"Endeavour, by well-executed experiments, to throw a new light on the question of so-called spontaneous generation." The examination of the action of temperature and of other physical agents on vitality and the development of the lower animals and plants, is especially insisted upon. Any manuscript or work which has appeared prior to October 1, 1862, may compete. Another prize is offered also for "An experimental study of the modifications which may be determined in the development of the embryo of a vertebral animal by the action of external agents." The experiments made by Geoffrey St. Hilaire tend to establish that, by modifying the conditions under which incubation is effected, anomalies in the development of the embryo may be produced. The Academy is desirous that this matter may be more completely examined into, whether as regards birds, batrachians, and fish. Memoirs to be sent in by April 1, 1862. 5. The Bordin Prize of a medal, 3000 francs in value, for 1861.—"Study the disposition of the latex in the various organs of plants, and especially their relations or connexions with the lymphatic or spiral vessels, as also with the fibres of the liber." Memoirs by December 31, 1860. 6. The Bréant Legacy.—M. Bréant, in 1849, bequeathed to the Academy 100,000 francs, to be paid to whoever should discover a means of curing the cholera, or whoever should discover the causes of this scourge. Foreseeing that this would not be very promptly decreed, the testator provided that, until that period, the annual interest of the sum (4000 francs) should be paid to whoever should impart an advance to science, in relation to cholera or other epidemics, or who should indicate the means of radically curing *dartres*.

Frontal Ephelis as a Sign of Pregnancy.—The brown line from navel to pubes is a well-known symptom of pregnancy, not so the discoloration of the forehead, to which Daniel Turner alludes in the following passage: "There is a Spot in the Face, I must just stay to mention, more peculiar, according to our great master Hippocrates, to big-bellied Women, and reckoned as one of the Signs of Conception; nay, according to one of his Aphorisms, a Criterion (though fallible) of the Sex also: where he saith, 'Quæ utero gerentes, maculum in facie veluti ex folis adustione habent, eæ, fœmellas plerumque gestunt.' To this Spot or Mark Authors have generally given the Name of Ephelis. Sennertus describes it as a tawny, dark, or dusky Spot, principally seated on the Foreheads of breeding Women, and spreading both in Length and Breadth at some times to the Compass of the Palm of the Hand, without Asperity or Inequality.—"*On Diseases Incident to the Skin*," 1726.

The Wife of a Physiologist, a la Francaise.—A celebrated Physician, the chief of one of the great schools of the century, had in his young wife his principal disciple, his eminent auxiliary, of a vigour of mind truly masculine, of penetrating sagacity. The great physiologist who founded and formularized the law of Ovology, often saw (and saw well as has been proved) by the eyes of a woman. It is, perhaps, the most striking fact of this kind that an admirable wife, by an obstinate devotion, has so contributed to the revelation of marriage. Without this woman, should we have known woman? Her heroic effort, under the direction of genius, penetrated the great mystery which opens a world to us. We loved at haphazard, in the dark. Humanity, which will now love in the light, will not be ungrateful, and drinking at these sources of love and happiness, will always remember Madame Pouchet of Rouen.—*Michelet, La Femme.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 18, 1860.

BIRTHS.

Births of Boys, 950; Girls, 930; Total, 1880.
Average of 10 corresponding weeks, 1850–59, 1706·1.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	757	697	1454
Average of the ten years 1850–59	582·5	588·8	1171·3
Average corrected to increased population ..	..	..	1288
Deaths of people above 90	..	..	8
Deaths in 15 General Hospitals	43	24	67

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	3	..	7	..	3	5	2
North ..	490,396	9	4	12	..	10	6	2
Central ..	393,256	2	5	2	1	2	5	2
East	485,522	4	1	4	1	13	5	2
South ..	616,635	13	5	15	2	12	10	1
Total . ..	2,362,236	31	15	40	4	40	31	9

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·237 in.
Mean temperature	33·5
Highest point of thermometer	44·0
Lowest point of thermometer	23·5
Mean dew-point temperature	28·5
General direction of wind	N.E.
Whole amount of rain in the week	0·08
Amount of horizontal movement of air in the week	900 miles.

TO CORRESPONDENTS.

Dr. Simpson's Twenty-ninth Lecture, "On Ovariotomy," is in type, and will appear next week.

Fredericus.—Equally respectable.

Mr. Weeden Cooke's letter shall appear next week.

Mr. R.—It is decided that the contents of the British Museum shall be separated. The library remains in Russell-square. Professor Owen and his family of beasts, and fishes, bones, rocks, plants, and crystals have obtained leave to quit the premises.

Dr. Adams.—Dr. Frankenhausen, of Berlin, has observed the number of beats of the fœtal heart in fifty cases, in connexion with the sex of the child; and he has found that the average pulse of the male was 124, and of the female 144. He thence concludes that we may, before the birth of the child, by careful observation anticipate the sex.

O.—Opium, says M. Trousseau, is one of the most sovereign remedies of the materia medica; and it is, perhaps, the pharmaceutical substance which may do the most injury; it is used every day and it is strangely abused. A Physician, *homme d'esprit* as well as a *savant*, Dr. Pidoux, has called opium the "knout of the therapeutist." It is, in fact, the frustigation inflicted on all patients that suffer and complain. To administer opiates too readily is the work of the impatient and ignorant Physician. It is a handy therapeutic, which all minds can make use of—is that of.... brutally imposing silence on a painful symptom.

Mr. B. A.—As with us, so with the French, the Homœoquack runs hand-in-hand with the parson. The following is the title of an infinitesimal Dispensary Report:—"The Arch-brotherhood of Our Lady of the Sick.—Homœopathic Dispensary. Report addressed to M. L'Abbé du Quesnay, Curé of St. Laurent, by Drs. Chargé, etc., Physicians to the Dispensary, established and supported by the Arch-brotherhood." The *Union Médicale* refuses to discuss the Report and its figures; and gives the following excellent reasons:—"I don't consider such an examination wise or useful,—not wise, for I should expose myself to the necessity of a reply; and I desire to avoid all discussion with Homœopathy and Homœopaths, who have been sufficiently discussed, judged, and condemned; nor useful, for I should preach to those converted to Homœopathy; and if I managed to prove—what is possible enough—that the figures, etc., of those gentry are valueless, I should only convince those who are already convinced; but I should fail to produce the smallest grain of conviction in the mind of M. le Curé de St. Laurent, of his clergy, and his flock, who will never read my article, whilst they are in full possession of the beatified pamphlet of MM. Chargé, Escallier, and Co."

ERRATA.—Dr. Rolleston's paper last week was printed accidentally without the Author's corrections. The following are important:—At line 26, left hand column, page 161, *for* "compound" *read* "commisural" as at line 7, page 162. At page 162, line 8, *for* "carnivorous" *read* "non-herbivorous."

OXIDE OF ZINC IN CHRONIC ALCOHOLISM.

Dr. Marcet seems to have been fully alive to the objection that the benefit he attributes to zinc might be due to improved habits of life. In some of his cases this improvement was not followed by success until the zinc had been taken. It was only in exceptional cases that he had to give opium or ammonia. Herpin did not arrive at once at large doses of the oxide, but proceeded gradually from large to small ones. We may differ widely from Dr. Marcet in his estimate of the value of oxide of zinc, but he deserves full credit for the zeal and industry he has brought to bear upon a very important social question.

WHAT NEXT?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The Doncaster Medical and Surgical fraternity have had an addition, in the shape of an importation from town, as you will perceive by the enclosed specimens. Is this the town style? Men who are only M.R.C.S.E., and L.S.A., to be styled "House Physicians," and what I would ask, is your opinion about informing the public that "a Microscope, Stethiscope, Sperometer for testing," &c., and concluding with the remarkable words, "Lowest Possible Rate?" I am, &c.

WHAT NEXT?

"Messrs. Russell and Copp, Surgeons, Doncaster. Mr. Burton Copp, late House Physician and Surgeon, University College Hospital."

"The Doncaster New Dispensary, for gratuitous advice only, No. 33, St. Sepulchre-gate. H. Burton Copp, Member of the Royal College of Surgeons of England. Days of attendance, Tuesdays from eleven to half-past one, Saturdays from ten to two. It is intended to devote Wednesdays, from two to four o'clock, to Diseases of Women and Children only. Arrangements are being made to render the Establishment as complete as possible by ensuring the attendance of a Physician, Dentist, and Oculist, &c. A Microscope, Stethiscope, Sperometer for testing the capabilities of the Chest, will be used in the respective cases demanding them. Medicines (for which the only charge will be made) will be supplied at the Lowest; Possible Rate."

COMMUNICATIONS have been received from:—

Professor SIMPSON; Dr. PARKES; M. C. BERNARD; Dr. ROLLESTON; Dr. MACKENZIE; Mr. W. COOKE; Dr. SIMS, Naples; Dr. FRODSHAM; Mr. H. SMITH; REGISTRAR-GENERAL, Scotland; Mr. GRIFFIN; Dr. KIDD; Dr. BAINES; Mr. STEWART; DAVIES and Co.; Mr. WILTON; Mr. IRVINE; Mr. GERMAN REED; Mr. GRABHAM; Mr. COOKE; Mr. VINCENT; Mr. HOPLEY; Mr. GRAY; Dr. CONOLLY; Dr. DEVENISH; Mr. HAMILTON; Dr. ADAMS; and Mr. JESSOP.

APPOINTMENTS FOR THE WEEK.

February 25. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. Lankester "On the Relations of the Animal Kingdom to the Industry of Man."

ROYAL BOTANIC SOCIETY, 3¾ p.m.

27. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Clinical Discussions.

28. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Professor Owen "On Fossil Reptiles."

ZOOLOGICAL SOCIETY, 9 p.m.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 p.m. Professor Savory "On General Physiology."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Mr. John Wood "On a new Method of Operating for the Radical Cure of Hernia." Dr. Robert Lee "On Ovarian Cysts, which contain Teeth, Hair, and Fatty Matter."

29. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

GEOLOGICAL SOCIETY, 8 p.m.

HUNTERIAN SOCIETY, 8 p.m. Mr. Critchett "On some Cases of Lithotomy by the New Method."

ROYAL COLLEGE OF PHYSICIANS, 4 p.m. Gulstonian Lecture by Dr. Radcliffe: "The Theory and Therapeutics of Convulsive Diseases, especially of Epilepsy."

March 1. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Tyndall "On Light."

ROYAL SOCIETY, 8½ p.m.

LINNÆAN SOCIETY, 8 p.m.

CHEMICAL SOCIETY, 8 p.m.

ZOOLOGICAL SOCIETY, 4 p.m.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8 p.m. Anniversary.

HARVEIAN SOCIETY OF LONDON, 8 p.m. Dr. Toulmin, of St. Leonard's "On the Importance of the Functions of the Skin, in the Pathology and Treatment of Tubercular Consumption."

2. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION, 8 p.m. Professor H. C. Roscoe "On the Measurement of the Chemical Action of the Solar Rays."

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. Dr. Markham "On Blood-letting in Disease."

ROYAL COLLEGE OF PHYSICIANS, 4 p.m. Croonian Lecture by Dr. Guy: "On the Numerical Method, and its Application to the Science and Art of Medicine."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Fistula in Ano; Polypus of Nose. By Mr. Henry Lee—Trephining of Tibia.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXIX.

ON OVARIOTOMY.

Gentlemen,—With perhaps one single exception, I have now discussed all the means of treatment, Medical and Surgical, which are usually employed for the palliation or cure of ovarian dropsy. I have tried to point out to you the respective dangers and advantages of each different mode of treatment; and so far as my judgment and experience have enabled me to decide upon their comparative merits, I have endeavoured to guide you to a proper estimate of their relative value, and to a correct appreciation of the results likely to ensue from their adoption. From what I have told you, you will have gathered that there is no one form of treatment, which should be carried out constantly in all cases, or in preference to all the others. Rather, I hope, you have concluded that for the enforcement of any plan of treatment in any particular case you must be guided by a judicious Eclecticism, carefully weighing the chances of death or the prospects of cure attendant on each form of operation, and choosing that which affords most hope of permanent benefit and entails least immediate risk in that special kind of case. But if I have spoken clearly, you must have learnt further that, although a permanent and perfect cure may and does sometimes result from the performance of the operations already described, yet each and all of them may fail in effecting a cure, or even in producing more than the most temporary relief. Nay more, there is not one of them that is altogether free from danger; while some of them are fatal in a high degree. Hence you may meet in practice with cases where you cannot see your way to the employment of any of them. You may also meet with a patient who has been tapped again and again without the slightest benefit; or in whom the injection of iodine offers little chance of cure from the multitude of comparatively minute cysts; or where the formation of a fistula leading outwards cannot be followed out without the prospect of the most disastrous consequences; where the letting out of the fluid into the peritoneal cavity would prove almost certainly fatal, and where none of the other forms of operative treatment need for a moment be thought of. In such a case you may well inquire whether there be not yet some other means which might afford your patient a chance of life, or whether you must stand by, impotent and powerless, and see her slowly and helplessly perish? The question has been already answered, to some extent, and many women who seemed doomed to die of this disease now live in the enjoyment of perfect health, and thankful to the bold and skilful men who freed them from their trouble by the successful performance of a dangerous and difficult operation. In such cases a complete cure has been effected by making an incision through the abdominal wall, tying the pedicle of the ovarian tumour, and cutting off the whole of the morbid mass. I allude, of course, to the operation of ovariotomy. I need say but little with regard to the

History of the Operation.

Excision of the ovaries, as you know, has long been performed and practised in the lower animals. This operation of "spaying," as it is called, is performed with the view of preventing the animals from breeding, and for the purpose of more rapidly fattening them. As applied to the human female also, the operation is not a new one. Athenæus, in his *Denosophists*,—that strange and gossiping medley of the ancient "Curiosities of Literature"—tells us, on the authority of Xanthus, that "Adramyttes, the King of the Lydians, was the first man who ever castrated women, and used female eunuchs instead of male eunuchs;" and a similar practice is said to have been followed by several kings, and among a few nations of antiquity. Coming down to a much later period, we find Boerhaave relating that a swine-spayer once castrated his daughter, as being the most effectual means of putting an end to her licentious practices. But perhaps the first occasion where extirpation of the ovaries was had recourse to as a Surgical operation, was when Percival Pott cut down upon a small tumour in either groin of a young female, and removed from both sides a body which had all the appearance of an ovary, and which was apparently—as proved by the physiological results, as well as by anatomy—nothing else than this organ contained in a hernial sac, and liable to pain on compression in its new position. It is usually stated that L'Aumonier, of Rouen, was the first to perform ovariotomy, in 1776; but, besides that it had been done before his time, it appears when the history of his case is looked into that his operation rather consisted of the opening of a pelvic abscess in a puerperal female, by cutting through the abdominal walls, and removing the ovary along with some of the other structures at the side of the uterus. The operation of ovariotomy, as now understood and practised, was not in reality methodically performed till the beginning of the present century. The propriety of removing ovaries which had become the seat of cystic or other forms of degeneration had been discussed previously, and defended by Plater, Vanderhaar, Delaporte, Morand, and others; while Diemerbroeck, De Haen, Morgagni, etc., gave expression to unfavourable opinions. But Dr. Ephraim McDowell, of Kentucky, seems to have been the first Practitioner who actually performed excision of the ovary in the case of a patient who was the subject of ovarian dropsy; and this operation, which was performed in 1809, proved so successful that he had recourse to it in at least eight cases afterwards. For a time it was not adopted by any other Surgeons. In 1823 it was taken up by Mr. Lizars, of this city, who opened the abdominal cavity for the purpose of performing ovariotomy in four cases. In one of the four patients no tumour at all was found; in a second patient the tumour was not ovarian, but a pediculated fibroid tumour of the uterus, arising from the fundus, and was left unremoved. This patient lived for above a quarter of a century afterwards, and I saw her body opened by Dr. Myrtle. Both ovaries were small and healthy. In only two cases did Mr. Lizars find an enlarged ovary and remove it. One of these two patients died; the other recovered, and lived for some years. I here show you the appearances presented by the abdominal organs in this last patient, as seen after death. There is no trace, you will observe, of any return of ovarian tumour, and the parts at the seat of the extirpated ovary are strongly adherent and matted together. Mr. Lizars' results were such as not to encourage Surgeons to follow him; nor did he himself persevere in testing further the propriety of operation. Indeed, the revival of it is principally due to the exertions and example of Dr. Clay, of Manchester, who operated on his first case in 1842. Since that time Dr. Atlee, of Pennsylvania, Mr. Spencer Wells, and various others, have performed the operation in a great number of cases. It has now been performed probably nearly 400 times in all, although the published statistical data do not show the result in many more than 300 cases. Dr. Clay has himself operated now in 93 cases. The operation, however, has met with great opposition from all classes in the Profession; and before proceeding further it will be well for us to inquire into some of the more ordinary

Objections to Ovariotomy.

1. *It is a Dangerous Operation.*—It has been objected to ovariotomy, first of all, that it is a very dangerous and formidable operation; and as a matter of fact the observation cannot be gainsaid. To open into the abdominal cavity of any patient, and remove from it a large morbid mass, is to expose that patient to many great perils, both immediate and more remote, however skilfully the operation may be conducted, and however sound the constitution of the patient herself may be. But if an operation must be rejected simply on the mere ground that it is dangerous, then there is an end to all the efforts of Surgery; for no operation that is ever performed—not even the most trifling—is altogether free from danger. But this operation of ovariotomy, it is averred, is so much more dangerous than any other kind of operative procedure that it ought not to be recognised and performed as a legitimate Surgical proceeding. Let us see how far this allegation

is founded on fact, by comparing the mortality from ovariotomy with the mortality from other capital operations, which are not only considered as legitimate, but which Surgeons count it a glory to perform. You will be best able to form a correct idea of the relative degree of mortality resulting from ovariotomy, as compared with other capital operations, if I set before you in a tabular form the results as they have been reported by different Surgeons, or as occurring in different Hospitals :—

TABLE I.—MORTALITY AFTER OVARIOTOMY AND AFTER VARIOUS OTHER CAPITAL OPERATIONS.

Reporter.	Nature of Operation.	No. of Cases.	No. of Deaths.	Proportion of Deaths.
Fock	Ovariotomy.	292	120	41 in 100, or 1 in $2\frac{1}{2}$.
Atlee	Ditto.	179	59	33 in 100, or nearly 1 in 3.
Simon.....	Ditto.	44	32	73 in 100, or 1 in $1\frac{3}{5}$.
Clay	Ditto.	93	29	31 in 100, or 1 in $3\frac{1}{5}$.
Peacock ..	Amputation of limbs.	72	35	49 in 100, or 1 in 2.
Cooper and Inman	Herniotomy.	622	296	47 in 100, or 1 in $2\frac{1}{10}$.
Various Surgeons	Ligature of innominate artery.	14	14	All those operated on have died.
Inman	Ditto of subclavian.	40	18	45 in 100, or nearly 1 in $2\frac{7}{10}$.
Inman and Phillips	Ditto of other large arteries.	370	123	33 in 100, or 1 in 3.
Cox.....	Amputation at hip-joint for chronic disease	24	18	75 in 100, or 1 in $1\frac{1}{3}$.
Malgaigne ..	Amputations of limbs.	852	332	33 in 100, or nearly 1 in $2\frac{1}{2}$.
Malgaigne ..	Ditto of thigh.	200	122	61 in 100, or 1 in $1\frac{3}{5}$.
Lawric	Ditto of limbs.	276	101	36·6 in 100, or 1 in $2\frac{7}{10}$.
Fenwick ..	Ditto.	4937	1565	32 in 100, or 1 in $3\frac{1}{15}$.

The table does not profess to give an accurate analysis of the results in all cases of ovariotomy, any more than it shows the precise amount of mortality attendant on all the other kinds of operation referred to. The mortality from ovariotomy, like the mortality from other operations, differs much at different times, and when performed by different operators. In Germany they have been particularly unfortunate with this operation; and hence the statistics of Simon—which refer exclusively to cases operated on in Germany—show a tremendously high rate of mortality. It is difficult to understand why the operation should have proved so fatal in the hands of operators so distinguished as Kiwisch, of Würzburg, and Langenbeck, of Berlin; the latter of whom lost five out of the seven patients on whom he operated, while the former had as high a rate of mortality as one in two. This want of success is all the more striking when we contrast the results of the operation, as performed by these men, with the results obtained by Drs. Clay and Atlee from the same operation; the latter of whom has lost only one in three patients, while the former has had so low a rate of mortality as one in three and a fifth of the whole number of patients operated on. But, taking the data of the laboriously-compiled analysis of Fock, as presenting a fair average of the general results of the operation up to within the last few years, you will perceive that we have a mortality attending ovariotomy of about forty-one per cent.—or, in other words, two patients die out of every five operated upon. Now, if you compare this rate of mortality with the rate of mortality attendant on other great operations, you will find that ovariotomy is less fatal than some, and but slightly more formidable and dangerous than others. It is hardly more fatal, for example, than amputations of limbs are shown by Malgaigne to have been in the great Hospitals of Paris, where about thirty-nine per cent. of all the patients die after amputation of the leg, thigh, and arm; and it is less fatal than the same kinds of operation are shown by the statistics of Dr. Peacock to have been in our own Edinburgh Infirmary, where more than forty-eight per cent. of all the patients subjected to amputation of the arm and thigh died from the effects of the operation. It is less fatal than herniotomy; less fatal than the operation of tying the subclavian artery; less fatal than amputation of the thigh; and far less fatal than amputation at the hip-joint. Well, then, if ovariotomy is to be condemned as an unjustifiable operation, and rejected altogether from Surgical practice, on the simple ground of the high rate of mortality attendant on its performance, then, to be consistent, Surgeons must cease to perform various other operations which have been shown to be on the same level with ovariotomy as regards their ratio of mortality, or even to be more fatal than ovariotomy. They seem to regard the ligature of the arteria inominata as justifiable, though every patient upon whom the operation is performed dies, though they regard ovariotomy as not justifiable though three out of five operated upon recover. But it is argued by some Surgeons that, though this operation may not be more fatal than some others which they think they do right to perform, yet ovariotomy is an operation to be eschewed because, in all proper and justifiable operations, the rate of mortality goes on diminishing with our advanced knowledge of their particular requirements, and with our improved means of carrying them out; while, in the case of ovariotomy, the rate of mortality does not diminish; but, they argue,

2. *The Operation is as Fatal now as it was at first.*—This objection might be held to be of some weight, if only it were founded indubitably on fact. But it seems to be doubtful, if not utterly erroneous, and is probably traceable to the practice, too commonly pursued by writers on this subject, of giving only the general result of all the operations that have ever been performed, without making any analysis or statement as to the difference in the mortality of the later, as compared with that of the earlier cases in which the operation was had recourse to. For if we look at the results of the operation as it has been performed by men who have specially directed their attention to it, with the view of finding what difference there is between the mortality of their earlier and that of their later cases, we discover a very striking and most convincing contrast. Thus Dr. Atlee records that

In the first 101 Operations there was 1 death in every $2\frac{2}{3}\frac{5}{8}$ cases, while
In the last 78 ,, ,, 1 death ,, $3\frac{5}{7}$ cases.

thus showing a diminution of nearly ten per cent. in the rate of mortality in the last as compared with the first set of operations. Again, an analysis of Dr. Clay's cases furnishes a still more convincing proof of the fallacy of the objection to ovariotomy which we are now considering. Dr. Clay published the following table of the results of his operations in the year 1856, up to which time he had performed it in 71 cases :—

In the first 20 Operations there was 1 death in every $2\frac{1}{2}$ cases,
In the second 20 ,, ,, 1 death ,, $3\frac{1}{3}$ cases, while
In the last 31 ,, ,, 1 death ,, 4 cases.

Such a table shows how in the hands of a careful and intelligent operator, the mortality from this severe operation may go on diminishing, till now Dr. Clay is able to perform ovariotomy with a better prospect of success than Surgeons can ever have when having recourse to some of the more serious though very common surgical operations. Perhaps, if a corresponding analysis of the general mass of operations that have been performed up to the present period were made, we might find a corresponding progressive diminution of the general mortality. The results of the operation in the honds of one operator, at least, are not included in the table I have given. I refer to those of Mr. Spencer Wells, who has latterly devoted much attention to the improvement of ovariotomy, and who tells me that he has performed the operation now in sixteen cases, and has lost only six of his patients. In other words, the operation has been attended, in the hands of Mr. Wells, with a mortality of $37\frac{1}{2}$ per cent., or of 1 in $2\frac{2}{3}$ of all the cases—a high ratio of mortality, no doubt, but still, as he remarks, less than that attendant in our Metropolitan Hospitals on lithotemy in the adult, or amputation of the thigh. Indeed there seems good ground for hoping that when the operation comes to be still further improved, and is carefully performed in properly-adapted cases, the general mortality may yet be reduced to as low or even to a still lower standard. Even taking the mortality as it at present stands, I think I have said enough to convince you that ovariotomy is no more deserving of condemnation on the ground of its mere fatality than many other

approved operations, and that it not only may be, but has been improved upon in the course of years during which it has been performed to such a degree as greatly to reduce the ratio of its attendant mortality.

3. *The Disease is liable to Return after the Operation.*—It has been urged, further, as an objection to the performance of ovariotomy, that the ultimate results are apt to be unfavourable; for that, even supposing the patient to have survived all the more immediate dangers of the operation, the tumour is liable to be reproduced, and then the patient is found to have been exposed to most imminent danger without becoming cured of her disease. Of all the arguments that have been brought forward in opposition to the performance of ovariotomy, I know none more unsound than this, for a recurrence of ovarian dropsy in a patient who has been subjected to excision of a dropsical ovary is, indeed, a very rare phenomenon. The only conditions under which such apparent reproduction of the disease can occur are found in those cases where, after the removal of one enlarged ovary, the other, which may have been at the time quite healthy, or only in a state of commencing cystic degeneration, takes on a rapid degree of development, and ultimately attains a size equal to that of the organ already extirpated. In the great majority of cases where the operation has been had recourse to, the disease has been found confined to the ovary of one side only; and in removing that we remove the entire mass of the tissue which has a tendency to undergo cystic degeneration, leaving only the pedicle of the tumour, which is never likely to be the seat of such a morbid change. It is, in fact, one of the very few forms of morbid growth which we remove with the almost absolute certainty of freeing the patient, at once and for ever, of her disease. So far from finding it liable to recur, patients who have been subjected to the operation are now known to have survived for many long years, and sometimes to have subsequently given birth to children. But those who bring forward the possibility of the reproduction of the disease as an argument against the performance of ovariotomy, use a double-edged weapon; for the objection might be urged with tenfold greater force against operations almost daily performed and perpetrated by Surgeons who plume themselves upon performing legitimate operations only. How frequently, for instance, have you all seen limbs lopped off for tubercular disease of joints or bones in the case of patients who are almost sure to die soon after from the development of the same disease in the lungs or some other internal organs? There are few operations in surgery more common than extirpation of the mammæ for scirrhous degeneration of the gland, and amputations of limbs which are affected with carcinoma, are of very frequent occurrence in practice. Yet with what chance of ultimate success, think you, are these amputations and extirpations of malignantly-affected members had recourse to? Why, with the almost perfect certainty that the disease will return either in its former site, or in some other organ, and that at no very indefinite or distant date. In the case of lithotomy, again, the chances of the re-formation of vesical calculus are incalculably greater than the chances of the reproduction of an ovarian tumour in a patient subjected to ovariotomy. And, finally, to take once more as a standard of comparison, the operation of ligaturing of large arteries for the cure of aneurism, which we saw to be on the whole as fatal as the operation of ovariotomy; is it not the case that a patient who has aneurismal disease at one point of his arterial system, is extremely likely to have it simultaneously or subsequently in other parts? and when any kind of cure of the most prominent and pressing aneurismal growth has been effected, is it not the case that the disease is then disposed to become more rapidly developed, and more distinct and dangerous in some of the other arteries? If, then, the possibility of the recurrence of the disease be regarded as an argument of any weight against the performance of ovariotomy, it must be held as weighing in a still greater degree against the performance of those other forms of operation where we see the possibility of the reproduction of the disease converted into a probability, or changing to an almost absolute certainty.

4. *The Condition of the Patient is not Improved.*—Again, it has been argued that a patient subjected to ovariotomy, is not only not secured against the ultimate recurrence of her disease, but that she is left in a more infirm state of health after the operation than she would have been had her disease been allowed to run its usual course. Now, so far is this allegation from being true, that, as I have already stated, women subjected to this operation have sometimes borne families afterwards, and may have lived for many long years in the enjoyment of the most perfect good health. And if it does happen in some few cases that the patient remains for some time afterwards infirm and invalid, we know that the same thing happens often enough after the operation of lithotomy; for many adult patients who survive that operation, only do so to linger on as hopeless and confirmed valetudinarians. Very few of those who have had the thigh amputated have attained old age; and the ablation of a large portion of the body seems materially to affect the chances of long life. We very rarely know anything of the after-history of patients subjected to the so-called "capital operations" of Surgery, and perhaps if we had any means of tracing on a large scale the subsequent progress of such patients, we might find that in the general mass, the fact of having gone through any serious operation militates in no small degree against the prolongation of the patient's life; or, to state the matter more correctly, as regards some cases, the existence of any morbid condition or disease which necessitates a serious and grave operation for its removal, is generally a state that is adverse to the hopes and chances of prolonged existence.

(To be continued.)

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture VIII.

EXPERIMENTAL PATHOLOGY.
ON DISEASES ARISING FROM THE VITIATED DEVELOPMENT OF CELLS.

Summary: The Parallel between the Diseases of Man, and those of Animals, continued — The External Manifestation of Vital Actions almost invariably due to Nervous Agency—Diseases in which the Nervous System does not appear to play a Part—The Powers of Development in some Degree independent of Nervous Influence—Three Orders of Vital Phenomena within the Living Frame: 1. Nervous, or Mechanical; Catalytic, or Chemical; Histological, or due to the Powers of Development—Evolution of the Living Being, in the first instance, Independent of the Nervous System—Origin of Cells: generally supposed to arise from a given starting-point—Sometimes, however, of spontaneous growth—Powers of Development in the Adult Being—Their Intensity greater in the Lower Order of Living Beings—Morbid Manifestations of this peculiar Vital Force—Heteromorphous Tissue—Virchow's Researches on Cellular Pathology—Some Diseases the result of imperfect Development; others of a positive deviation from the normal type—Modifications in Blastem, superinducing Cellular Disease—Local Affections not real Disorders when viewed in a proper Light—Imperfect Nutrition, its immediate Results—Absence of Glycogenous Matter in the Animal's Tissues—Consequences of a similar state of Things always ending in Death.

Gentlemen,—We shall continue to-day the comparative study of the diseases which arise in man, and those which affect the lower animals; and in this lecture we shall bring to a close this important subject.

The nervous system, as we have sufficiently proved, is the agent through which the vital powers almost invariably exert their influence; but the nerves themselves, in the manifestation of this activity, are inseparably connected with muscular tissue: motion is, in fact, the only symptom which reveals the presence of nervous power. We, therefore, invariably discover, in all the phenomena which belong to this class, three distinct stations,—a centre from which the impulsion starts, nerves which transmit, and muscles which obey it.

Our last lecture was entirely devoted to the study of certain affections in which nervous influence does not appear to interfere,—we allude to septic, virulent, and contagious diseases; but even in such cases, the nervous system almost inevitably plays a part in the production of the internal disorder, which results from the introduction of similar poisons into the economy. Let us adduce an instance of this. We shall select an example from the phenomena of embryology. The evolution of the ovum takes place according to well known

rules, which have been established by direct observation; all its successive stages have been attentively watched in various animals, and it has been discovered that vessels and nerves which at the outset do not exist, make their first appearance at a given moment. Now, if certain poisons are introduced into the ovum during the first period of its development, the process of evolution is not interfered with, provided that heat, moisture, and the other external conditions, remain precisely the same as before. But, as soon as vessels and nerves have been formed, the ovum is immediately poisoned, and its vital activity at once extinguished. Here, then, we find certain phenomena connected with development, which appear in some measure to depend on nervous influence; but it must be acknowledged, that in the greater number of eases the reverse takes place, and that the powers which preside over the histological evolution of tissue are totally distinct from all other biological motors, and enjoy complete independence in their action. We are, therefore, compelled to admit the existence of three principal classes of phenomena within the living body, which, although closely connected through reciprocal influence, exist independently of each other.

Firstly,—Nervous phenomena, embracing all the mechanical actions of life;

Secondly,—Catalytical phenomena, embracing the various kinds of fermentation;

Thirdly,—Histological phenomena, embracing the entire results of cellular evolution, or the process of development.

The two first classes of physiological agents, viewed in connexion with the origin of disease, have been examined in our previous lectures; it now remains for us to investigate the latter,—viz. the morbid phenomena superinduced by disordered powers of evolution.

It eannot be denied that during the first period of embryonic life, the development of tissue is in no way connected with nervous influence. The nerves have not yet been called into existence, and are only created at a later period, through the agency of that mysterious force which presides over the evolutions of the being so lately called into life. The vascular system being for similar motives, set aside, we discover, in the very first stage of existence, nothing but the primitive cell, and the medium in which it grows to maturity. But micrographists do not entirely agree in the view they adopt of the first step which commences that long series of successive evolutions, by which an entirely new living being is ultimately produced. That within an entirely amorphous medium, a living cell might spontaneously be produced, was the opinion of Schwann; but, in our own days, these views appear to have been completely laid aside; modern investigators are convinced that all living organisations are invariably derived from one primitive cell, which, by its divisions, and subdivisions, gives birth to all the rest; now, this primordial element originates, of course, with the animal's parents.

We meet, however, with cases in which it seems altogether impossible to deny that one or several primitive cells have been spontaneously generated within a medium which previously contained no vestige whatever of histological elements. The serum of blood, for instance, when introduced into a vessel hermetically closed, is found to contain, after a few days have elapsed, a large number of yeast-cells, which the grape-sugar dissolved in this liquid has probably produced; and yet, when earefully examined under the microscope, immediately after coagulation had taken place, it did not eontain a single nucleus or cell. Similar results frequently occur for notice; and, in more cases than one, the mere process of subdivision and multiplication will not be found sufficient to account for cellular development.

In the adult the phenomena of evolution continue to exist, and although far less extensive than during fœtal life, they are almost equal in importance. Thus, in certain animals, organs are found, which momentarily disappear, and are subsequently reproduced. Hunter observed that the sparrow's testicle, reduced during winter to the smallest possible bulk, promptly returns to its primitive size during the first days of spring. Mr. Stanlius has collected all the cases of similar reproduction which have been noticed in the animal series; thus in hibernating mammals, for instance, certain parts of the body are completely atrophied during winter, their functions being suspended for a time; some nervous ganglia are even found to disappear, more espccially those connected with the genital organs; but as soon as the physiological activity of these parts is awakened, they are called a second time into being. Hunter also discovered that in the pigeon a peculiar organ, no vestige of which exists in the animal's previous state, is produced during the latter part of incubation; the mucous membrane of the gizzard becomes tumefied, grows vascular, and secretes a new substance, which serves for the nourishment of the young birds when newly hatched. In the human species (as in all mammals besidcs), the rapid development of the mammary glands, towards the period of lactation, offers another instance bearing on the same point.

But must we consider these as the only phenomena of a similar nature which take place within the system? Do not mucous surfaces continually secrete new layers of epithelial cells? and is not the epidermis incessantly renewed on the surface of the skin? Here, then, we discover evident instances of histological development going on during all the stages of life. With respect to muscular tissue, its tendency to increase in bulk under the effects of constantly renewed exertion is perfectly known; but it has been hitherto admitted that the constituent fibres of a muscle may no doubt increase individually in size, but that their number invariably remains the same. A German micrographer, Mr. Budge, has lately endeavoured to prove the contrary. A frog being reduced by abstinence to a state of emaciation, a small muscle is laid bare, and the number of its elementary fibres ascertained by direct investigation under the microscope. The animal being then properly fed, and gradually restored to a state of health, the same muscle is again examined; and, according to the ingenious observer, the number of its elementary fibres is found to have considerably increased, as well as their bulk.

Let us now consider the morbid manifestations of this power, which never suspends its aetion within the living body; we allude, of course, to those peculiar tissues which have been styled heteromorphous—an expression utterly condemned by German micographers; for morbid tissue is generated within the economy in strict conformity with the laws that preside over fœtal development. But, as we have previously seen, both nervous influence, and catalytical agency, give rise to a variety of diseases when deviated from their proper course; thus, also, in certain given eases, the power of histological evolution may create positive disorder in the system. An immense and uninterrupted movement takes place within the organs of which the body is composed, for the purpose of supplying new tissues, in the place of those which are no longer fit to accomplish the functions devolving upon them; let this unceasing aetivity be diverted from its proper channel, and the production of tubercle, cancer, and all kinds of morbid deposits, will be the immediate consequence. We find here, as usual, an evident connexion between the phenomena of health and disease, between physiological activity and pathological influence. The question which lies before us must evidently be viewed in this light; and such is the principal object of Virchow's labours on cellular pathology, the leading features of which it is our purpose to make known to you. But, before entering into the study of this particular point, a few general notions on the subject eannot safely be dispensed with.

Some diseases, in the first place, result from total absence or considerable deficiency of normal evolution on a given point. The mucous eoat of the intestinal tube affords us a fine example of incessant development. New layers of epithelium are continually being secreted, to line its inner surface; but a living medium, or blastem, is necessary to their production; and whenever this blastem itself happens to be altered in its essential properties—a modification which always oecurs in inflammation—the epithelium disappears, and is no longer regenerated. Cholera also exhibits another instance of this; for it has been indisputably proved that, in this disease, the vessels which ramify on the internal surface of the intestines are completely laid bare. In his admirable researches on the intestinal mucous membrane, Professor Goodsir has established that, after each meal, when absorption has taken place, the epithelium which covers the villosities falls off, and is renewed during the interval which elapses before food is again introduced into the digestive apparatus—a remarkable instance of the rapidity with which the reproduction of tissue frequently takes place. But when, through some pathological agency, epithelium is no longer secreted, what results from its absenee? No obstacle is henceforth opposed to serous exudation from the vessels; no protecting surface resists the introduction of various poisons into the

economy; and, lastly, no regulating power of absorption any longer exists. In this manner innumerable diseases may be traced back to the suspended activity of normal evolution as their primary cause. The chronic inflammation of the trachea and bronchial tubes likewise destroys the vibratile epithelium, the utility of which is too well known to be expatiated on.

But we meet, at the same time, with other diseases, which arise, not from interrupted, but from perverted evolution. You are, of course, well aware that cells which pursue a regular course in their development comprise three distinct elements—Firstly, an envelope, or cellular paries, the physical properties of which take a prominent share in its action; secondly, liquid contents, the importance of of which is principally derived from their chemical composition; and, lastly, a nucleus, in which the powers of development appear to reside. As soon as a morbid state of nutrition supervenes, the contents of the cell are liable to alteration. Whether pigment, or fatty substances, or calcareous salts are therein deposited, morbid tissues are gradually formed, and disease is introduced into the system; and, even in similar cases, no pathological entity, no abstract principle of disease, is required to explain the fact. The deviation of physiological activity is its only cause. It is therefore evident that, in their successive phases of development, heteromorphous tissues entirely resemble the normal ones, and are subject to the same natural laws. To Müller belongs the honour of having been the first to proclaim this great principle; and he may therefore be deservedly styled the creator of cellular pathology. He was the first to open that path in which Virchow now treads with so much success.

The intercellular tissue, or blastem, is the medium from which the cells derive the elements of their formation; it is, according to Virchow's picturesque expression, their territory. Now there exist various conditions in which the blastem no longer contains the principles required for the normal development of cells; it is, for instance, indispensable that it should always contain glycose, albumen, and fat; the absence of a single one of these three substances is an insuperable barrier to cellular evolution; and we, therefore, constantly find them existing as well in the tissues of the embryo, as in those of the adult. But a variety of other conditions, essentially injurious to histological growth, may casually arise; and the existence of morbid blastems, which give birth to all tissues endowed with abnormal properties, may easily be conceived as of possible occurrence. Such are, no doubt, those very general dispositions of the economy, known under the name of diatheses, and which, when once they have firmly established their hold on a previously sound individual, are capable of being transmitted to his posterity; we must evidently consider them in the light of conditions of existence entirely new, which, in the first instance are accidentally produced (for disease must evidently begin somewhere), but which when once called into existence, exhibit a strong tendency to maintain themselves in being. Thus, when food, insufficient in quantity, or of an unwholesome kind, has ultimately reduced to a consumptive state an animal previously enjoying perfectly sound health, its offspring often inherits the morbid disposition which, in the parent, was entirely accidental; and syphilis, that well-known and fruitful source of heteromorphous productions, is similarly transmitted from parent to child.

Such pathological dispositions, or diatheses, result from causes various in their nature, but which concur in one point, viz. the disposition which opposes all modifications favourable to the patient's health. Sometimes they are the result of a profound change in the fluids of the economy; sometimes they originate in the introduction of peculiar poisons, which, after having once penetrated into the system, can in no way be expelled; if there existed, for instance, a poison which none of our organs could eliminate, it is clear that after penetrating into the torrent of the circulation, it would nowhere find an issue, and would in consequence become the origin of permanent modifications in the economy. The possibility of a similar case may be rationally conceived, by referring to the singular fact already mentioned, that iodine when once introduced into the blood, is not eliminated before a long space of time, on account of the affinity which the salivary glands exhibit for this substance; we have, therefore, in this case an instance of a body which cannot (for a time at least) be expelled from the system; the animal is, therefore, during that period, laid under an iodic diathesis.

Viewing the subject in an entirely physiological light, it may be contended that individuals affected with local cancers are not properly, so to speak, in a state of disease, as long as the organs affected are not altogether essential to life; but when cancer attacks the limbs, the possibility of a Surgical cure may at least be presumed, if not expected actually to take place; and the patient is not really diseased—that is to say, life is not directly brought into danger. Thus, when cancer attacks the liver, if a disease is not too extensive, the morbid productions are separated by large tracts of sound tissue, which fulfil, as in the healthy state, their physiological duties; bile is secreted as usual, and grape-sugar exists within the glandular tissue. But when, at a later period, the disintegration of the elements which constitute the morbid production have poisoned in some measure the whole economy, by pouring into the torrent of the circulation fluids impregnated with the noxious principle, then, indeed, the affection becomes a general complaint, and its nature entirely changes. Cancer is not a diathesis in itself; but the subsequent cachectic state is evidently diathetical.

To conclude the history of these morbid evolutions, there yet remains one to be described; and this is imperfect nutrition. It is evident at the present day that the anatomical conditions, brought so prominently forward in Bichat's celebrated work (a), are quite insufficient to explain all the various modes of dying. Experience has taught us that patients often die without offering, in the post-mortem examination, the slightest modification in the anatomical condition of their organs. In the course of our physiological experiments we often see dogs arrived at the very last stage of emaciation, although the appetite continues unimpaired till the last moment. They sink from sheer exhaustion, while the lacteals are gorged with chyle; and, when opened, their bodies offer no trace whatever of pathological alterations.

The latent cause of this singular process is, that nutrition, when considered within the depths of our organs, is, in fact, nothing more than a peculiar mode of evolution. The economy produces within itself substances indispensable to life; glycogenous matter affords us an example of this: formed within the body by a special process, it plays an immense part in histological phenomena. As soon as it fails to be supplied, epithelium is no longer produced; various diseases are the immediate result; and, under similar circumstances, life is inevitably brought to a close. The physiological act called nutrition, comprehends, therefore, two distinct parts: formation of cells is the first; creation of blastems is the second; and the latter is no less indispensable to our existence than is the former; as soon as pathological influences arrest either the one or the other, death is the consequence. There exist, therefore, two distinct modes of dying: sometimes life is cut short at once by an important injury to some essential organ; sometimes, on the contrary, it gradually fails through imperfect nutrition; and this latter termination is the ordinary result of acute diseases, when they prove fatal. In certain cases, for instance, glycogenous matter is no longer produced; and after a given space of time the patient dies, although the appetite remains unimpaired till the last moment. In making the autopsy, the lacteals will be found in a state of repletion; but when analysed, the fluids of the economy no longer present the slightest vestige of sugar. Death then supervenes, and is the mere result of suspended activity in organs for which proper nourishment is no longer provided.

You therefore see, gentlemen, that to create laws especially intended for the use of pathology cannot in any case be justified; and that physiology furnishes, in every possible condition of health or disease, a key to the interpretation of vital phenomena. These general notions I look upon as indispensable to the study of particular points: it now remains for us, in order to complete this general survey, to examine the all-important question, "Whether medicines act on a sick patient in the same manner as on a sound individual?" and how far the results obtained in one case are fit to be compared with those observed in the other. It is our intention to examine this subject in the next Lecture: its study is an indispensable introduction to the various investigations we are about to undertake; for, after producing artificially—no matter how—a morbid state in an animal, we shall have recourse to the counter-proof, by seeking for therapeutical agents to effect its cure.

(a) "Recherches Physiologiques sur la Vie et la Mort."

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

Part I.—THE HANWELL ASYLUM.

No. III.

By JOHN CONOLLY, M.D.

Such great progressive improvements have taken place in all the Asylums of this country within the last twenty years, that the student of Medicine, reading these papers, will, happily, scarcely be able to find the state of any such abodes answering the descriptions here placed before him. In all such institutions the general arrangements are now different from what they were, even in the Hanwell Asylum, at the time to which my Recollections expressly refer; and yet Hanwell was not at that period, or at any time, disgraced by scenes then, and much later, presented to the observer in the greater number of Lunatic Asylums. Not very long before I began my residence at Hanwell I had seen, in some of our English provinces, patients chained to walls and pillars, raving, and scarcely clothed; and whole apartments—or rather outbuildings—appropriated to the most troublesome, or to the most helpless and dirty patients, as they were called; in which offensive places might be seen twenty or more men or women—for the practice was applicable to both—fastened in a row, and seated in clumsy wooden chairs, and fixed in a sort of narrow cell-stall—the chairs being pierced, and the clothes of the patients so contrived that all evacuations were allowed free passage to the sloping stone floor, and to a terminal gutter. There they sat, from morning to night—eating there their miserable meals, and only removed at night to miserable beds of straw. At Hanwell nothing so revolting ever existed; but the habitual recourse to mechanical restraints, and reliance upon mere coercion in every emergency, had established most objectionable disorder and vitiated every particular of treatment; and this rendered even any partial amelioration difficult. Every mischievous habit, every inconvenient impulse, every outbreak of temper, and even many of the infirmities incidental to mental weakness and bodily decay, being met, as a matter of course, by some general or especial limitation of muscular freedom, a large amount of irksome suffering was always prevalent, and very little effort made to remedy the original malady. The timely application of medicine, or calm attempts to soothe angry passions, were incompatible with the ever-available mechanical appliances; and distinction was seldom likely to be made between the caprices of temper and wilfulness and the results of positive disease. Medical and moral means of cure became habitually neglected or forgotten; or, if tried at all, were abandoned in despair. Restraints, and restraints only, daily resorted to, were felt by many of the patients, even the least exposed to such personal annoyance, as so many acts of injustice; and in many cases produced exasperation, and led to the increase of disorderly conduct and violence, and the general degradation of the character, manner, and language of the patients and of the attendants.

All who have walked through the wards of Hanwell or of Colney Hatch, of Bethlem or of St. Luke's, or of our County Asylums generally, within the last few years, have remarked the tranquillity, the quiet occupation, the cleanliness and neatness, and the inoffensive demeanour of the patients. Nothing is so rare as any appearance of tumult; frantic or destructive actions are seldom witnessed; no loud noises appal the visitor, and he is scarcely ever assailed by an abusive tongue. The explanation does not always suggest itself; for, while all is so orderly as to prevent the display of any formal control, the real causes of the tranquillity and comfort observed are existent in the exclusion and total absence of everything having a tendency to interrupt it. No patients are seen humiliated by handcuffs, or crippled by leg-locks, or strapped up in strait-waistcoats, or exhibited, like beasts, in rows of restraint-chairs. With the disappearance of these sights have been cotemporaneous, or speedily consequent upon it, the natural hushing of violent voices, and an almost miraculous infrequency of curses and screams and yells. The cheerful light, once almost excluded, now streams through the windows, and fresh air has banished noisome smells and many depressing and unwholesome influences. With very few exceptions, the patients are now neatly dressed; their food is well prepared, decently served, and taken with comfort. Various occupations and amusements diversify the day and the evening, and the cleanliness of the beds, and the careful regulation of the night temperature, conciliate rest and sleep. Exceptions there must always be, or asylums would not be required. There are patients who, for a time, will not be soothed, and will not be tranquil, and will not be clean—who are heedless of comfortable meals, who will neither work nor play, who rejoice in noise and confusion, and despise the comfort of an orderly bed. But these are still exceptions—few in number compared with the inmates of any well-governed asylum; the large majority always proving sensible of better influences profusely scattered round them.

The most dispassionate consideration of these things, and of these great changes, confirms my first impression that mechanical restraint of any kind is inconsistent with improvement, and that all the ameliorations observed in our asylums have flowed from its total abolition. To perpetuate these ameliorations can only be rendered difficult by a want of vigilance, and by preventing irregularities which will lead the minds of superintendents back to the idea of subduing all the evils incidental to madness by mere force. One great advantage arising from the attention given to abolish all irritating methods of repression has been a remarkable modification of the supposed character of madness in its acute forms. These forms of mental disturbance, which the habitual treatment of the insane had caused to be regarded as so many moral irregularities, or as wilful indulgences of mischievous propensities, have been regarded in quite a different point of view; as manifestations of disease, of which the symptoms were not to be neglected, but of which it was more important to discover and to remove the causes; and thus the treatment, instead of being almost solely directed to the limitation of violent muscular action, has been conducted physiologically and reasonably; and has become less disturbing, less severe, less indiscriminate, and, it may doubtless be added, less fatal. The old system led to a general disregard of all rational therapeutics, of all general hygienic care, and of all true principles of mental government; the newer system looks upon all these considerations as of primary importance, and thus exercises, beyond all doubt, a very enlarged command over all the various shapes of mental aberration. Whatever asylum the student of medicine now visits presents him with cases for observation and study, not exasperated by injudicious applications. Neither the old descriptions of asylums, nor of cases, represent what may now be witnessed in such institutions and their inmates. The Physician's mind is not agitated by a spectacle unfavourable to the faithful use of his senses, or the calm exercise of his reason; and visitors, possessed with images of things belonging to an older period, and expecting something alarming at every turn, ask those who accompany them where the furious patients are concealed.

When mechanical restraints were still employed, the attempts to discard them were, of course, made in circumstances less propitious. Patients were continually arriving whom mechanical restraints had vexed and spoiled; many of whom had learned only to distrust all about them, and some who were scarcely to be approached without much caution. It also happened, too often, that the first objects beheld by them were other patients in some form or other of restraint, the sight of whom produced extreme alarm. None of these impediments to preserving a tranquil management of the wards, and a favourable reception of new cases, now embarrass the officers of asylums; and their task is thus rendered far less difficult than was that of their predecessors.

It was, moreover, apparently a part of the old system to have a certain number of patients especially favoured and indulged, and even petted, especially on the female side of asylums, and these were not only themselves a frequent source of trouble and annoyance, but had become so selfish as to be irritated by anything done for the advantage of their companions. Two or three of these were for some time an almost constant source of disquiet to the attendants and officers in the wards and work-rooms at Hanwell. They managed in some way or other to have nearly the whole

range of the house; either by borrowing keys, or learning to open the ward-doors without them; and they contrived to obtain beer and spirits, which inspired them with a diurnal and mischievous vivacity. Usually these women retained much intelligence, were rather showy in appearance, were particularly well dressed, and some were exhibited to visitors as exemplars of the general happiness of the establishment. When the first attempts were made to render an approach to this comfortable condition more general among the patients, and at the same time to retrench the superfluous indulgences by which it was vitiated, these favourites of older times became distinguished for breaking windows, and attacking the nurses, and also subject to paroxysms of hysteric screaming and violence, sometimes with simulated attempts, and sometimes with real attempts, to commit suicide. These outbreaks, it appeared, were not entirely new to them, having been resorted to whenever any of their fancies had been in any way impeded; and the nurses had as regularly resorted to the strait-waistcoat in order to overcome them, or concluded the contest by foolish concessions. The lively mental character of these patients, and their ingenuity in obtaining their own way, as well as their amusing candour when they became convinced that all their policy would be fruitless, were the means of imparting some valuable lessons respecting the management of others whose waywardness was of the same kind, but had not been so injudiciously fostered. One of them appeared to be especially gratified by being put into the waistcoat or "sleeves," or being fastened up in any way; and she gave very little trouble when the disuse of restraints deprived her of this mode of eliciting sympathy. Another was less easily managed, and used to threaten injury to the officers, which she was well able to inflict. But if these threats were ineffectual, her anger ended in a kind of wilful screaming, which at length seemed to overmaster her; so that she would scream loudly and frequently, and against her will, for four or five consecutive hours. It seemed remarkable that these prolonged efforts produced neither fatigue nor hoarseness; of which her own explanation was, that she did not go to the screams, but that the screams came to her. This patient was very stout, but in these attacks she used to spring bodily upward from her bed repeatedly, and sometimes jump out, and dance, and beat the walls and furniture. There became reason to suspect that a daily allowance of brandy, accorded before my residence began, and continued without my knowledge, had much to do with these attacks; and its disallowance was certainly followed by their alleviation. When these paroxysms were over the patient was generally disposed to be gentle and reasonable; and after some time, and steady perseverance in a firm but yet extremely kind management of her peculiarities, she became quite a comfortable person. This happy change, however, was only established in about twelve months.

About the time when more salutary restrictions as to beer and brandy were established, with especial reference to these spoiled patients, another of them, a very tall and powerful woman, with a proportionate voice, who had become almost despotic in all the female wards, made an attempt to hang herself, which was frustrated by her size and weight. For a long time after my arriving at the asylum, I was at a loss to account for the almost daily recurrence of noise and violence on the part of this patient, in the afternoon and evening. In these moods she was usually associated with a younger female patient, of attractive appearance, but whom various irregularities had conducted from a profligate London life to a prison, where she had nearly driven all the official residents to distraction, and from the prison to the County Asylum, where she every now and then frightened the nurses into most hurtful compliances respecting brandy and other extras committed to their charge. Great troubles arise in asylums from slight causes. The stricter control instituted over the distribution of extras, and especially the discontinuance of certain measures of luncheon beer, which the nurses, for whose refreshment it was intended, usually gave to such patients as did part of their work for them, created such violent dissatisfaction in the minds of these two patients as would have produced a more extensive and dangerous combination in any community excepting the insane, who, fortunately, are seldom capable of systematic and combined operations. The tall strong woman became terrific, and the more delicate but not less resolute one had recourse to measures which could not be regarded without great anxiety. After quarrelling with both nurses and patients, she used of her own accord to retire to her own bed-room, and with scissors, or a small knife, or the glass of the window which she broke for the purpose, wound herself in the arm, sometimes opening a small vein, and losing much blood. Her intention did not appear to be to destroy herself, but rather to spread alarm around her, and produce annoyance: the attempts, however, were several times repeated. If nobody happened to go into her room for some time, she would collect the blood as it flowed, and throw it through the ventilator over the door into the gallery, to the great consternation of the nurses outside. Everything in these feigned attempts at suicide showed a kind of study of effect. When more nurses were collected, and the Medical officers hastily summoned, and the door of her room was opened, the scene usually presented to their observation was such as might have furnished suggestions to an artist. The patient was somewhat more than thirty years of age, perhaps thirty-five; fair, rather stout; her features were handsome, and her figure was symmetrical. Loose life, unruly passions, and eventual madness, had not effaced the lines of almost girlish beauty. She was generally lying in bed, her night-dress modestly arranged, her neck and arms exposed, and blood trickling from two or three small incisions made between the wrists and elbows. The bedding, the inside of the door, and sometimes the white walls, were sprinkled with blood, and the patient was pale, silent, unmoving, and exhausted. After all these troublesome actions and irregularities of conduct, she became quite sensible that she was still always treated with unaltered kindness, and that although closely watched, she was yet most carefully attended to; and, long as she had been accustomed to give way to every passionate impulse, she by slow degrees grew confiding and docile, although still liable to paroxysms of maniacal excitement. In her calmer intervals her conversation afforded many useful lessons; for she had to detail her neglected childhood, her friendless youth, her interrupted health, and consequent irritability, the severities of punishment undergone, the long want of human sympathy and proper Medical treatment; and then the loss of all self-control, the frequent imposition of restraints which, she felt, added to her madness; and, also, the insults addressed to her,—when forbearance and judicious medical care were clearly enough indicated. She also confessed that she had long been allowed one kind of compensation in the asylum, generally having possession of a whisky-bottle in her room; which she one day, after amusing vacillation, going towards the box containing it, and retreating, and again advancing to the box, and audibly arguing the question of opening it with herself, showed to me, with a request that I would take it away. This, I found, was really removing an exciting cause of the extraordinary disturbances so frequently up to that time taking place in the latter part of the day, when she and her tall fellow-patient became too valiant for ordinary control. Such were the not uncommon severities and indulgences in many wards under the old restraint system, when all kinds of irregularities were permitted until their excessive inconvenience caused the patients to be violently used, and overwhelmed and ruined by mechanical and coarse coercion.

Cases of this kind for a certain period constituted great obstacles to the introduction of a proper system of general management. It was represented that restraints alone could reduce such unruly persons to order; whereas their disorder had been aggravated by restraints and consequent negligence of all that was better, and they now imparted confusion to many of the other patients. It required many months, and the well-timed attentions of many officers, to gain the good opinion of such patients, and to acquire salutary influence over them. But these efforts usually succeeded at length; and the intervals between irregular outbreaks became longer, and the general conduct of the patients very much improved. The patient last mentioned furnished a satisfactory instance of this amelioration. She was then removed, greatly against her own wish, to a distant parish, to which she was said to belong, and being there placed in a workhouse, contrived to reappear at Hanwell, from whence, with many tears, she was again removed; and we heard of her no more.

There were other patients on the female side of the Asylum whose temper and behaviour had been almost incurably spoiled by the opposite application of continued severity; patients so dreaded that as soon as any sign of recurrent refractoriness appeared in them, they were put into mechanical

restraint as a rule. These patients did not improve under such a system; they became less and less approachable, and were regarded as hopeless. Of these, some had their arms fastened at all times, having become habitual pugilists; the hands of others were securely encased in hard leather muffs; some were at all times hampered by leg-locks, and a few imprisoned altogether in the restraint-chairs. The sight of these victims acted unfavourably on all the other patients, and was offensively repulsive to visitors. The only attention paid to them was to keep out of their way. They had been so long unaccustomed to be taken notice of as to seem quite surprised when civilly spoken to; and some of them gradually improved from the time when they were thus addressed, seeming to expect a word of kindness every day, and to appreciate it. One of them I perfectly remember whose temper was thought to be so furious, that the chief care of the nurses was, every morning, to let her out of the ward into the airing-court, where her loud voice was generally to be heard, and her language was unrepeatable. There was still some remaining appearance of decent life and position about this disregarded woman; and on one occasion the experiment of speaking to her with great politeness was tried, and she was quietly asked what had offended her. Her astonishment on being so addressed was very striking; her voice became calm in a moment; and her manner of answering was plainly indicative of her having had some advantages of education. From that morning she was never passed without some notice of the same kind, and with the same result. The nurses, observing this, tried the same plan, with singular comfort to themselves, and with great benefit to the patient, who became friendly with them, and was soon an industrious and useful helper in the laundry. These are very humble matters to write about, or are thought so; but nothing is beneath regard in an asylum for the insane; and attentions of the kind referred to, considerate and respectful, and not intermitted even when roughly received at first, will be found important not only among pauper lunatics, but in the intercourse of the physician with the insane of the highest classes of society. They are always secretly offended by the neglect of the ordinary courtesies; and such slight attentions to their customary habits and feelings recal many of them to a life they had almost lost the sense of.

The male patients were, as may be supposed, less variously indulged, and less spoiled by indulgence. There were some who had obtained so bad a character for breaking windows and furniture, and striking their neighbours, or for running away, as never to be entirely allowed the free use of their arms or of their legs; and some had long been daily consigned to the deteriorating effects of chairs of restraint. In almost all these instances the pernicious results of trusting to restraints were very conspicuous in their dress and general appearance. Patients in restraint-chairs exhibited the spectacle of human beings reduced to the lowest state of wretchedness—dirty, helpless, sinking into fatuity; but with occasional bursts of malicious fury directed against the unwary who came within their reach. The violent or the dangerous, or the runaways, dressed every morning in some form of coercive uniform, the sleeves, or merely the handcuffs or leg-locks, received small attention, as may easily be supposed, as respected the rest of their costume; seldom possessing a hat, and sometimes wearing the dyed jacket and leather breeches of what seemed the refuse of the old militia clothing, and with shoes or without, as it pleased the keepers. So long as such objects met the eye and acted on the mind, the effects were generally most prejudicial. In the patients themselves they caused a feeling of humiliation, a total loss of respect, and eventual recklessness. Attendants accustomed to see their patients thus degraded, became forgetful that any of them were beings like themselves, but disturbed by malady, from which many might recover, and many more were capable of amendment. It was obvious that these impediments to all comfortable and curative arrangements must be primarily got rid of. The eventual advantages of removing them surpassed expectation. The runaways, it must be confessed, remained rather troublesome; but the pugilists left off striking their neighbours, and some of the younger patients, accustomed to severer restrictions on their muscular activity, much enjoyed the restored freedom of their limbs, and did not abuse it; some of them, indeed, curiously alluding to their emancipation years afterward. Even one of the most notorious of our runaways, who had shown singular activity and ingenuity in escaping from the asylum more than once, and whose liberation from leg-locks was consequently regarded with much doubt as to its propriety by some of the committee accustomed to see the older methods alone relied upon, became less restless when no longer limited in his movements by having his ankles fastened together; made no more excursions; became even friendly with the officers, and a useful helper to the attendants; and so entirely recovered in a few months as to be able to go to town, receive part of the arrears of his pension as an old sailor, and then to travel, partly on foot, to his own part of the country (which was Derbyshire), where he was to receive the rest. These, and like incidents, now and then occurring, began to make even the attendants think it better to run a few risks than to condemn poor men to uselessness and a kind of disgrace, for no better reason than that they wished to go home.

All these descriptions, as far the English and Scottish Asylums are concerned, are now merely descriptions of things past; and those who walk through the galleries of our institutions for the insane will scarcely believe that they ever existed. One hour, however, spent in any asylum where mechanical restraints still have advocates and supporters will still reveal many shadows of the old times. These and heavier shadows were to be dispersed in the midst of complicated difficulties. Attendants who had access to wardrobes full of instruments of coercion, and liberty to use them according to their rude will, had to be taught to employ substitutes which they were long in comprehending or estimating. The difficulties of new cases were also to be daily met. A brief relation of the manner in which this was done, and the order which we now admire in asylums established, may still be usefully given before the subject of non-restraint is concluded.

AN EXPERIMENTAL INQUIRY INTO THE ACTION OF ALCOHOL ON THE NERVOUS SYSTEM.

By W. MARCET, M.D. F.R.S.
Assistant-Physician to the Westminster Hospital, etc. etc.

The following paper was read to the British Association for the Advancement of Science at the meeting held at Aberdeen in 1859, and I trust it may not prove unacceptable to the readers of the *Medical Times and Gazette*:—

The object of this communication is to establish, by a series of experiments, the mode of action of alcohol on the nervous centres, or rather the *channel* through which alcohol acts on these centres. When a spirituous fluid is taken into the stomach, its influence may be conveyed to the brain, spinal chord, and sympathetic system, by different channels. According to some physiologists, the properties of alcohol are exerted on the nervous centres through the nerves only; others believe that intoxication does not occur unless the poison has come in contact with the brain, by means of the circulation; finally, it is thought by some, that alcohol acts on the nervous centres in both ways. In order to contribute to the solution of this question, I have undertaken the experiments which form the subject of the present paper. I have been ably assisted in these researches by Mr. F. Dupré, Ph. D.

In 1811 a very interesting communication of Sir Benjamin Brodie was published in the *Philosophical Transactions*, "On the Different Modes in which Death is produced by certain Vegetable Poisons." The distinguished author of this paper expresses an opinion that alcohol acts on the brain through the nerves of the stomach; or, according to his own expression, "In consequence of the sympathy that exists between these organs (stomach and brain) by means of the nerves:" this conclusion being derived from the following facts:—

1. That in animals killed by the injection of alcohol into their stomach, he has found this organ to bear the marks of great inflammation, but never any preternatural appearance whatever in the brain.

2. That the effects of spirits taken into the stomach, in one of the experiments, were so instantaneous, that it appeared impossible that absorption could have taken place before they were produced.

3. That a person who is intoxicated frequently becomes sober suddenly, after vomiting.

4. That tincture of rhubarb, mixed with the alcohol used in the author's experiments, could never be detected in the urine.

In 1839 Dr. J. Percy published an elaborate and interesting paper, having for its title, "An Experimental Inquiry concerning the Presence of Alcohol in the Ventricles of the Brain." From his researches Dr. Percy concluded—

1. That in cases of fatal poisoning by alcohol, although he failed to detect the evident presence of the poison in the fluid effused in the cerebral ventricles, still the substance of the brain yielded alcohol. "Indeed," he observes, "it would almost seem that a kind of affinity existed between the alcohol and the cerebral matter." As a proof of the correctness of this view, the author states that he subjected to analysis for the detection of alcohol a quantity of the blood of an animal poisoned, greater than that which could possibly be present within its cranium, and that, notwithstanding, he was able to procure a much larger proportion of alcohol from the brain than from this quantity of blood.

2. That the rapidity with which alcohol may, under favourable circumstances, be absorbed from the stomach and conveyed to the brain, is remarkable.

3. That alcohol may be detected in the blood, the urine, the bile, and the liver (of the animals poisoned).

On concluding his dissertation, Dr. Percy observes:—"I shall merely endeavour to show, that the narcotic effects of alcohol cannot in all cases be satisfactorily explained by adopting exclusively, either the theory of an impression upon the extremities of the nerves, or that of direct action upon the central organs of the nervous system; because, generally, an interval of several minutes elapsed before the slightest manifestation of cerebral derangement was afforded. But, in some cases, the total loss of sensibility and voluntary power so instantaneously followed the introduction of the poison into the stomach, that it cannot be conceived that absorption to a sufficient extent could possibly have taken place. . . Little doubt, I think, can be entertained that alcohol may produce its narcotic effects, and even induce a fatal termination, without being absorbed."

Broussais explains the action of alcohol in the same way as Brodie; Trousseau is inclined to adopt the theory of absorption. Dr. Carpenter, although admitting that in some cases death from alcohol may be occasioned by a violent impression on the nerves of the stomach, concludes that this fluid has a peculiar affinity for the nervous centres. This remarkable phenomenon is of importance, being a strong argument in favour of the theory of absorption, and its existence is placed beyond doubt, not only by the experiment of Dr. Percy, previously recorded, but also by those of L. Lallemand, Michel Perrin and Duroy, (a) who withdrew the blood from the brain in cases of poisoning with alcohol, and succeeded in extracting alcohol from the cerebral substance, thus free from blood.

It will be observed from these preliminary observations, that the channel through which alcohol acts on the nervous centres is still a matter of opinion, for we possess no positive facts to show us the real *modus operandi* of the poison.

The experiments I have undertaken on the subject may be conveniently divided into three series.

In the first, I investigated the action of alcohol on the healthy animal; choosing the frog on one hand, and the dog on the other.

In the second, I divided the nerves which supplied the parts placed in contact with alcohol, leaving the circulation undisturbed; frogs only were used in this series of experiments.

In the third series, I arrested the circulation of the parts in contact with the alcohol, so that none of the poison could possibly be carried to the nervous centres by the blood, and I took care to leave the nervous connexions undisturbed between the parts poisoned and the nervous centres. Frogs and dogs were chosen for these experiments (b).

Series of Experiments, No. I.

Action of Alcohol on Frogs.—Experiment 1.—The hind legs of a healthy frog were immersed in alcohol (specific gravity 833 (c)) up to the commissure of the thighs. The animal struggled for half-a-minute, and then remained quiet. One minute and a-half after immersion, being removed from the alcohol, it jumped about. The hind legs of the frog were replaced in the alcohol two minutes and a-half after the beginning of the experiment. Five minutes and a-half after it had first been immersed, the frog was again placed on the table, when it moved its body slightly, but the posterior extremities were powerless. One minute and a-half later, the frog's hind-legs were again immersed in the alcohol. Eight minutes after the beginning of the experiment, respiration stopped, the sensibility of the eyes was very slight and hardly perceptible. On pinching its fore legs or body, the animal remained motionless, but now and then gasped. Thirteen minutes after the frog had first been immersed, no gasping or breathing could be brought on by pinching the skin; eyes quite insensible. No shock had taken place. The thorax of the frog was now opened, and the heart found beating.

Experiment 2.—The hind legs of a large frog were immersed in alcohol. Two minutes and forty-five seconds after immersion, the animal was completely insensible, but continued breathing, showing the occurrence of a shock. Nine minutes after immersion breathing ceased. One minute afterwards, on being taken out of the alcohol, the animal moved slightly its head and anterior extremities, and then remained motionless; pinching the frog brought on no muscular contractions. Three minutes later the thorax was opened, and the heart found beating.

Experiment 3.—The hind legs of a large frog were immersed in alcohol, as in the preceding experiments; it struggled a great deal at first, for three quarters of a minute. Then followed a state of perfect insensibility or shock, when no muscular contractions could be brought on by pinching the animal's body; this condition lasted for two minutes. Sensibility then returned, and the animal moved its body and arms readily when pinched, but its legs had become immovable. Four minutes after the beginning of the experiment, the frog was again insensible. I may here observe, that during these periods of transient insensibility or shock, the respiration continued, and the eyelids usually moved on touching the eyeballs. Two minutes later, or six minutes after the animal had first been immersed, it was removed from the alcohol, where in all probability it would not have recovered from the shock.

Conclusion.—These experiments show:—

1. That when the hind legs of a frog are immersed in alcohol, as far up as the commissure of the thighs, the animal ceases breathing, and loses its sensibility in a period varying from ten to thirteen minutes (d).

2. That the limbs (which are in contact with the alcohol) become insensible and powerless sooner than the other parts of the animal.

3. That frequently a shock occurs shortly after the immersion, consisting of the cessation of the power of motion, although respiration continues, and the eyelids usually remain sensible, or move on irritating the eyeball.

4. That the shock, which occurs shortly after the immersion, may continue until the animal dies, there being little or no return of spontaneous or excitable muscular action,

5. That the shock may disappear shortly after its occurrence, and return again afterwards.

(To be continued.)

The Medical Act in Scotland.—A general meeting of Medical Practitioners was held at Edinburgh on Friday week, Dr. Christison presiding, at which resolutions were moved by Professors Syme and Simpson, and the Presidents of the Royal Colleges of Physicians and Surgeons, Edinburgh, for the formation of an Association of Registered Medical Practitioners in Scotland, for the enforcement of the Medical Act in Scotland, and to promote the general interests of the Profession. The meeting was very largely attended and regulations for the Association were approved of, Dr. Christison being appointed President.

(a) Thesis, by Leon Thomeuf,—"Essai Clinique sur l'Alcoolisme." Paris: 1859.

(b) These experiments were undertaken in the months of May, June, and July, 1859, when frogs were easily procured, and in a very lively condition.

(c) This was the specific gravity of the alcohol used in my experiments.

(d) In another similar experiment which will be subsequently reported, the functions of sensation and respiration were arrested after an immersion of nine minutes.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

CASE OF SEVERE GUN-SHOT INJURY TO THE FEMORAL VESSELS.

(Under the care of Mr. HILTON.)

A very interesting case of gun-shot injury to the thigh and femoral vessels has recently been under Mr. Hilton's care, in Guy's Hospital. We shall preface the narrative of its details by some notes of a clinical lecture which Mr. Hilton delivered upon it:—

MR. HILTON'S CLINICAL REMARKS.

Gentlemen,—The case the subject of this lecture was admitted into Luke's Ward on December 25, 1859, for gun-shot wound of the thigh. He was an unhealthy subject. He had been drinking at a public-house shortly before the accident, although reported to have been "quite sober" when it occurred. He left the public-house in company with his brother, who was carrying a little child and a gun. The patient asked his brother for the gun; and, as he received it, he staggered back. The lock of the gun becoming entangled in the fence, and the muzzle being directed a little downwards, it went off in this position, and the discharge entered the thigh. This was at 1.30 p.m. He was admitted at 3.30 p.m. He had lost some blood, but not much; and presented the symptoms of collapse. On examination, a ragged wound was found at the upper part and inner surface of the right thigh, its upper margin being three inches below Poupart's ligament, and its lower five. It was a little larger than half-a-crown-piece. On introducing the finger into the wound it was found to extend upwards and outwards deeply, and also downwards, following the line of the sartorius muscle, but not so deep in this direction. From the lower part of the wound were extracted in succession one penny-piece and three halfpenny-pieces. A sixpenny-piece was found in his boot. The copper coins were all slightly bent—no doubt from the force of the charge. Small shot (No. 6) were scattered all round the wound. They could not be extracted, as they were deeply seated, and embedded in the soft parts. The Sartorius muscle was seen at the inner part of the wound, but was most likely either partly shot away or displaced; as at the inner side of the wound, and overlapped by this muscle, was felt the pulsation of the femoral artery. The dresser in charge of the case thought he felt some pulsation in the popliteal artery; but none was discovered in either the anterior or posterior tibial. There was very little hæmorrhage at the time of his admission.

Now let me direct your attention to the treatment adopted in this case. It is impossible to over-estimate the responsibility which attaches to those who commence the treatment of severe injuries, and this responsibility, and the judgment it developes, is one of the great advantages attending the House-Surgeoncy to our large Hospitals. The man having been at once put to bed his limb was bandaged with flannel—a bad conductor of heat—from the foot to the wound with a moderate degree of tightness, in order to favour the return of the venous blood, and to prevent œdema, and maintain the temperature of the limb. It is by such means as these that when the natural aids to the venous circulation are taken off, from injury of the arterial trunks, that assistance is most easily rendered. It was observed, too, that the foot on this side was a little colder, a sign that there was probably something wrong in the arterial trunks. This is not a mere fancy, as we know that the venæ comites receive a great deal of their impetus from the arteries which separate them, and if they do not pulsate, circulation is delayed; and, as a consequence, less animal heat is evolved, and œdema supervenes from the turgescence of the veins. I may here allude to an arrangement on the same principle, in the intra-cranial circulation, viz. the passage of the internal carotid artery through the venous blood within the cavernous sinus. I repeat, that the application of support by equal bandaging, and the slightly elevating the limb, in such cases as these, is sound Physiology and good Surgery. Warmth was applied by hot bottles enclosed in blanket to the foot, and a little wet lint was applied to the wound. The patient was placed on low diet. Here, it will be observed, that there was no meddlesome interference with the condition of the patient. No pouring in of stimulants to hasten re-action. The only medicines given were one grain of opium, and an aperient of calomel and colocynth. The giving of aperients in cases of this kind is often carried injuriously to an extreme. It is not necessary that the patient's bowels should be relieved every day, and the practice of constantly giving aperients tends very much to disturb the digestive power of the stomach and duodenum. But here to give one decided dose, and thus clear the intestinal canal of anything that might possibly be a source of irritation, was certainly advisable.

The next thing to be done was to wait for symptoms, *e. g.* hæmorrhage—this did not occur—also for nervous symptoms.

To revert to the conditions of the injured part. There was only one wound—a wound of ingress. When, as in this instance, the muzzle of the gun is very close, the shot do not spread, and generally go through the limb as a ball would, and never leave behind any shots. In the drawing I now show you is a representation of the effects of such an accident. A poacher, by carelessly handling or dragging his gun after him, shot himself through the ankle-joint. You perceive here both the aperture of ingress and egress. Not one shot was found in the limb. To apply the principle of this case to the case under our care. There was no aperture of egress: it was therefore evident that in addition to the copper coins, there were many shots in the wound, probably most of the charge. The coins, you will observe, are curved, and it would appear as if when struck they were arranged in a pile, as they fit together, the convexity of one in the concavity of the other. It would be by these that the shot was prevented going through the limb. Hence we may suppose that it was a great misfortune for the man that he happened to have the coins in his pocket. Probably the shot were radiated in every direction, and therefore searching for them, with a view to remove them, would be useless.

On the next day (26th) an enema was ordered. Not a purgative by the mouth; as when the obstruction is solely in the large intestines, where is the benefit, or what object can there be in worrying the stomach with purgatives? He was ordered brandy and soda-water, and was allowed to choose his own diet provided it were simple. It is essential to act on the habits of the patients; we often find that those things which they have always been accustomed to are better for them than the greatest delicacies which we can procure for them; and that things are digestible to some stomachs which our science and experience would pronounce, *à priori*, to be very indigestible. In one instance a patient of mine who had an attack of erysipelas following an operation for the removal of a cyst under the tongue was sinking in spite of the most assiduous attention. He was plied with soups and with all sorts of delicacies. When asked if he would himself choose what he would like, he pitched on fat pork and hard dumpling, with cabbage. He got well rapidly after this, if not from it. Again, it was essential to give opium to ensure rest. Want of sleep is one of the most awkward symptoms that can attend severe injuries. Two grains were given every night.

It is stated on the 27th that he had slept pretty well. Looks pale, but says he feels better. The pulse is good, the tongue clean. He has tinnitus aurium. There is a small patch of herpes on the prepuce. The appetite is good, and the man has had meat for dinner. Opium two grains at night.

28th.—Good night's rest. Has a little more colour in his cheeks and is livelier. There has been no hæmorrhage from the wound, but dark coloured and offensive serum escapes from it, and its whole surface is sloughy, shreddy, and floeculent. He cannot sleep without the opium.

29th.—The pulse is quicker. The wound seems inclining to an unhealthy action; there is a good deal of surrounding inflammation, the part of the thigh above, that is not covered by bandage, being red and swollen, and apparently erysipelatous. The bandages were cut off the limb, and the inflammation was seen not to extend beneath them, but to be limited by their upper border This is well worth your attention, that when the inflammation was extreme it was limited by the bandage, not extending under it. Upon introducing the finger into the wound it was found blocked up by sloughs. There was now very evident pulsation in the wound. I

enlarged the wound by the bistoury, laying the whole track of it freely open, so as to give vent to the discharges, and removed a mass of decomposing clot of blood, and several sloughs. Among them was found a piece of blue paper, that had been used as wadding for the gun, and with it several small shot. A large linseed-meal poultice was then applied and the man was to be carefully watched. This was at 3 p.m.

4.30 p.m.—Arterial bleeding came on. Chloroform having been administered to the patient, Mr. Hilton again exposed the wound freely to view. In the wound were seen, most externally, two small arteries, probably muscular branches of the external circumflex. These were bleeding, and a ligature was placed on each. Next was seen a nerve of large size, which, as it was tending towards the femoral vessels, was thought to be the long saphenous, and near to this was a vein of moderate size, lying external to the femoral artery. The sheath of the femoral blood-vessels was exposed, without any dissection; deep in the wound for about three inches, at the upper part of the sheath, pulsation was very energetic, but ceased abruptly at a soft clot within the artery, and close to this spot slight arterial hæmorrhage was continuing. The femoral sheath was opened, and after following the artery for about half-an-inch, to a part at which it appeared healthy, a ligature was carefully passed round it. The arterial hæmorrhage ceased immediately. Pursuing the artery downwards by wiping away all blood, we came to a part of the sheath which had been destroyed, and there the femoral artery was quite denuded, not pulsating, softened, and collapsed; this condition extended about one inch in length, hence the cylindrical form of the artery, occupied by clotted blood, was visible; the artery was not of a white or yellowish-white colour, as in health, but slightly coloured brown by blood which had permeated its tissues, thus indicating its unhealthy character. A little lower down the artery was found healthy, and there a ligature was placed upon it. The portion of the artery between the two ligatures, about two inches and a-quarter in length, was excised and preserved, the femoral vein was seen in its right position full of fluid blood flowing freely within it. The whole wound was then well cleaned, the upper and lower angles of the wound brought towards each other by means of plaster and wet lint placed over the exposed part, and the limb, wrapped round with cotton-wool, was placed upon pillows very slightly elevated. Twenty drops of tincture of opium were given immediately in a little wine, and an enema of castor-oil administered. Twelve ounces of wine were also ordered for him, and one grain of opium three times a-day. (The portion of the artery that was removed was found occupied by a firm clot of blood; the calibre of the vessel was much less in the middle than the ends, as if it were being absorbed. The coats of the artery were injured, and ulceration through had taken place at one point.) An attendant sat up with the man during the night. The situation of the femoral artery below Poupart's ligament was marked out by ink, and the attendant directed to press upon that part with his thumbs, should hæmorrhage come on.

I here remark that it is of the greatest importance to recognise the appearance of a healthy artery. At the lower part of the wound the coats of the artery were permeated by blood. It is this permeation of the vessels by blood that gives rise to the post-mortem appearance on the depending part of corpses. If the ligature had been applied to a dead part of the artery, the clot of blood which might be in this part of the vessel would not undergo those changes which are essential to the occlusion of the artery. It would neither support the clot nor would it resist the impetus of the circulation. The application of the cotton-wool is a point also of importance. I am in the habit of applying wool, either dry or soaked in oil, to bruises, on the principle that it retains heat and prevents gangrene or sloughing. The marking out of a point where pressure could be applied by a non-professional person is a plan to which I beg to draw your attention particularly. The great value of this simple expedient will not have due weight here, where experienced House-Surgeons, dressers, and zealous students, would be ready to give help; but suppose any of you should, in the country, have a similar case, in which you dreaded sudden hæmorrhage, it would be impossible to leave without devising some means by which it might be arrested in your absence. To continue the report of the case:—

On the 30th it is noted that he slept pretty well, and that the bowels were relieved by enema. (Still, you will observe, we do not distress the stomach by aperients.) He feels comfortable. The wound is looking healthy; the discharge is slight, and the surrounding inflammation is decreasing. To continue the opium.

31st.—The tongue is almost clean; the wound discharging as before. The right foot does not maintain its temperature perfectly, but it is warm. Cotton-wool to be continued in a thicker layer. To continue the opium.

January 1, 1860.—Is better. The sloughs are separating; the edges of the wound are looking healthy, and betokening a little power. Has slept well, with the help of the opium, and eats well, sausages, mutton chops, etc. The foot is warm. To continue the opium. So far he has again done well.

We now come to another phase of the case. The notes which I read go on to say:—

"2nd.—As the nurse was about to remove the lint from the wound, to replace it by a clean piece, she perceived that a little hæmorrhage was going on, and sent for the dresser. This was at 9 a.m. The bleeding was arrested by lint and cold water.

"2 p.m.—Mr. Hilton syringed out the wound, and removed the plaster, which seemed to prevent the free exit of pus. The sloughs were separating, and the discharge looking more healthy. The limb was thoroughly cleaned around the wound, and the man put into a clean bed.

"6 p.m.—Hæmorrhage of dark blood came on. Mr. Hilton was sent for: a large loose clot of blood was turned out of the wound, and a rush of blood took place deeply from what proved to be the femoral vein. Pressure by the fingers below the wound in the vessel stopped the issue of blood. On examining the vein, a small round opening could be seen in it, probably the result of ulceration going on, after injury produced by the shot to the coats of the vein. An aneurism-needle was passed around the vein, and it was tied above and below the bleeding point. The femoral artery was now seen to pulsate up to the point of application of its upper ligature; and therefore another ligature was placed upon it, about three-eighths of an inch above the first. Wet lint was applied, and the bleeding stopped. An aneurism-clamp was placed upon the artery below Poupart's ligament, in order to break its impulse and check its force upon the ligature. The wound was carefully watched during the night for hæmorrhage, which, however, did not occur. A drachm of tincture of opium was given in a little wine."

It might appear at first sight, that the steps above taken were meddlesome; but would you be justified in leaving a clot in the wound for fear of hæmorrhage, which doubtless would have ensued subsequently, and when no means for restraining it were at hand? Another serious complication had now occurred, the vein which escaped being wounded at the original accident was now perforated by ulceration. Pressure below arrested the hæmorrhage—another proof that it was venous. This hæmorrhage having occurred, and the opening still remaining, what was to be done? Having tied the main artery of the limb, it was an unfortunate necessity to be obliged to tie the vein; but it was a necessity, and the vein *must* be tied. It was also evident, that as the artery had been tied for three days, and still pulsated up to the seat of ligature, that the clot had not formed in its interior. I deemed it to be necessary, therefore, to apply a ligature higher, as it was quite clear that the former one had not answered its purpose, and that hæmorrhage would occur when it came away. The plan adopted to subdue the force of the artery is one I often adopt when I wish to prevent too great strain on the artery at its site of ligature; as in amputations where the artery continues to pulsate up to the wound.

3rd, 2.30 a.m.—The man is comfortable; no bleeding.

12 a.m.—Has had a good night's rest. The pulse is soft and full. To continue the opium (gr. j. ter die, et gr. ij. h. s.)

4th.—Is going on pretty well. His bed was changed. The ligature from the distal extremity of the artery came away with a slough (six days after its application). The pressure of the clamp gives the man a little pain, but he bears it very well. To-day, for the first time since his admission, he has not ate heartily. One grain of opium to be taken at bed-time, and one grain three times a-day.

5th.—The wound is healthy. Pulse 110, weak. The man looks anxious; the bowels are constipated. At 2 p.m. was

ordered a simple enema. He took some oysters, with a little bitter ale. At 5 p.m. he had a copious dejection from the bowels without the enema. Had eaten his oysters and was about to have more. To continue the opiate.

6th.—Ate some meat, and seemed to relish it. At noon, when the foot was looked to, it was warm, and of its natural colour. The wound looked healthy. No attempt has been made to see whether the ligatures are loose or not, for fear of exciting fresh hæmorrhage. The man seems low. Wine ʒxviij.

You will here remark that for four days he has been going on well, and that it is especially noted that "when the foot *was looked to* it was *warm* and of its *natural colour*;" there being an entire absence of those symptoms which we might naturally have expected after ligaturing a vein so large as the femoral. No appearance of gangrene.

I to-day observed that the jaw was somewhat closed, and that he could not open his mouth wide; but we shall see more of this in the sequel. I now read on the further notes of his case:—

In the evening he passed his urine and fæces involuntarily. During the night he was light-headed, and attempted to get out of bed.

7th, 4 a.m.—One grain of opium was given to quiet him, but with little effect. At 7 a.m. the patient pulled the clamp off his thigh, where it had been since the second hæmorrhage. Mr. Bankhart, the House-Surgeon, replaced it, putting it on a little higher up on the artery so as to vary the point of pressure. A few hours afterwards the clamp was found on the inner side of the femoral artery, resting on the femoral veins, just below Poupart's ligament, above the entrance of the profunda vein (corresponding to the deep femoral artery), and thus the only means of the return of blood from the lower limb was taken away. This change of position of the clamp had been produced by the patient himself shifting it during his restless condition.

1 p.m.—The breathing is hurried, frothy and sticky mucus issuing from his lips. The countenance is very pale and ghastly, his forehead covered with drops of sweat. His eyes are shut; he is sensible, but evidently sinking fast.

Since 3 a.m. has had, at three different times, the tetanus universal, all his muscular system being put strongly in action; his clavicles drawn upwards, his neck and face very tense, his sound left leg turned over on to his right, and stiffened out; his arms stiffly extended. Besides these fits he has frequently had twitching of his arms and neck. He has swallowed once or twice since the change in his symptoms at 3 a.m. and has spoken, but very inaudibly: he asked, or rather motioned, for cold water. Had much sweating. He died at 6.50 p.m., the muscles being relaxed, and the man appearing to sink from exhaustion.

I am inclined, confidently, to attribute his sudden change to the effects produced by the altered position of the clamp. It is otherwise a remarkable coincidence, that up to that time he was progressing as well as could be expected, and that he should then get worse suddenly. The patient died ultimately from the tetanus, and from general exhaustion, and not from spasm of the heart or larynx. I now read the account of the Autopsy:—

January 11, 3 p.m., Twenty Hours after Death.—Rigor mortis present. The platysmata myoïdes, the sterno-mastoides, and the masseters rigid: the mouth firmly closed, the face exhibiting the sardonic grin. The integument of the toes, the whole of the dorsal, and anterior two-thirds of the plantar, surface of the foot, and the outer ankle, of a greenish-black colour; the cuticle elevated by serum. The heel and the inner ankle were of normal colour and appearance. Above the inner ankle, the cuticle was raised for the lower third of the leg; and on the outer side of the leg, as high as two inches below the knee, the raised margin of cuticle sloped obliquely from one side to the other. The raised cuticle is of a yellowish-white colour. Behind the leg, the surface is denuded of cuticle, and discharging pus. The whole leg is swollen, and on pressure gives an emphysematous sensation to the fingers. This may also be felt in the flexors of the thigh by deep pressure.

The wound, about five inches in length, and situated a little above the middle of the thigh, was seen to be situated between the fibres of the Sartorius, which muscle was divided in a longitudinal direction to the above extent. The larger half of its entire breadth lay to the inner side of the wound. The muscle, in common with all the muscles in the neighbourhood, was black and sloughing. Several shot were extracted from the wound. Along its inner edge was the nerve to the Sartorius, and another small nerve terminated in the cut edge. None of the ligatures were found, and were supposed to have been removed during the process of washing, after death.

On dissecting out the femoral artery and vein, and long saphenous nerve, the nerve was found to have sloughed away, for almost the whole extent of the wound; and a large nerve, probably the nerve to the vastus internus, was lying at the bottom of the opening. The artery was pervious to an inch below the giving off of the profunda: below that point the artery was plugged. There was a space of about four inches between the two separated ends of the artery: the lower extremity of the artery was plugged for an inch and a-half. The artery at this part was conical, the extremity being not half the breadth of the vessel lower down. The divided ends of the femoral were separated for an inch and a-half: the upper end was plugged for an inch: and the lower end as far as it was got out. At one point in the vein, the clot had softened in its centre. The upper extremity of the vein was patulous. The nerve was divided and separated for about four inches. These last two were probably separated so widely by sloughing, and the interval between the ends of the artery increased by it. There was a collection of pus around the femoral sheath.

This woodcut represents the femoral artery, femoral vein, and portions of the anterior crural nerve. The artery is cut just above the origin of the profunda artery; the vein is placed to the inner side of the artery and the nerve on its outer side, and the corresponding parts of the artery, vein, and nerve are displayed below.

On opening the chest, old pleuritic adhesions were found on the right side only. The right lung posteriorly is dark and congested, breaks down readily, and exudes much serum when cut: the left lung shows the same condition in its lower lobe, but it is not so marked. The patient was always lying on his right side. The edges of the lung were emphysematous. The heart was not contracted, both ventricles containing fluid blood. The valves were healthy. There was thickening of the visceral layer of the pericardium at one spot, the size of a shilling. All the other viscera were healthy. Brain and spinal cord not examined.

Let me here mention, that in cases of comparatively simple injuries, or at least such injuries as we should not expect *à priori* to affect specially the constitutional health, we often find pneumonia. This I believe to be due to physical causes. A patient of vigorous natural constitution, accustomed to hard work, and full of blood, requiring free expansion of the lungs, is kept on his back confined to bed, and it is impossible for him to expand his chest or empty his lungs of blood,—this leads to congestion

and then to pneumonia; and it is a practical point to observe, that, as in what is called "pneumonia of the dying," the disease is at the back, as we should expect from the position of the patient.

This patient died of tetanus. This disease may kill by spasmodic action of the muscles of the larynx, by spasm of the heart, or by general exhaustion of the nervous power. I once opened the larynx between the cricoid and thyroid cartilages, in a case of tetanus, in which immediate death seemed to be threatened by the closure of the larynx. The patient breathed freely through a tube introduced into the larynx, and the whole of the laryngeal distress ceased. The general spasm was much subdued during several hours, and then returned in severity, and he died suddenly, during a paroxysm of spasm affecting the heart, as proved by the post-mortem; for the heart was found firmly contracted, and nearly free from blood. Only a very small quantity was found in the right side. The mode of death in this case was spasm of the heart. The patient whose case forms the basis of this lecture died from exhaustion, or gradual subsidence of nervous power.

It is reported in the case before us that trismus, or lock-jaw, was an early symptom. It is not at all necessarily the first indication of tetanus. Although the disease is called "locked jaw," it often happens that twitchings of the muscles in the trunk or extremities manifest themselves as symptoms of tetanus before locked jaw; still it is an early and very prominent and almost constant symptom. What is the explanation of this local symptom showing itself usually so early? Experiment indicates that the grey matter of the interior of the spinal marrow is probably the structural seat of tetanus. The fifth nerve, or nerve of mastication—the one involved, and which must be the direct cause of trismus—has a larger connexion or continuity with the grey matter of the spinal marrow than any other nerve in the human subject; and in this fact, perhaps, lies the explanation of the early symptom of locked jaw; and no doubt the firm closure of the lower upon the upper jaw depends on the relative greater strength of the muscles closing the mouth, as compared with those which depress the jaw. It is curious to observe the gradual ascent of the cause of tetanus—to see how the disease encroaches upon the higher or anterior nerves of the base of the brain, ultimately reaching the third cerebral nerve. Then the muscles which are supplied by this nerve become tetanic, and cause retraction of the globe deep into the bony orbits (a). I have repeatedly observed this latter symptom in tetanus; and it is, I believe, always a very serious indication; for it points to the great extent of the structural lesion in tetanus, although what may be the exact character of the pathological state is not explained.

(a) Since delivering this lecture, I saw, with Mr. Mavor, of Park-street, a horse suffering from tetanus; and he observed that as the tetanus goes on, we shall almost lose sight of the eyes, they will become so deeply buried in the orbits.

THE LONDON HOSPITAL.

MULTILOCULAR OVARIAN CYST OF VERY LARGE SIZE—OVARIOTOMY—DEATH.

(Under the care of Mr. CURLING.)

The operation of ovariotomy was performed at the London Hospital a few days ago. The case ended fatally, and although not presenting any very unusual features, is still of sufficient interest to be well worthy of record.

Its subject was a girl, aged 18, who had been sent up from the country to be under Mr. Curling's care, and with a view to the performance of the operation. She had been tapped three times, and the tumour had after each operation rapidly refilled, and was at the time of her admission of very large size indeed. It was three years since the enlargement of the abdomen had first attracted notice, and two since the first tapping. At the first tapping, about three quarts were removed; at the second, five; and at the third, ten. As the last had been only seven months ago, and as on each occasion the quantity removed had exceeded that of the previous one, it will be seen the productive power of the cyst was rapidly increasing. But a far more serious element in the case, as regards the patient's prospects, was that the tumour, originally consisting almost solely of one primary cyst, had assumed more and more of the polycystic character. It had thus become impracticable to effect by tapping any great diminution of the bulk of the tumour, and all modes of relief other than the radical operation were hopeless. The girl was thin and wasted, but otherwise in good health and spirits. The tumour involved the left ovary, and distended the abdomen, pushing upwards the thoracic viscera, and lifting out the ribs. The exterior was marked by several broad shallow sulci indicating the divisions of its larger cysts. The impulse wave on percussion was nowhere transmissible from side to side, being arrested by the numerous dissepiments of the tumour. The danger attending the operation had been fully explained to the patient and her friends. Although the case was acknowledged by all to be an unfavourable one, yet Mr. Curling, after consultation with his colleages, decided that it would not be justifiable to refuse the poor girl the chance which it afforded of a permanent recovery. The multilocular character of the tumour, its large size and rapid rate of increase, made it clear that her life was not likely to be prolonged over many months, should nothing be done.

The operation was performed on Friday last week, in the presence of the surgical staff of the Hospital. It was performed in the private ward which the patient was afterwards to occupy, and which had been previously well heated. The girl having been fully brought under the influence of chloroform, Mr. Curling laid open the abdomen from the umbilicus to within a hand's-breadth of the pubes, and subsequently prolonged the incision upwards about two inches above the navel. Very extensive and firm bands of adhesion were found uniting the tumour in all parts to the anterior and lateral parietes of the abdomen. These adhesions Mr. Curling proceeded carefully to break through, but their firmness rendered the use of considerable force unavoidable. Over the upper part the omentum adhered firmly, and three ligatures were applied to parts of this structure before division. It was necessary in lifting the enormous mass from its position, to cut into the various cysts as they presented themselves in the opening. The puncture of them by trocars had, although a pailful of fluid had been taken away, scarcely diminished the mass perceptibly. Probably, not fewer than a dozen large cysts, containing thick viscid fluid of various tints from transparent to deep brown, were evacuated before the tumour was sufficiently diminished to allow of its passing through the incision. The pedicle was broad, but of a fair length, and easily allowed of the clamp being securely applied without any undue traction being put on the uterus, etc. But little blood had been lost. The operation had, however, been a prolonged one. The abdominal wound was closed by deep sutures of silk and of wire alternately, and the ligatures which had been applied to the omentum were all secured, so that the tied parts were external to the peritoneum. When the patient was removed to bed she had a fair pulse and aspect. About half-an-hour after the operation sickness occurred, but it was not distressing. The bimeconate of morphia was administered, and wine from time to time, as needed. The evening was passed quite as comfortably as could be expected, and through the night she slept fairly. In the morning, however, she began to complain of most distressing thirst and was very restless. At ten o'clock on the day following the operation her condition was as follows:—Perfectly conscious, inquiring anxiously how long the wound would be before it was healed, and not in any way apprehensive that she was not doing well; skin dry and hot; respiration rapid; tongue much coated and dry. She complained that her thirst was tormenting (although allowed ice and fluids), and that she could not breathe. Although her hands were hot and dry the pulse was scarcely perceptible at the wrist. She remained much in the condition described until half-past three, when she rather suddenly expired.

The autopsy was performed by Mr. Griffiths, the House-Surgeon, on Monday, the second day after death. The wound, the pedicle, the clamp, etc., were all found well secured and in excellent relative apposition. A considerable quantity of blood-stained serum occupied the depending parts of the abdominal cavity, but there was no coagulum whatever. The intestines were not distended, and although somewhat congested, showed no signs of actual peritonitis. The omentum and the parietal peritoneum, where the adhesions had existed, showed, of course, signs of contusion, tearing, etc., but not at all more than was expected. The other ovary, and all the abdominal viscera examined were healthy.

Remarks.—In thus adding another case to the debtor side of the ovariotomy balance-sheet, we must beg to remark that the responsibility for the result lies not so much at the door of the Surgeon or the operation as with the influences under which the time suited for the latter had been allowed to pass by. Had the tumour been removed two years ago (at the date of the first tapping) in all probability it would have been found free from adhesions, almost wholly monolocular, and easily removable. As soon as ovariotomy shall have become the recognised treatment for all developing ovarian tumours, and the importance of its early adoption shall be acknowledged, we may expect very different results from what is at present the case when it is almost always deferred until the patient is about to sink under the disease.

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Medical Times and Gazette.

SATURDAY, MARCH 3.

A LESSON FROM A CONTROVERSY.

The Dramatis Personæ in a Controversy not yet ended are—

Dr. Newton Heale . . . *A Speculative Anatomist.*
Dr. Sharpey, Mr. Bowman . . . . . *Referees of the Royal Society.*
Dr. Waters . . . . . *A Fothergillian Baconist.*
Dr. Thomas Williams . . *Chorus.*

Scene.—*The Royal Society and a Medical Journal.*

(*Seven years elapse between the commencement of the Action and the recent passage of the Quills.*)

Pendente lite, we may exalt ourselves above the bodily presence of the disputants, absolve ourselves from the fetters of names and personalities, and take a range into the atmosphere of truth and speculation which always surrounds these mundane bickerings. Our business is to examine the anatomical popinjay in practising at which the usual results of unequal rivalry have made themselves unpleasantly conspicuous, and to give voice to some of the first thoughts suggested by the fracas.

The circumstances alluded to may be thus epitomised and made the subject of remark:—A is an anatomist, who speculates upon a point of minute structure, reads Quain and Sharpey, is not satisfied with what they tell him, and sets to work to resolve the problem he has raised for himself. He injects, dissects, jumps to his conclusions, and is at issue with the authorities. He is a discoverer! He has taken his stand on one of the old promontories of truth; and, with vision keener than any that has yet seen light in that direction, he tracks out the hitherto undiscovered course of the blood through the lungs. He calls to his aid a skilful artist, and maps out the mirage. He dips into treacherous ink, that he may be identified again, and, with an *Io triumphe*, rushes to enrol himself an F.R.S. He is the lucky—or, it may be, the unlucky—possessor of an *enfant trouvé*, and deposits his precious burden in the box of the Royal Society, in the fond belief that he may one day claim it with honour. Once within the walls of that Hospital for Foundlings, it is delivered over to B and C, two experienced and skilful examiners, who, in spite of protestations and life-like portraits, declare it to be an abortion, stamp it with Dr. Jörg's fatal word "*Atelectasis*," refuse it admission into the living ranks of the "Transactions," and cause it to be exposed to common view in the dreary Morgue—their "Abstract of Proceedings"—where two curious explorers, D and E—the last writers on the subject—give it a glance of disapproval, and make a record of it, as a thing that will be buried, though like something they had seen before. Seven years pass away. D ushers into the world a Fothergillian Prize production, viable, and having some features in common with the now almost forgotten foundling. Critics are ready to become its sponsors, and the public adopt it as one of their own. The progenitorial feelings of A are roused, and some others with them. Where is his offspring? Why should he not bud into greatness as others do? He goes to regain his own from its Royal and scientific nutrix. It is remembered, and seen to have been duly registered, but can nowhere be found. The catacombs are searched in vain. Inquiry proves that the referees delivered it to the embalmers, whose books show that it ought to be where it is not. As critics, we know, by dire necessity, the state of a mere author who thought to take an ephemeral flight upon his gossamer thread, and finds it suddenly cut across by our relentless scissors; but who can tell the distraction of an emptied-out discoverer? The seven times worse demon of jealousy rushes into the place of crushed ambition. Its promptings are not hushed, but uttered; and, unhappily, A pens and publishes such a jaundiced paragraph as the following:—"Were it not for the professional character and reputation which B and C have attained, would not the foregoing account warrant the inference that those gentlemen had undertaken to act as referees on my paper with the intention of suppressing its publication in the 'Transactions,' and that they had been the cause of its abstraction from the archives of the Society? I wish it to be distinctly understood that I bring no such charge, because I have not a scintilla of evidence by which to establish it. The paper and drawings were entrusted to their custody, as referees, and they have not since been heard of."

"Invidiam placare paras virtute relicta?"

In conclusion, A threatens, by some mysterious process, to resuscitate and rehabilitate the *disjecta membra* of his bantling, and so confound his enemies and immortalise himself. He is already in the pillory. Let him beware how he supplies the bystanders with more dirt of his own making.

These are the shadows of passing events. What is the question at issue among the actors, and what lesson is to be learned by all of us from looking at them? As anatomists, the disagreement refers to the distribution of the capillaries of the lungs. Three sets of views are brought under notice on the present occasion. First, that entertained by the best authorities, and generally accepted:—Blood passes into the lung by two channels, the pulmonary artery and the bronchial artery. The capillary divisions of these arteries communicate, and the mingled blood is returned partly by the pulmonary veins and in part by the bronchial veins. "These bronchial veins, however, have not quite so large a distribution in the lungs as the bronchial arteries." "The capillary net-work of the innermost branches of the bronchial arteries, which is found upon the finest cylindrical air-tubes, communicates with the system of pulmonary vessels, so that its blood returns by the pulmonary veins." The Fothergillian Essayist states, and thinks that he has proved by his injections and dissections, that "no bronchial veins exist *within* the lungs, and that the arteries pour their contents, except so far as they supply the structures about the root of the lung into the pulmonary veins." Reisseisen, sixty years ago, held the same

opinion, but brought forward no proofs in support of it. Thirdly, the aspirant for the honours of the Royal Fellowship sums up his notions in the following medley of words: "The air-cells and the mucous membrane lining the bronchial tubes are supplied from the pulmonary system of blood-vessels, and the basement fibro-cartilaginous structure of the bronchial tubes and the cellular tissue throughout the lungs are supplied by the bronchial arteries derived from the aorta; and these latter have no sort of anastomosis nor connexion with the former, but are carefully secluded from them by much flocculent tissue, which requires a considerable amount of dissection in order to be got rid of, so that the ultimate distribution of the branches of the bronchial artery may be clearly demonstrated when these latter have been injected instead of the pulmonary set." These are matters of minute microscopical inquiry. They have their special interest, though it needs not now to dwell upon them. *Ex cathedrâ*, and not without just warrant, we pronounce for the accuracy of the well known description in Quain, and we declare the anatomist A to be out of Court on the showing of "the irrefragable correctness of his own statements." The very fact of his having to remove much flocculent (*i. e.* muscular and areolar) tissue from between his two sets of deep and superficial vessels, makes manifest at once the imperfection of his injection, and, of course, the baselessness of any inferences he may draw from his dissections. A complete injection of the vessels of this part displays not only the two layers, but equally those of the intermediate structures. Thus far anatomy: but what of the ethics of the exhibition?

No doubt it is a fine thing to be a discoverer. We may fairly envy the feelings of Harvey or of Hunter. Wonder and awe, as they unveiled the broad expanse of truth, must have subdued them into prostrate devotion. We who follow them, and revel in the glare of their glorious revelations, though we cannot ascend to the heights of their ecstasy, are still as individuals getting many glimpses of further knowledge of the details of which they only pointed out the massive groupings; and we have our reward. Every man who by analysis, or through the microscope, or in any other way, has for the first time traced out fresh relations of elementary matter, or disclosed yet unnoticed stages of organic development, or who under the subtle but coercing influence of inspiration has succeeded in eliminating a new law of Nature, knows what this is, and how far exalted it is above the coarse gratifications which subsequently come of fame. But those who, *sui amantes*, question Nature for their own glorification, feel cravings which more frequently lead to disappointment than to satisfaction. They hasten to be rich in the good report of men, and evil comes upon them. They examine imperfectly, record without deliberation, and cannot brook correction, or exposure, or defeat. The virtue of the true philosopher is patience; he is patient in his labours, he is patient under injustice. Harvey's great work cost him twenty-six years to bring it to maturity, and though he taught his opinions to his hearers, it was long before he ventured to commit them to the press. Even then credence and fame did not come at once. But he did not rail with petulance at those whom he could not convince, nor betray himself into unseemly and acrimonious insinuations against those who scrutinised the faithfulness of his demonstrations, and weighed the justness of his deductions. Let us all heed well the ancient example, and with one consent forswear this modern instance of ignorant rashness and querulous injustice.

THE WEEK.

The "Medical Acts Amendment Act, 1860," has passed the second reading. It will be found in another column; and the discussion on the second reading is reported among our Parliamentary Intelligence. It seems that no opposition is offered by the Medical Council, because no *new* power is asked for by any Irish University. By an accidental omission in the Medical Act licences in Surgery legally authorised by charter did not appear in the schedule. This omission is now rectified by the amended Act. The Irish College of Surgeons has brought it about by illiberally refusing to recognise the University teachers, in order to support the School so improperly maintained in connexion with the College.

We last week congratulated Dr. Alderson on his discovery of the original Charter granted by Henry the Eighth to the College of Physicians. We have since examined this interesting document and compared it with the text in Goodall's "Royal College of Physicians." It corresponds word for word, but the initial letters of some words are wanting, having evidently been left for the illuminator to put in. The great seal of the period is attached to a part of the parchment close to the cipher shown in the annexed cut.

The seal is in green wax, fractured, as seen in the engraving, —which is reduced to about one-fourth of the real size. The Keeper of the Privy Seal, Tunstall, Bishop of London, afterwards Bishop of Durham, has signed the document.

The organisation of the Practical Army Medical School, given in full detail in our number of November 5, 1859, is proceeding very satisfactorily. Four Professors have been appointed to teach Hygiene and Military Medicine, Clinical Medicine, Pathology, and Military Surgery. The proposed Professor of Chemistry has not yet been appointed. The appointments already made are unexceptionable, and redound greatly to the credit of those who have recommended and approved them. Dr. Parkes, who has taught Clinical Medicine so successfully at University College, is from his old connexion with the army in India, and his superintendence of the Renkioi Hospital, the man of all others for the post to which he has just been appointed. Dr. Aitken, the Pathologist of the Glasgow Infirmary, and afterwards of the Scutari Hospital, so well known by his admirable "Handbook," and his numerous valuable contributions to scientific Medicine, has also afforded by his labours in the past the best guarantee for future usefulness. Dr. Morehead's varied and extensive experience in India, his labours in the cause of Indian Medical Education, and the high reputation he acquired as a teacher in the Grant Medical College, and by his published researches on Disease in India, at once stamp him as the "right man" for the place he is now about to fill. Mr. Longmore, whose reputation as an Army Surgeon was established by his services and reports during the war in

Bulgaria and the Crimea, is so well known and highly esteemed by his brethren in the Service that his appointment will certainly not give less satisfaction than that of either of his colleagues.

A Bill to amend the law relating to the unlawful administering of poison has been prepared and brought into the House of Commons by Mr. Clive and Sir George Lewis, (February 21, 1860,) and was read for the third time and passed on Wednesday. This Bill, introduced by the Government, is intended to meet a class of cases where poisonous substances are administered with the intention of doing some injury short of committing murder. It has been supposed to relate to the sale of poisons, but such is not the case. The words of the Act will be found in another column. A Bill has also been introduced and read a second time in the House of Commons, and has partly passed through committee, for preventing the adulteration of articles of food and drink. We shall print a copy as soon as it passes through committee.

A correspondent sends us the following examples of our "Druggist system." He observes upon them:—"Playing with fire is an evil habit; but what shall we say to the foul play continually practised by ignorant 'druggists,' meddlesome matrons, and drug-vending grocers? Two lamentable cases are here detailed:—

"Mrs. Kendrick, a widow, proprietress of a chemist's and druggist's business, in Sherlock-street, Birmingham, a few days ago asked Mr. Frane, who has managed the business since her husband's death, for a dose of fluid magnesia, and at once took what he handed to her. He had, however, by mistake, poured out a dose of Sir William Burnett's disinfecting fluid. In spite of the best Medical aid, Mrs. Kendrick died in great agony in a few hours."

"A youth, aged 16, was recently fatally poisoned at Yeadon, through taking strychnine, which had been given him as medicine by a grocer, who—the lad having recently come from Wales, and being unable to speak English very perfectly—understood him to ask for vermin powder. The packet was properly labelled with the word 'poison;' but the youth, immediately on his arrival at home, had pulled off the outside wrapper, and thrown it into the fire.

"Borough coroners and magistrates have duties to perform to avert such loss of life—let them see to it; let the public demand *inspection*."

We understand that the subject of the Parliamentary Representation of the Medical Profession, and in particular of the College of Physicians of London, has lately been prominently brought before the Fellows. We have so often advocated the necessity of a Medical Representative in Parliament, that we are rejoiced to find the matter thus publicly advocated by so leading a body of the Profession. The reasons are many in favour of such a representation. Of late late years medico-political interests have largely increased. Medicine has to minister not only to the wants of individuals, but to the necessities of the community at large. In regard to vaccination, public health, Poor-law Medicine, and lunacy, great services are constantly rendered to the State. By the Medical Bill, the whole Profession is placed, through the General Council, under the control of the Privy Council, and for the first time the reigning Sovereign is constituted the legal head of the Medical body. Under present regulations, no proper channel of communication between Medicine and the Government exists. When the authorities wish for assistance from the Profession in any emergency, application is made sometimes to one body, and sometimes to another, and frequently to individuals. The results are seen in confused Councils, and in action without responsibility. It cannot be said that as regards numbers the College is unfit to become a constituency. Its Fellows and Members now exceed 1000. There are in the United Kingdom no less than 163 places, returning 217 members, or nearly one-third of the House of Commons, with constituencies of less than 1000. The University of Dublin, with about 1700 graduates, returns two members. The leading statesmen of both parties have expressed the opinion that representative privileges should be conferred on educated bodies, as a counterpoise to the extension of the suffrage to the working classes. Lord John Russell, when preparing his Bill of 1854, offered two members to the College of Surgeons, but that offer, which it was at first resolved to accept, was subsequently declined by the Council. The Bill of 1854 also proposed to give two members to the Inns of Court, and one member to the University of London. If Barristers are to have representatives given to them by the new Bill, the same privilege ought in common fairness to be conferred on Physicians. Such a result would be honourable to the Profession and the College, and beneficial to the country. The resolution adopted by the College was we believe, to the effect, that "In the event of the proposed Reform Bill giving members to any public bodies or class interests, it will be the duty of the College to apply immediately for parliamentary representation." We trust this important matter will be followed up by the College authorities, as we believe its accomplishment would be fraught with benefits to the College and to the whole Medical body.

The breath of our old odoriferous acquaintance, the Serpentine, does not yet smell of roses; nor is the regulator of its destinies and his satellites allowed to repose on the quietude of an official rose-bed, we rejoice to say. Never was a more stupid peddling scheme for the allaying of a great public nuisance invented than the one now being projected by Government ingenuity and a Government engineer. The proposition of filtering the stagnant mud of the Serpentine is manifestly the offspring of some demi-scientific amateur. It is a brilliant specimen of the proverb about the little learning and the dangers thereof. The common sense of a Yorkshire squire, of a Dorsetshire labourer, of a Bradford mechanic, or a citizen-mayor would have laughed the thing to scorn; and nothing but the fact of the work being commenced would satisfy any one that such an act of consummate folly could be perpetrated in the broad daylight of the science, chemical, epidemiological, and pathological, of the latter half the nineteenth century. We are certain that none of the funny things, the fantastic tricks, now playing before us in the political world, are more funny or fantastic than this Serpentine trick, now performing under the immediate direction of the Conjurer Herr Hawksley. We ought to thank Dr. Lankester and his deputationists for leaving the Commissioner of Woods no peace about the Serpentine. He, and Dr. Woolley, clearly spoke their minds to him and told him as follows:—

"Dr. Woolley had himself used the term 'green pea-soup' in reference to the water of the Serpentine. He had known many cases in which persons had been overcome by its exhalations. One instance was that of a man named Bull (one of the Royal Humane Society's officers), who had fallen down twice while on duty in a boat, and did not recover his consciousness for many hours, despite every remedy that could be applied. Up to 1853, when he resigned from ill-health, the Serpentine was most foul, and every year added to its impurities. He characterised the bottom of the Serpentine as nothing more nor less than a man-trap. About half-way between the end of the river and the receiving-house was an old gravel-pit, with an immense depth of slimy mud in it. Many deaths had occurred in it. In corroboration of what was stated by Mr. Lilwall, he had known many deaths arising from the mud acting on and choking up the air-passages of the lungs. In his opinion the works now under opera-

tion were utterly inadequate to remedy the impurities of the Serpentine.

"Dr. Lankester said, as a member of the Serpentine Improvement Committee, he represented a large number of persons. He entirely disagreed with the plan now being carried out, added to which the mud would still lie at the bottom, causing during the summer months exhalations injurious to health. The filtering of the water would tend to destroy the oxygen gas, which was one of its greatest deodorizers. He was quite sure that in a sanitary point of view the plan would be an entire failure. He thought it would be a great saving of human life if the plan proposed by the deputation (that of levelling the bottom and having a stream of pure water passing through it) were carried into effect. When the value, and, above all, the sacredness, of human life was considered, he strongly felt that mere monetary consideration should not be allowed to stand in the way of carrying out a public improvement so imperatively called for."

We are happy to add that Mr. Cowper, a new hand as Commissioner, and therefore not wedded by prejudice to the folly aforesaid, admitted that Mr. Hawksley's scheme was "an insufficient" one, and that he did not think it a good one, nor would ever have adopted it. Hence we may fairly hope to see Parliament sweep away the "ornamental steam-pump," and its accompaniments of filtering beds, culverts, pipes, cartings of mud, gaseous effervescences and so forth. Since writing the above lines, the following satisfactory bit of Parliamentary news reaches us :—

"Mr. Cowper gave notice that he should move for a select committee to inquire into the most effectual means of cleansing the Serpentine." (Loud cries of "Hear, hear.")

We understand that the Council of the College of Physicians of London intend to ask the College to extend the period of the year of grace, as far as regards the admission of Fellows, up to the month of June—the Council being anxious to select for the honour of the Fellowship an additional number of Fellows, under the bye-laws of February 16, 1859. The year of grace expired with the past month—February.

A *bone-setter*, named Matthews, whose family have followed the same occupation in the neighbourhood of Warwick for upwards of two hundred years, has had a verdict given against him, in the Court of Common Pleas, with damages of £120, for maltreating what appear to have been a dislocation of the right ulna and fracture of the humerus, in a blacksmith, twenty-one years of age. The man had since been in the London, St. Thomas's, and King's College Hospitals; and the jury believed that the charge of want of skill was fully established.

At a trial which took place a few days ago at Guildhall, Mr. Edwards, a Medical gentleman, obtained £65 damages from a baker, who had untruly accused him of criminally assaulting his wife. The jury properly appreciated the peculiar position in which a Medical man is continually, and of necessity, placed; and showed their determination not to allow any trifling with his reputation in such a case.

The following most unsatisfactory reply has been forwarded to the Practitioners of Margate :—

"Royal College of Surgeons, London, W.C.
"February 21, 1860.

"Sir,—The protest of yourself and other Fellows and Members of this College, residing at Margate, against the admission of two persons to the Membership of this College, without complying with the established curriculum of study, has been laid before the Council, and I am desired to acquaint you in reply that, owing to the highly penal clauses of the Medical Act, this College has, in common with several of the Medical Corporations in the United Kingdom, been obliged to relax its rules for a limited period, in favour of certain persons who have practised many years, and who, in the opinion of the Court, would have been unjustly excluded from the Register, and has admitted to examination persons whose surgical and general knowledge has been certified by competent practitioners; in which category the Court considered Messrs. Horton and Meredith to be included.

"I am, Sir, your obedient Servant,
"To Dr. Price." "Edmund Belfour, Secretary.

BILLS BEFORE PARLIAMENT.

MEDICAL ACTS AMENDMENT ACT.

Preamble.—21 & 22 *Vict. c.* 90.—22 *Vict. c.* 21.

Whereas by an Act passed in the twenty-first and twenty-second years of the reign of Her Majesty, chapter ninety, intituled "The Medical Act," provision is made for the registration of members of the Medical Profession, and the said Act was amended by an Act passed in the twenty-second year of the reign of Her Majesty, chapter twenty-one; and certain disabilities are imposed by the said Acts, after a period mentioned therein, on members of that Profession who are not then registered: and whereas it is expedient that the said recited Acts should be amended as hereinafter mentioned: be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows :—

Licentiates in Surgery of any University in Ireland Entitled to be Registered under first-recited Act, in like manner as Masters in Surgery.

I. From and after the passing of this Act the Diploma or Licence in Surgery, granted by any University of that part of the United Kingdom called Ireland, legally authorised to grant the same, shall be considered a sufficient qualification to practise under the said first-recited Act; and every person to whom such Diploma or Licence has been granted shall be entitled to be registered under the provisions of the said first-recited Act, in the like manner, and with the like effect, and subject to the like provisions as are prescribed by the said first-recited Act in respect of the registration of any Master in Surgery of any University of the United Kingdom.

Certain Powers given to Medical Council extended to this Act.

II. The powers given to the Medical Council in the said first-recited Act with respect to the studies and examinations required for obtaining a qualification under the said Act shall be extended to the studies and examinations required for a qualification under this Act.

1st January, 1861, *to be substituted in Sections* 32, 34, 36, *and* 37, *of first-recited Act, for* 1*st July*, 1859, *so far as relates to Persons authorised to be registered under Act.*

III. The first day of January, one thousand eight hundred and sixty-one, shall be deemed to be substituted in sections thirty-two, thirty-four, thirty-six, and thirty-seven, respectively of the said first-recited Act, as the same are amended by the said second-recited Act, for the first day of July, one thousand eight hundred and fifty-nine, so far as the same relate to any person authorised to be registered under this Act; and the said several sections, as so amended, and all the provisions of the said Act having reference thereto, shall, with respect to any such person so authorised to be registered under this Act, be construed and take effect as if the words, "the first day of January, one thousand eight hundred and sixty-one" had been originally inserted in each of the said sections instead of the words, "the first day of July, one thousand eight hundred and fifty-nine."

No Person Authorised to be registered under this Act shall be Disqualified to hold certain Offices, unless he shall have failed to be Registered on or before the 1*st January*, 1861.

IV. No person authorised to be registered under this Act who on the first day of October, one thousand eight hundred and fifty-nine, shall be acting as Medical Officer under an order of the Poor-law Commissioners, or Poor-law Board, shall by reason of the said recited Acts, or either of them, be

or be deemed to have been disqualified to hold such office, or any appointment mentioned in section thirty-six of the said first-recited Act, unless he shall have failed to be registered on or before the first day of January, one thousand eight hundred and sixty-one.

Recited Acts and this Act to be Construed as one Act.

V. The said recited Acts and this Act shall be construed together as one Act.

Short Title.

VI. This Act may for all purposes be cited as "The Medical Acts Amendment Act, 1860."

ADMINISTRATION OF POISONS ACT.

Whereas the present law has been found insufficient to protect persons from the unlawful administering of poison, except in cases where the intent is to commit murder: Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows :—

I. That whoever shall unlawfully and maliciously administer to, or cause to be administered to, or taken by any other person, any poison or other destructive thing, so as thereby to endanger the life of such person, or so as thereby to inflict upon such person any grievous bodily harm, shall be guilty of felony; and, being convicted thereof, shall be liable to be sentenced to penal servitude for any period not exceeding ten years and not less than three years, or to imprisonment for any term not more than three years, with or without hard labour, at the discretion of the court.

II. Whoever shall unlawfully and maliciously administer to, or cause to be administered to, or taken by any other person, any poison or other destructive thing, with intent to injure, aggrieve, or annoy such person, shall be guilty of a misdemeanor, and, being convicted thereof, shall be liable to be sentenced to imprisonment, for any period not exceeding three years, with or without hard labour, at the discretion of the court, and the costs and expenses of the prosecution of any such misdemeanor may be allowed by the court as in cases of felony.

III. If, upon the trial of any person charged with the felony above mentioned, the jury shall not be satisfied that such person is guilty thereof, but shall be satisfied that he is guilty of the misdemeanor above mentioned, then and in every such case, the jury may acquit the accused of such felony, and find him guilty of such misdemeanor, and thereupon the delinquent shall be liable to be punished in the same manner as if convicted upon an indictment for the misdemeanor.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE USE OF POTASH IN SOME CUTANEOUS DISEASES.

By Dr. WHITE.

Sapo viridis, or *Schmier-seife*, plays a most important part in the treatment of skin-disease, both in Hospital and private practice in Germany, and Hebra especially makes great use of it. It is prepared by boiling fish or other animal oils with an excess of lye, composed of caustic potass and the crude carbonate. It varies in colour and purity, according to the ingredients and mode of manufacture; but the best preparations are of a bright amber or green colour, and a uniformly soft consistency, and give out a strong smell of potash. Rubbed upon the healthy skin it only produces a slight reddening, but if vigorous friction be long continued, eruptions and excoriations are induced.

"The affections of the skin in which these alkaline preparations are most useful, are *molluscum contagiosum* or seborrhea, acne, eczema, scabies, prurigo, psoriasis, and pityriasis versicolor. When the openings of the sebaceous glands are stopped, we very often find a plug of sebum distending the duct and mouth, which, acting as a foreign body, produces inflammation of the gland and surrounding skin. This is followed by degeneration of the follicles, and forms the disease called *seborrhea* or *strophulus albidus* of Willan. These comedones are oftenest met with on the nose, and affect principally persons of gross habits. Not unfrequently many such follicles unite to form a single tumour, from which exudes a milky fluid. This is the *molluscum contagiosum* of some authors, and is best treated by snipping off its head, pressing out the contents of each sac, and applying a solution of potass, one part to two of water. When a great number of comedones, or black points, exist on the face or elsewhere, a vapour-bath should first be taken, and subsequently the face should be smeared with the soap, or washed with a solution of potash in glycerine. In this way the sebaceous matter is removed, and the skin may, by the after use of a wash of ether, alcohol, and sulphur, be restored to its natural state. *Acne disseminata*, which is inflammation of the hair-follicles, is generally caused by the formation of comedones, which, if not emptied, produce suppuration, followed by scars. The comedones should be removed by a wash, one part potash to eight parts of water, or by use of the soap; and afterwards the above-mentioned sulphur lotion may be applied over night, and washed off next morning with the potash solution. When the eruption is extensive we may rub in the soap, and leave it as a fomentation two or three days; and when by this means the epidermis has been removed, the sulphur preparation may be applied."

In *prurigo* perhaps the *schmier-seife* is the most reliable application. It should be rubbed into the affected portions of the skin twice daily during the first three days of the week, and allowed to remain without washing off the other four. This method, in connexion with, on alternate weeks, daily morning dressings of cold water and cold baths, if continued for months will be found by far the most effectual for banishing this distressing disorder. In *psoriasis*, either this same method is employed by Hebra, or the use of the soap is combined with some form of tar, with excellent results.

It is, however, in the various forms of *eczema* that the curative effect of potash is most marked. In the Vienna Klinik three solutions are employed—No. 1. Pot. pura ʒj., aquæ Oj., as a bath or fomentation; No. 2. Pot. ʒj., aquæ ʒiv., for circumscribed patches; and No. 3. Pot. ʒj., aquæ ʒij., as a caustic application. It is also used in the soap form, and in *spiritus saponatus*. Selection is made from these according to the nature of the case. The two forms of *eczema rubrum* and *squamosum* into which the primary and acute stages generally run, are those which present themselves after the removal of the crusts, which is the first step in the treatment. This is easily effected by warm oil and spiritus saponatus. If the cutis is then found much thickened by exudation, as we find by lifting a fold, the severer remedies must be chosen. The excessive vascularity and enlargement of the capillaries, which cause the redness, heat, swelling, and large effusion in eczema rubrum, must first be overcome by the constant application of cold water. Then solution No. 2 should be applied once or twice with a hair pencil, or the soap be used three times a-day, using cold water to heal any excoriations that may chance to occur. Eczema in the face must often be treated by the caustic No. 3, quenching the subsequent reaction by cold water. Scars never follow its use. If the disease affect the whole surface of the limbs or body, it may be treated by saturating flannels with the soap, and applying them, covered with gutta percha cloth, to the patches. These should be removed twice daily for the first few days, after which they may be suffered to remain on for three or four days. This plan is to be continued until a cure results, unless excoriations occur, when cold-water applications must be resumed. In the dry, scaly form —*eczema squamosum*—preparations of tar are used in most cases with great benefit to hasten the desired end; and among these are the oil of cade, and the oleum fagi, which is the Russian tanning oil. These should be diluted with alcohol, and laid on very thin. Tar, when applied to the whole surface of the body, often causes strange symptoms, as black vomiting, black urine, and black diarrhœa—these secretions containing tar unchanged. Relapses, it is true, may follow this treatment, as they do any other; but it prevents the recurrence of the disease as effectually, and works more rapidly than all others. Chronic eczema of the scalp, which so often baffles empirical attempts for months, may in this way be cured in as many days, and that without the aid of internal medicine.

In *scabies*, the *schmier-seife* is of universal use in Germany. "Hebra's plan of treatment is as follows:—The patient takes a warm bath, rubs thoroughly every part affected, with a coarse flannel cloth, saturated with *schmier-seife;* and, after washing off, smears the same parts with one of the following ointments or tinctures. This process is repeated every evening, until itching ceases. Three baths are all that are generally allowed, else the skin becomes too much macerated and easily inflamed. Four days are usually sufficient to cure even very bad cases, and circumscribed ravages of the animal may be stopped at once. The following is the 'Vienna salve':—Sapon. virid. axung, āā 3 parts; flor. sulph. picis liquid, āā, 1½; cretæ alb., 1 part. M. Hebra's own ointment is of similar composition—Flowers of sulphur, oil of beech or of cade, āā ʒij., *schmier-seife* axung, āā ʒxvj. Chalk is added when necessary to remove the epithelium more rapidly, as with soldiers, or the great unwashed. In cases where fat cannot be used he substitutes alcohol to the same amount. Either of these preparations may be used in connexion with the soap, and the result of such treatment will be fully satisfactory to those who will try it. The alkaline soap, when applied to a burrow, produces at once an exudation into the same, which causes its immediate recognition. Its later effects are to dissolve the epithelium, and allow the sulphur to work directly upon the animals. The tar, or beech and juniper oils, are added to prevent the production of excoriation or eczema by the excess of alkali and friction."

In *pityriasis versicolor*, the intolerable itching which betrays the presence of the fungus—the *microsporon furfur*—ceases on the death of this, which is easily caused in a short time, by daily inunction with *schmier-seife*. Its effect upon the patches is wonderful.

"It has been my object to show how valuable and general a remedy we have in this soap, and to endeavour to introduce it to the Profession as an instrument both cheap and cleanly, and of sure promise—certainly a long looked-for desideratum in this class of diseases."—*Boston Medical and Surgical Journal*, vol. lxi. pp. 229—233.

GENERAL CORRESPONDENCE.

LOCAL TREATMENT OF GONORRHŒA.

Letter from Mr. Weeden Cooke.

[To the Editor of the Medical Times and Gazette.]

Sir,—That pretty little case of Hypospadias which M. Ricord relates with so much unction in illustration of the benefit of copaiba in gonorrhœa, is repeated in the *Medical Times and Gazette* of last week by your correspondent, Mr. Fenn Clark, of Leamington, as a comment upon a paper read by me at the Harveian Society, and published in abstract in your Journal.

It is gratifying to find that one of our own countrymen was an eye-witness of the interesting fact that there was no gonorrhœal discharge from the posterior part of the urethra after it had been washed by the urine containing the copaiba, and the part anterior to the solution of continuity continued to discharge purulent matter until it also was washed by the same fluid. While fully acknowledging the possibility of curing gonorrhœa in some cases by the administration of this nauseous and offensive drug, I would very humbly suggest the inquiry, whether M. Ricord and Mr. Fenn Clark do not, in the value set upon this Hypospadias anecdote, fall into the error of proving too much. Of course it cannot be possible that either of these gentlemen have forgotten the fact established by Hunter's dissection of hanged men, viz. that a very small portion of the anterior part of the urethra is commonly affected in gonorrhœa. This, the true seat of the disease, being cut off, by the aperture in the urethra, from the action of the copaiba taken internally, it is perhaps not altogether unfair to truth, although nearly fatal, I fear, to the point of the anecdote, to surmise that there may not have been any gonorrhœa in the posterior part of the urethra to cure.

But, then, the part anterior to the aperture was also cured by the ingenious injection of the copaibic urine! I fear even this apparently conclusive proof admits of an explanation more in accordance with pathological truth. Is it not more than probable that a suppuration, resulting in the destruction of some portion of the urethra, was sufficient in itself, as a counter-irritant, to overcome the gonorrhœa of the anterior portion, independent of any other means save cleanliness, rest, and proper diet? We know that blisters will cure gonorrhœa, and why not a neighbouring abscess? It is an ungracious task to reduce fairy tales and ghost stories to sober truth; and I would not now have hinted a doubt of the convincing nature of this oft-told tale, but that it evidently sways men's minds in practice, and helps to keep up the use of a disgusting drug, which may be advantageously abolished from our pharmacopœas.

Mr. Fenn Clark suggests its employment as an injection; others have done so before him, and some employ still, I believe, a bougie smeared with this balsam. What reason can there be for so much love for such nasty stuff, when efficient means, both tasteless and odourless, and that are not obnoxious, to those disagreeable consequences, which not unfrequently attend the employment of copaiba, are within the reach of every Practitioner; and which, moreover, may be preferred for their celerity of cure, no less than on account of their safety and inoffensiveness?

I am, &c. Weeden Cooke.

76, Upper Berkeley-street, February 21.

HEALING BY FIRST INTENTION.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have just had an opportunity of reading Professor Simpson's paper on "Acupressure in Amputations," in the *Medical Times and Gazette* of February 11, and I observe that, notwithstanding the use of these needles, which I have not yet seen, and of metallic sutures, complete union by the first intention does not appear to have taken place in any of the cases. In other words, the object of these appliances has not been fully attained.

Some of the causes of this failure seem to me clear.

There is, first, the application of towels, lint, sponges, etc. to the raw surfaces, by which they are covered with myriads of small filaments or foreign bodies, each acting as a centre of irritation, and demanding ejection from the wound, and often, in the aggregate, constituting a more formidable evil than two or three silk or cotton ligatures. The experience of every housemaid in cleaning and drying crystal will illustrate and prove what I say; but direct proof can be found in the microscopic examination of the early discharges from a wound so handled.

The saw is a further source of dead or foreign bodies, the flaps being frequently, if not generally, dusted over with powdered bone.

The second cause of failure, I think, arises from the application of warm or cold water to the bleeding surfaces. In this I may be in error, though I believe I have had proof of the soundness of the conclusion. Water thus applied causes the death, if I may so speak, of a certain amount of blood, which then lies in the wound as a thing to be removed; or, stating it differently, the use of the water induces such changes in the blood oozing from the cut surfaces, as renders it unfit to undergo those changes through which it should pass in the process of healing or union, or, in other words, unfit to serve those purposes which it is intended to serve.

The employment of the needles in arresting the hæmorrhage makes the use of towels, sponges, and water, all but unnecessary, as the bleeding mouths of vessels have not to be sought for, as is the case when ligatures are used.

Edinburgh, February 20. I am, &c. A. M.

BIRMINGHAM AND MIDLAND COUNTIES MEDICAL REGISTRATION ASSOCIATION.

Letter from Mr. Samuel Spratly.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following Resolution of the Committee of this Association was sent to the College of Surgeons early in January: within the last few days the reply annexed has been received. I am requested by the Committee to ask you if you will oblige them by inserting the same in your valuable

Journal, as that is the only means we can use to make pressure on those above us in these matters.

I am, &c. SAMUEL SPRATLY, Hon. Sec.

P.S.—The Committee have authorised me to send the same to the Medical Council.

Resolution of Committee of this Association, transmitted to the Royal College of Surgeons, January 12, 1860 :—

"Resolved,—That this Association enters its protest against the improper admission to the Membership of the Royal College of Surgeons of such individuals as have not gone through a regular course of Medical education."

Answer :—

"Royal College of Surgeons, London, W.C.
February 21, 1860.

"Sir,—The protest enclosed in your letter of the 12th ultimo from the Birmingham and Midland Counties Medical Registration Association against the admission to the Membership of this College 'of persons not regularly educated,' has been laid before the Council; and I am desired to acquaint you, that owing to the highly penal clauses of the Medical Act this College has, in common with several of the Medical Corporations of the United Kingdom, been obliged to relax its rules for a limited period in favour of certain persons who have practised many years, and who, in the opinion of the Court have been unjustly excluded from the Register, and has admitted to examination persons whose surgical and general charactor has been certified by competent practitioners.

"I am, Sir, your obedient Servant,
"EDMUND BELFOUR, Secretary."

"To S. Spratly, Esq."

COLLEGE OF DENTISTS.

LETTER FROM MR. HILL.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am requested by the Committee of Dental Practitioners who are promoting an opposition to the issue of non-legally-recognised diplomas by the "College of Dentists of England," to forward you the enclosed Protest, with signatures attached, as information interesting to the Medical Profession.

I am, &c. ALFRED HILL,
38, Euston-square, Feb. 28. Hon. Sec. *pro. tem.*

"DIPLOMAS IN DENTAL SURGERY.

"A certain number of Dentists having associated themselves under the assumed title of 'The College of Dentists of England,' and having signified their intention of issuing Diplomas of fitness to practise Dental Surgery to those who may consent to such regulations as they shall propose,—We, the undersigned, Practitioners in Dental Surgery, deem it to be our duty publicly to protest against the proceedings of this so-called College of Dentists of England, as being wholly unsanctioned by law, unwarranted by precedent or by professional usage, and opposed to the opinion and feeling of the great majority of the leading Practitioners in Dental Surgery. And we more especially protest against the issuing of Diplomas without legal authority, believing that such Diplomas are calculated to mislead the public, by whom they may be mistaken for the legally-authorised Dental Diplomas to be granted by the Royal College of Surgeons of England through its Dental department, consisting of Surgeons and Dentists in equal numbers, and organised in accordance with the provisions of a special Charter granted to that body by her Majesty, in September last, in conformity with the Medical Act.

"Dated February 17, 1860."

(Here follow ninety-four Signatures.)

SOUTHERN ENTHUSIASM.—The "Medical Gazette of Sardinia" wrote thus of Hypnotism in 1859 :—"The use of this new anæsthetic means in Surgical operations is possible, and probably superior in its results and safety to the practice hitherto adopted, by the aid of ether, chloroform, amylene, carbonic acid, and refrigeration." In the number of the Journal for January 2, the Journal is happy, and congratulates itself in finding its prognostic *crowned with complete success!*

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

LUNATICS.

Mr. WALPOLE moved that a select committee be appointed to inquire into the operation of the Acts of Parliament and regulations for the care and treatment of lunatics and their property.

The motion was agreed to.

MEDICAL ACTS AMENDMENT BILL.

On the motion for the second reading of this Bill,

Mr. CRAUFURD opposed the Bill, because the House was called upon to meddle with the Act of 1858 merely on account of one portion of the United Kingdom. He should move that the Bill be read a second time that day six months, in order to give an opportunity for explanation, and if that explanation were not satisfactory, he would divide the House upon it.

Mr. CARDWELL said that the object of the Bill was to simplify what he believed to be a *casus omissus* in the Act of 1858—namely, to add the words "Licentiate of Surgery" after the words "Licentiate of Medicine." The case was this :—The College of Surgeons in London had no schools of medicine, and was merely an examining body; and such was the case also with the College of Surgeons in Edinburgh. But the College of Surgeons in Dublin had a school of medicine, and there being a sort of rivalry between that school and the school of medicine of Trinity College, Dublin, by a narrow interpretation of the Act of 1858 the students of the latter school were excluded from offices to which their merits justly entitled them. It was to remedy that defect that the Bill was introduced.

The LORD ADVOCATE would not have opposed the Bill if it was intended to apply merely to Ireland, but he did not conceive that such would be its effect. There had been a general settlement of the question with regard to the Universities of the three countries in 1858, and it was not desirable to infringe upon that formal settlement by detailed or local legislation. If there were any defect as regarded the College of Surgeons, some other remedy ought to be found than conferring a privilege upon Irish Universities which was not possessed by Scotch or English. (Hear, hear.)

Mr. WHITESIDE said the settlement referred to did not limit or interfere with any existing right. It was quite a mistake to suppose that any favour was sought by the present Bill. The statute of Elizabeth and the statute of Charles gave the right to the University; and the most eminent lawyers, among whom were the late Lord Chancellor, Mr. Justice Willes, and the Lord Chancellor of Ireland, had given it as their opinion that the right to grant the degrees was certain. It was only sought to place the matter on a clear and proper footing, and to allow the students of the University that to which they were justly entitled.

Mr. VANCE hoped that no other University would have the same special privilege.

Mr. WHITESIDE explained that the privilege did not extend to any other University.

Mr. LEFROY hoped the Bill would proceed.

Mr. COWPER trusted that some little delay might take place until the Medical Council should have an opportunity of petitioning the House, if they thought fit, either for or against the Bill.

After a few words from Mr. KINNAIRD, the amendment was withdrawn, and the Bill was read a second time.

ADMINISTERING OF POISON BILL.

This Bill was read a third time and passed.

EMPLOYMENT OF WOMEN AND CHILDREN IN BLEACHING AND DYEING.

Lord BROUGHAM wished to ask a question of the noble Earl opposite on a most important subject, occupying great attention among the working classes of the country. The subject was one which was brought before the meeting of the National Association for Promoting Social Science, and evidence had also been given on the subject before a committee of the House of Commons. What he wished to call their attention to was the sufferings of the women and children of tender age who are engaged in the bleaching and dyeing process.

Many of these children were only seven or eight years of age, and they were employed in many cases for upwards of eighteen hours a-day, and only kept awake by violent means. What he wished to know was, whether there was any reasonable ground of hope that the Factory Acts of 1844 and 1846—both of which were very good in their way—would be extended to the unfortunate class to which he had referred?

Earl GRANVILLE said he would make inquiries into the matter, and give the noble Lord any information he could obtain.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—The following gentlemen were *admitted* Members of the College at the Comitia Majora held on Tuesday, February 28, under the temporary Bye-laws:—

Brush, John Ramsay, M.D., Clifton
Campbell, Donald Cochrane, M.D., Brentwood, Essex
Canham, Joseph, M.D., St. Lawrence, Ramsgate
Dapples, Edmund, M.D., New Bond-street
De Vitré, Edward Denis, M.D., Lancaster
Falconer, Randle William, M.D., Bath
Goodridge, Henry Frederic Augustus, M.D., Bath
Greenhill, William Alexander, M.D., Hastings
Heckscher, Martin, M.D., Manchester
Kelk, John, M.D., Scarborough
Howard, Edward, M.D., Red Hill, Surrey
Hess, Augustus, M.D., Artillery-place, Finsbury
Madden, William Herries, M.D., Torquay
Maudsley, Henry, M.D., Cheadle, Cheshire
Ogilvie, George Mathieson, M.D., Bombay
Prance, Charles Rooke, M.D., Plymouth
Rasch, Adolphus Albert Frederick, M.D., South-street, Finsbury
Stewart, Duncan, M.D., Warley Depot, Brentwood
Stephens, Henry Oxley, M.D., Bristol
Robertson, Henry Amelius Powell, M.D., Bristol
Tetley, James, M.D., Torquay
Watson, Thomas Sanden, M.D, Bath

The following gentlemen were also *elected* Members on February 28:—

Althaus, Julius, Manchester-street
Astleys, Edward Ferrard, Dover
Beddoe, John, Clifton
Bryan, Edward Langdon, Fulbourn
Chowner, Darwin, Lincoln
Clarke, Vans Christian, Royal Naval Rendezvous, Tower-hill
Crothers, Robert, Moy, County Tyrone
Davies, William St. George, Brighton
Davidson, John, Royal Hospital, Haslar
Dowson, John, Whitby
Eade, Peter, Norwich
Elam, Charles, Sheffield
Foote, Richard Ford, Constantinople
Faircloth, John Marlborough Cowell, Northampton
Gallagher, John, Royal Navy
Giles, Richard, Oxford
Goodeve, Henry Hurry, Cooks Folly, near Bristol
Hammond, Joseph Hutchinson, Preston
Harvey, Joseph Alfred Radcliffe, Southsea
Kilgour, John Stewart, Isle of Man
Laird, Samuel, Isle of Man
Laxon, William, Coventry
Leckie, Thomas, Torquay
Leack, Richard, Blackburn
Logan, David Duncan, Leinster-square
Lucas, Henry John, Crickhowel, Breconshire
McKechnie, Alexander, Southsea
Miller, Robert, Somers-place, Hyde-park
Mort, William, Southport
Pearce, Ravenhill, Brighton
Rogers, Thomas Lawes, Co. Asylum, Rainhill
Seaton, Edward Cator, Sloane-street
Seymour, Almerick Walter, Brighton
Shortland, Edward, Lipson, near Plymouth
Simpson, James Horatio, Pontefract
Stevenson, John Frederick, Birkenhead
Stirling, John, Royal Navy
Stocker, Alonzo Henry, Grove Hall, Bow
Sylvester, Charles, Westbury-on-Trym
Taylor, Michael Waistell, Penrith
White, Francis Isaiah, Perth
Whyte, William James, Banff
Wright, Henry G., Somerset-street

Joseph, Marcus Joseph, Madras
Roberts, Elias Jones, Bengal
Williams, Henry Francis, Burdwan
Eatwell, W. C. B, Calcutta
Fayrer, Joseph, Calcutta
Yeo, Gerald, H.M.S. *Ganges*
Bone, George F., Calcutta
Harris, Worsley Poulett, Lucknow
Jones, John, Mussooree
Coles, William Carey, Bombay

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the Diploma, were *admitted* Members of the College, at a meeting of the Court of Examiners on February 24:—

Batty, Thomas, Liscard, near Birkenhead
Blades, Charles, Tattershall
Caldcleugh, Simon, Hawley-road, Camden-town
Clewley, Thomas Mallabar, Whitwick, Ashby-de-la-Zouch
Dawson, John, Thames Ditton
Dowling, Thomas, Chew Magna, near Bristol
Flockton, Rowland, Snittisham, Lynn, Norfolk
Furnivall, William, Hutton, near Weston-super-Mare
Hartley, Joshua, Malton, Yorkshire
Hartley, John, Howden, Yorkshire
Hughes, John Howe, Wednesbury, Staffordshire
Jump, Charles James, Litcham, Norfolk
Manning, Henry John, New Zealand
Morgan, Moses, Charlotte-street, Bedford-square
Middleton, James, Queen-street, Cheapside
Miller, William, Poole, Dorset
Morris, Charles Henry, Normanby, near Middlesborough
Mockett, George Thornton, Denbigh-place, Pimlico
Pottle, John Rowland, Bath-street, City-road
Staniland, Samuel, Toxall, near Burton-on-Trent
Sugden, Edward, Manningham, Bradford, Yorkshire
Taylor, Christian Henry, Bradford, Yorkshire
Ward, Richard, Driffield, Yorkshire

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, February 23:—

Board, Edmund Comer, Bristol
Bodilly, James Broad, Penzance, Cornwall
Cottam, Robert, 178, North-street, Leeds
Dutton, Douglas John, Bristol
Fernie, Edward, Wellingborough, Northamptonshire
Tuke, Joseph Shilston, Week St. Mary, Cornwall
Woodman, John, 16, Bedford-circus, Exeter

The following gentlemen also on the same day passed their First Examination:—

Coward, Christopher Thomas, 2, Stepney-square, Stepney
Hall, Marriott, 1, Surrey-street, Sheffield
Kough, James O'Brien, Shrewsbury
Monckton, Alfred, Brenchley, Kent
Roberts, Carr Holstok, Charing-cross Hospital

APPOINTMENT.

WATERS.—Dr. Waters has been appointed Physician to the Liverpool Northern Hospital, to which office he was unanimously elected on the 23rd ult.

DEATHS.

BUTTERFIELD.—February 10, at Louth, Francis Butterfield, aged 60.

CAMERON.—At Bombay, Dr. Cameron of the 1st Battalion, 5th Fusilier Guards.

GRIFFITH.—Drowned on November 3, in attempting to reach the shore from the wreck of the "Joseph Fletcher," on the island of Wrekido, Samuel H. Griffith.

JAMESON.—February 24, at Brighton-place, Portobello, David Jameson, M.D., late of the 1st or Royal Dragoons.

SIMPSON.—February 22, at No. 9, Sussex-street, Warwick-square, Charles Simpson, M.D., aged 55.

THE late Lord Holland, by his will, leaves to his Medical attendant, J. Latham, Esq., £300 a-year.

EDINBURGH UNIVERSITY.—The installation of Lord Brougham as Chancellor, and of Mr. Gladstone as Rector, of this University, is deferred from the Easter to the Whitsuntide holydays.

INFLAMMATION.—An antiquated doctrine, insufficient, narrow, feeble, and ill-conceived; and its companion venesection, a lamentable method, a sanguinary consequence of incapacity of observation.—*Gazette Med.*

THE Introductory Essay of Dr. Hooker's "Flora of Tasmania," singularly enough, appears before the British scientific world in the *American Journal of Science*. The author had kindly forwarded the sheets to one of the editors, Professor Asa Gray.—*London News.*

AT the last annual meeting of St. Luke's Hospital regret was expressed by the committee at the resignation of two of their oldest medical officers, Dr. A. J. Sutherland, and Dr. A. R. Sutherland, and they recommend that Dr. A. J. Sutherland should be appointed honorary Consulting Physician, an office vacant by the resignation of Dr. A. R. Sutherland.

ACCORDING to the "Edinburgh Courant," a "Universal Scientific Congress" is to be held in the ensuing year in one of the capitals of the world. The scheme is progressing. Dr. Struthers, who is to act as *interim* Secretary, will furnish particulars to the curious.—*Spectator.*

THE "Gazette des Hopitaux" has at various times published cases which demonstrated the benefits produced by sulphate of quinine, in acute rheumatism associated with cerebral symptoms; in its number of January 14, it gives a case showing the good effects of tartar-emetic in the same affections!

THE fixing of a tariff of fees by the Doctors of Bar-sur-Aube is considered by the Minister of the Interior as a coalition. Consequently, the committee of Bar-sur-Aube are invited to withdraw it, under pain of dissolution of the Medical Association of Aube, which was authorised by the Prefet in June last.

A large number of invalid soldiers from India, Colchester, Shorncliffe, Chatham, and other military depôts have been received during the past year into the Military Hospital on Yarmouth denes. The Hospital is situated in a most salubrious situation, and but few deaths have occurred among the patients.

ALAS! FOR HUMAN FAME.—"The whole class of the so-called apoplectic diseases must now be viewed, as regards their pathology and treatment, in a totally different light from that in which they were regarded formerly, even so lately as the celebrated work of Abercrombie. Both the pathology and practice of that able Physician must now be, with but little exception, entirely discarded."—*Todd on Acute Diseases.*

DEATH OF DR. CARLILE, PROFESSOR, QUEEN'S COLLEGE, BELFAST.—We have to announce the death of Dr. Hugh Carlile, the Professor of Anatomy and Physiology in Queen's College, Belfast. Of the intellectual abilities and Professional attainments of the deceased gentleman it is almost unnecessary to speak. In his decease the Belfast Queen's College sustains a serious loss.

THE late Dr. Todd, eminent alike both as a Physician and for Medical literary attainments, died suddenly on the 30th January. He had made his will on the 13th of October, 1856. It is exceedingly brief, and the most intelligible language is employed in its framing; but it was not executed till the following year (on the 27th of December, 1857), when it was attested by W. Connor, M.D., and H. Cooper Todd. It is merely a family disposition; and the personality, which was sworn under 14,000*l.*, is held in trust for the widow during her life, and at her decease is to be equally divided among his four children. The executors are the widow of the deceased; the Rev. James Henthorn Todd, D.D., Trinity College, Dublin, his brother; and Mr. Robert Cheere.—*Illustrated London News.*

A SENSIBLE WAY OF TREATING QUACKERIES.—"When human sheep go astray from the fields of common sense, the proper course for the shepherd to pursue is to leave them alone—neither to weary himself by running after them, nor to make his dogs worry them. As long as Mesmerists were agreed with by men of science, their cause flourished; but from the time that sensible men agreed to leave them undisturbed, their folly and their cant fell into disrepute. Little more than half-a-century ago, Mesmer received in one year fees to the amount of 400,000 francs and was offered an annual stipend by the French Government of 20,000 francs and 10,000 francs towards a Hospital, if he would stay in France. At the present time his followers in this country are not numerous and wealthy enough to support *The Zoist.*"

TESTIMONIAL TO DR. BEAVER, OF MANCHESTER.—Public appreciation of Professional services is increasing: it is our pleasant duty to record the presentation, on Feb. 20, of a musical testimonial to the above-named gentleman. He has practised in Manchester for several years, and proceeds with his wife and family to Melbourne, Australia. A number of his patients and friends determined that he should not depart without receiving some memento of their respect and kindly feeling; they consequently entered into a subscription, with which a splendid pianoforte, in a beautiful rosewood case, was purchased; and on Monday twenty gentlemen assembled at the doctor's house, and presented him with the instrument. Mr. David Hesse, spokesman on behalf of the subscribers, referred, in warm language, to the high qualifications of the doctor, and concluded by wishing him and his family a prosperous voyage, in which wish we cordially join. The pianoforte had inserted in it a silver plate, bearing the following inscription: "Presented to Dr. H. B. Beaver, by his former patients and friends, as a token of their esteem and respect. Manchester, February 20, 1860."

IMPORTANT PROSECUTIONS FOR ILLEGAL PRACTICE IN FRANCE.—A Mademoiselle Bressac, notwithstanding that in August last she had been fined more than 500 francs for illegal practice by the Tribunal of Lyons, has persisted in continuing this. Consequently, a second prosecution has been instituted, and she has again been condemned to pay a fine of 15 francs and to be imprisoned for two days. Moreover, she has to pay 1000 francs to the Practitioners whose interests she has injured, and who instituted the prosecution. This judgment is of the more importance, because the defendant believed she had shielded herself from the pursuits of the law, inasmuch as she had succeeded in getting a Doctor of Medicine to sign her prescriptions. In another case, a man named Legarçon was brought before the Tribunal of Montfort, charged by certain Practitioners of his arrondissement, belonging to a Medical Association, with illegal practice, of which he had indeed formerly been convicted. He let judgment go by default; and the question was raised, whether the prosecutors could proceed against him as having sustained injury personally from his practices. It was decided by the Tribunal that they could, inasmuch as they, having gone to the expense of their education, and fulfilled the obligations of the law, were entitled to be protected from persons not so qualified attending patients who must otherwise unavoidably fall to their lot. Legarçon was condemned to pay to the prosecutors 1000 francs, to be divided among those of them who resided nearest to him. The sum was, however, handed over to increase the funds of the Society.

LOW PAYMENTS FOR VACCINATION.—It is a little remarkable that the operation of vaccination, the greatest blessing which Medicine has conferred on man, should be comparatively unremunerative to the Physician. Many persons would pay for attendance through a case of small-pox with more readiness than they would pay for vaccination, by which the expense of such attendance might be saved. The operation looks so easy—anyone might do it—that it is really not worth anything! One is apt to forget that it is impossible to assign the exact commercial value to any of the services which the Physician renders to his patient. Vaccination is as easy as writing a prescription; but to do it well, to be able to select the lymph from a healthy source, and to judge of the character of the vesicle produced, form a part of the results of a laborious and expensive course of study, which no one undertakes without the prospect of a reasonable pecuniary return. No Physician would refuse to vaccinate a person exposed to variolous contagion because the latter was unable to pay; but it is notorious that the fee generally received is not only disproportionate to the benefit conferred, but to the circumstances of the patient. We believe that it would average less than a dollar (certainly it would in England); and if we include in the average those cases in which it is gratuitously performed, it would be much less. We do not expect to have our property insured from destruction without paying a reasonable compensation; and is it not unjust to effect an insurance against disease and death without paying for it? If a reasonable fee for vaccination could be secured, it would be much more for the interest of Physicians to perform the operation than it now is; but it cannot reasonably be expected that they should go out of their way to do it, when they have already so much other gratuitous labour to perform.—*Boston Medical Journal.*

ADJUDGEMENT OF THE PRIZES OF THE ACADEMY OF SCIENCES FOR 1859.—1. The Montyon Prize for Experimental Physiology (Committee: MM. Flourens, Milne-Edwards, Rayer, Serres, and Claude Bernard, reporter), has been adjudged to M. Pasteur for his "Researches on Fermentations," viz. those of alcohol, lactic acid, and tartaric acid. "M. Pasteur regards the chemical phenomena of fermentations as always correlative with the vital phenomena of organisation and development which take place at the same

time in the organised ferments which possess the property of exciting them. The committee is of opinion that in thus pursuing the physiological study of ferments in the direction chosen by the author, a new light may be thrown on a series of organic fermentations related to the phenomena of nutrition and histogenesis." Honourable mention is also accorded to M. Ollier, for his Experiments on Transplantation of the Periosteum. 2. The Montyon Prize for Medicine and Surgery. (Committee: MM. Serres, Velpeau, Rayer, Jobert, Cloquet, Andral, Duméril, Flourens, and Claude Bernard, reporter.) "The memoirs and works sent in to compete for this prize are placed in two categories. Those are reserved for the prize only which indicate a discovery of importance or the introduction of a new fact into science; while honourable mentions only are accorded to those works which without accomplishing the objects just named, yet contain researches that are of utility to medicine and surgery, because they contribute to the perfection of practice, or present new solutions of theoretical questions not yet decided. This year the committee has not been able to award the prize, but makes the following honourable mentions."—(1.) A mention, with 1500 francs, of M. Behier's "Studies on Puerperal Fever." "Physician to the Obstetrical Department of one of the large Hospitals of Paris, M. Behier has collected 1200 cases of puerperal fever, 85 terminating fatally. In all but one of these cases, he has found uterine lesion, consisting in suppurative phlebitis either of the periuterine veins or of the veins constituting a species of erectile tissue of the cervix uteri. In his opinion, the disease is primarily a local condition setting out from the morbid uterus, and becoming generalised by the veins in the form of purulent infection,—this, in severe cases, constituting the essence of the affection. He has also indicated an important point in diagnosis, hitherto unperceived, viz. the existence of a painful swelling of the uterine appendages in women, who then appearing to ail but little, yet afterwards will exhibit serious symptoms. This sign, present when there is neither fever or other symptom of consequence, is of great utility in at once indicating to the practitioner the mode of treatment he should employ." (2.) A similar mention and sum have been accorded to M. Gallois, for his Researches on Oxalate of Lime in the Urine and in Urinary Sediments and Calculi. "It results from M. Gallois' observations that the excretion of oxalic acid considered by various authors as a special morbid condition, and denoted by the term *oxaluria*, is really a morbid phenomenon which may be observed in a great number of affections. It is observed oftenest in dyspepsia, spermatorrhea, and affections of the spinal marrow; and it is by no means uncommon to find in urinary sediments crystals of oxalate of lime in phthisis, in chronic rheumatism, and in gout, although uric acid is that oftenest found in the urine in this last affection. Comparing a large number of analyses of urinary concretions, M. Gallois has remarked that the oxalate is very frequently allied with uric acid or the urates; and this coincidence, which is also often met with in urinary sediments, has led him to believe that oxaluria is sometimes due to a modification of the morbid dispositions which lead to the excretion of crystallised uric acid. He has also demonstrated the important facts, that the best mode of terminating the excretion of oxalic acid is to administer alkaline mineral waters." (3.) M. Giraud-Teulon's work on "the Principles of Animal Mechanics," in which an elaborate investigation of the various questions of animal mechanics is entered into, has met with the same reward. (4.) Professor Luschka, of Tubingen, has published an important work on "the Semi-diarthroses (*Halbgelenke*) of the Human Body." "It is a work on human anatomy, executed with very great care. The author observes that the semi-diarthroses are met with on the mesial line—viz. those of the spinal column, the pubis, the junction of the first-piece of the sternum, etc. He examines the mode of development of each of these joints, and elucidates, by means of numerous microscopical observations, various obscure points with respect to the structure of ligament, fibro-cartilage, and the synovial membranes. He has described with greater care than any of his predecessors the ligamentous bands of the sacro-coccygeal and the costo-vertebral articulations; and he has made known a disease of the articulations of the bodies of the vertebræ, which does not seem to have been previously indicated, and which consists in small, lobulated tumours which spread from the middle of the posterior surface of the articulation of the body of the vertebræ into the spinal canal. Considering it as an excellent anatomical monograph, the Committee awards the mention with 1500 francs." (5.) The same has been decreed to M. Le Gendre for his work on "Some Rare Varieties of Inguinal Hernia;" and (6.) to M. Marcé, for his work on "Puerperal Insanity." The Bréant Prize (Committee: MM. Andral, Velpeau, C. Bernard, Cloquet, Jobert, and Serres, reporter) for a discovery of a cure for cholera still remains unadjudged, notwithstanding the claims of fourteen competitors. "The great bulk of the memoirs are simple letters containing medicinal formulæ, all, according to their authors, infallible remedies, and all destitute of practical observations or rational deductions."

VITAL STATISTICS OF LONDON.

Week ending Saturday, February 25, 1860.

BIRTHS.

Births of Boys, 977; Girls, 987; Total, 1964.
Average of 10 corresponding weeks, 1850–59, 1737·7.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	748	752	1500
Average of the ten years 1850–59	613·4	613·3	1226·7
Average corrected to increased population ..	..	..	1349
Deaths of people above 90	..	..	6
Deaths in 15 General Hospitals	43	20	63

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	276,427	2	2	3	2	15	3	2
North ..	490,396	11	1	16	3	7	6	4
Central ..	393,256	6	2	5	2	11	1	1
East	485,522	5	7	4	2	12	5	1
South ..	616,635	15	1	5	6	18	7	6
Total . ..	2,362,236	39	13	33	15	63	22	14

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·768 in.
Mean temperature	34·5
Highest point of thermometer	48·0
Lowest point of thermometer	24·3
Mean dew-point temperature	29·1
General direction of wind	..
Whole amount of rain in the week	0·03
Amount of horizontal movement of air in the week	720 miles.

TO CORRESPONDENTS.

Several papers and letters in type are unavoidably delayed.

Dr. Walker's Case of Tetanus shall appear next week.

Mr. Cleveland's interesting Case shall appear.

Mr. Teale's Case of Median Lithotomy shall appear next week.

J. H. W.—The College of Preceptors, 42, Queen-square, London, W.C.

Mr. Phillips, Dorchester.—We shall be glad to receive the notes of the cases.

Anon.—Professor Wharton Jones' Patent Stereoscopic Glasses for Single Pictures.—These glasses, mounted in the eye-pieces of a binocular opera or field-glass, or in common spectacle or double eyeglass frames, give a stereoscopic effect to single pictures of any kind viewed through them with both eyes. They also bring out, with increased stereoscopic effect, real objects at some distance, such as the actors on the stage; and enable us, in viewing the natural landscape, to determine with greater exactness the relative position and the projecting or receding of distant objects. Modified in power, they are an improvement on ordinary spectacles for reading, etc. Any binocular opera or field-glass can be fitted with the Patent Stereoscopic Glasses. The glasses have not yet been advertised, but we understand that they may be obtained of Mr. Slater, 136, Euston-road, either direct or through any optician. We have seen an opera-glass fitted by Dixey, of 3, New Bond-street.

Acupressure.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If you refer to the dates of the two operations, you will perceive that Mr. Bickersteth has the priority by at least two days. I had seen the report of the case by Mr. Adams. I may add that Mr. Bickersteth again made use of acupressure in a case of amputation of the leg yesterday, and so far with complete success. I am, &c.

Liverpool Royal Infirmary, February 29. Arthur Wiglesworth.

Sewage as Manure.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I, in common doubtless with most of your readers, have been much interested in the grand "sewerage question." It must be generally conceded that the value of the sewerage as manure must be incalculable; but there is one feature in the case that I have not observed to be duly considered. We are fully aware of the evils resulting from the emanations from cesspools and open drains, the question naturally suggests itself, "What would be the result, in a sanitary point of view, of the widely-diffused exhalations from an extensive surface of decaying and putrefying matter?" I trust that this subject will be duly discussed by those whs may possess more practical knowledge and greater opportunities than myself. I am, &c.

Hampstead, February 27. H. Cooper Rose, M.D.

Syphilis in the Army.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you kindly permit me to correct a mistake in the remarks made by me on Mr. Acton's paper, at the meeting of the Royal Medical and Chirurgical Society, and reported in your Journal of the 25th ult.? After stating that "of the whole number (1126 men of the Grenadier Guards) 536 were admitted into hospital, suffering from specific venereal diseases," I should have said that 212 of these were admitted once; 146, twice; 70, thrice; 55, four times; 24, five times; 19, six times; 6, seven times; 2, eight times; 1, ten times; and 1, fourteen times; making in all 1250 admissions. It appears from the Report that I stated by mistake the number of admissions into hospital, instead of the number of men among whom the admissions occurred. I am, &c.

London, February 27. J. Graham Balfour.

Doncaster Surgeons.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I beg to draw your attention to two advertisements, which appeared in the Doncaster papers of Friday, the 17th February.

No. 1.—"Messrs. Russell and Copp, Surgeons, Doncaster. Mr. Burton Copp, Late House Physician and Surgeon, University College Hospital."

No. 2.—(Was published last week.)

In the first you will observe the public are informed of the partnership of Messrs. Russell and Copp; in the second of the existence of a new Dispensary, with Medicines supplied at the lowest possible rate. I may premise for the information of your readers, that Mr. Russell commenced practice in Doncaster some ten years ago. Mr. Copp, appeared two or three weeks since. Mr. Russell is one of the Honorary Surgeons of the Dispensary, establishd upwards of sixty years, with an excellent income, and a staff of the following officers:—Consulting Physician—Dr. Scholfield; Physician—Dr. Sykes; Surgeons—Messrs. Lister, Moore, Russell, and Fairbank; House-Surgeon—Mr. R. H. White; admitting upwards of 4,000 patients per annum. In addition to the above, we have an efficient staff of Poor-Law and Club Surgeons, not to mention a Homœopathic Hospital. I do not believe there is any town in England better supplied with Medical relief. I may here state that in addition to the appearance of the newspaper advertisement No. 2, every available building and wall has been placarded with bills two feet square. I make no comment upon these advertisements, beyond stating, that in the Profession, both in the town and neighbourhood, there is but one feeling of regret, that any of its members should have taken so ill-judged a step. I should, however, feel obliged if you or your readers would advise the best course to be pursued with regard to Mr. Russell: he, one of their colleagues, connecting himself with the appearance of such an advertisement, and also taking advantage of his position to introduce Mr. Copp to the Dispensary patients. Only last week in a case of consultation of gunshot wound of the hand, where the whole of the staff was present, not only did he introduce Mr. Copp, but Mr. Copp has regularly attended upon the patient since. Mr. Russell has also sent him to other Dispensary cases, so that in point of fact Mr. Russell is using his influence as one of the old Dispensary Surgeons to introduce Mr. Copp to the patients. It will be observed that while Mr. Copp (whose name does not appear in the Directory) advertises as M.R.C.S., he states he was House Physician and Surgeon to University College Hospital. Would some of your readers kindly inform us what position he really occupied there? Well might you in your last number say, "Oh! what power we might exercise, if only we could hang together in unity!"

I am, &c. A Subscriber.

February 22.

Army Assistant-Surgeons.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you allow me, through the medium of your wide-spread columns, to point out an unhappy part in the new Regulations relative to the entrance of gentlemen into Her Majesty's Army?

You are aware, Sir, that formerly the M.R.C.S. was sufficient qualification for the Army Assistant-Surgeon, but the new regulation requires a Medical as well as a Surgical qualification; not so the Royal Navy or Her Majesty's Indian Service.

By this regulation the Army will lose her best men. I know many who would enter if it were not for the new regulation; many who would scorn to possess the certificate of the Society of Apothecaries to sell pills and draughts, and who are for many reasons unable to obtain a Medical qualification elsewhere. The Army possessed, and possesses now, some of the brightest limbs of our Profession, but ere long many many bright men who would have shone in Her Majesty's Army will have to shine out of it, for the simple reason of the bar placed on them by the Medical qualification.

I hear, day after day, of many young men of excellent ability, wishing to enter the Service in which they can serve old England and obtain for themselves the names of a Soldier and a Surgeon, who possess no Medical qualification, and who could not obtain it but by accepting the certificate of that Society of Drugs; they would sooner give up the Army, and join the Royal Navy or Indian Army, who require no Medical qualification, but who examine their candidates in Medicine, and thus as it were, give them a Medical qualification, while they are in the Service. Why does not the Army follow in their steps? seventy out of a hundred Surgeons possess no Medical qualification,—the best men as Surgeons are Surgeons only.

I think, Sir, this regulation as to Medical qualification will turn out a bad affair for the Medical Department of the Army. It will stop those young men who are as ready, willing, and competent, as heretofore; and most certainly the supply will not be half sufficient to satisfy the demand, and consequently degeneration must follow.

Men who obtain Medical qualifications are intended for, and intend being, "Medical Practitioners," who will not care or wish to join the Services: on the other haud, the young legitimate Surgeons are those who are anxious to join.

It is very hard on those who entered the Medical Profession with an eye to the Army. Those who commenced their study prior to the regulation should, I think, at any rate be exempt. Many suffer in this way, I can assure you.

May the Army Medical Board see their error, and remember that it is never too late to mend. I am, &c.

A would be, if he could be, Army Surgeon.

St. Bartholomew's.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Mr. Teale, Leeds; Dr. Marcet; Dr. Sims, Naples; Dr. Voisin, Paris; Dr. McWilliam; Dr. Pavy; Dr. Walker; Mr. Cleveland; Mr. Rymer; Mr. Spratly; Mr. Waters; Mr. H. Smith; Mr. Price; Mr. Clarke; Mr. Copney; Dr. Stewart; Mr. Hamilton; Dr. Baker; Mr. Wiglesworth; Mr. Phillips; Mr. Glyn; Mr. Wills; Mr. Blackburn; Mr. Bell.

APPOINTMENTS FOR THE WEEK.

March 3. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. Dr. Lankester "On the Relations of the Animal Kingdom to the Industry of Man."

5. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Entomological Society, 8 p.m.

Medical Society of London, 8½ p.m. Mr. de Méric "On Injections of Tris-Nitrate of Bismuth in Gonorrhœa."

Epidemiological Society, 8 p.m. "On the Disinfecting Power of Heat." By a Committee of the York Medical Society. "Some Remarks on the Recent Outbreak of Cholera at Wick, Caithness." By Drs. Littlejohn and Banks.

6. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m.

Royal Institution, 3 p.m. Professor Owen "On Fossil Reptiles."

Royal College of Surgeons of England, 4 p.m. Professor Savory "On General Physiology."

7. *Wednesday.*

Operations at Uuiversity College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Pharmaceutical Society, 8 p.m.

Royal College of Physicians, 4 p.m. Croonian Lecture by Dr. Guy: "On the Numerical Method, and its Application to the Science and Art of Medicine."

8. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Institution, 3 p.m. Professor Tyndall "On Light."

Royal Society, 8½ p.m.

9. *Friday.*

Operations, Westminster Ophthalmic. 1½ p.m.

Royal Institution, 8 p.m.

North London Medical Society, 8 p.m.

Royal College of Physicians, 4 p.m. Croonian Lecture by Dr. Guy.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Excision of Knee-Joint; Removal of Tumour from Neck; For Radical Cure of Hydrocele.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXIX.—*concluded.*

OVARIOTOMY: CONCLUSION OF OBJECTIONS TO IT.

5. *The Operation is Unnecessary.*—It has been argued, moreover, by those who object to the performance of ovariotomy, that the disease for the cure of which ovariotomy is undertaken is not of such a formidable and fatal character as to justify an attempt to cure it by means of a deadly and dangerous operation. Ovarian dropsy, they allege, is a simple and slow-developing disease, which does not either rapidly or certainly destroy a patient's life, and does not always interfere with her ordinary occupations; and even when it does become a source of danger and distress, we have, they asseverate, much simpler means to which we can have recourse for the purpose of alleviating its symptoms and checking its progress. But all men of any degree of experience know well, that though in some few and rare exceptional cases patients affected with ovarian dropsy may live on for long years with their health but little impaired, yet, in the great majority of instances, the disease goes on steadily and surely in its deadly and destructive course, and ends only with the patient's dissolution,—usually within a few years at most; but, if the case is advanced in its course, within a few months, or it may be a few weeks. Indeed, most of the chronic maladies for the cure of which modern Surgeons perform the more grave and capital operations of Surgery, are not necessarily so deadly in their course as ovarian dropsy, and most of them admit of more palliation and retardation by treatment than ovarian dropsy does. For simple as the means usually employed for the arrestment of the progress of ovarian dropsy, and for the alleviation of its symptoms, may appear, I believe I have already said enough to convince you that the operation of tapping is at the best but a temporary palliative; that sometimes it hurries on the fatal march of the disease, and that not unfrequently it is a source of immediate danger and death to the patient. Nor are any of the other simpler operative measures that we have at command for restraining the progress of the malady and bringing about a cure so altogether simple, or successful, or safe, as to make us place any great hopes or confidence upon their possession or performance, or to hinder us from the investigation of a means of treatment that is, undoubtedly, more certain to effect a cure, even if at the same time it be a source of great immediate danger. No one can doubt, and, certainly, no one will deny, that ovariotomy is a very severe and almost desperate measure to have recourse to for the cure of a disease, the dangers of which it may be difficult to realise, as they sometimes in the mind of the patient and of the Practitioner loom but dimly in the distance, although in every case of ovarian dropsy these dangers must force themselves upon us, and ever more formidably and more distinctly the nearer the end advances. But when we calmly consider the character and tendencies of the disease, when we fully realise its dangers, and when we fairly and faithfully appreciate the inefficacy of all the other different methods of treatment, the conviction becomes more and more strongly impressed upon us, that ovariotomy is not only in some appropriate cases a justifiable but a commendable operation. The question resolves itself much into this:—To what degree of danger is it lawful or necessary to subject a patient for whom there is almost no hope—or none—of curing by safer measures, and who is the subject of a disease that is now a source of sad discomfort, and is sure to be a cause of death at no distant period? All analogy teaches us—if I read aright the lessons and moral code of Surgery—that whenever we have to deal with a malady which there is no hope of curing by milder measures, and which is otherwise inevitably fatal, we are not only justified, but we may find ourselves compelled to put in practice an operation that jeopardises the patient's life, and that, too, where the disease is of such a character as not to be immediately or very speedily fatal. Do not Surgeons cut off the limbs of patients who are suffering simply from caries or necrosis of the bones, and thus subject them to a certain mortality of one in every three or four, with a view of curing them of a form of disease that is not in itself either of a fatal or very formidable character, but which merely renders the patient partially or altogether unfit for his ordinary avocations? Have we not all seen limbs amputated which had become the seat of ulcers, painful perhaps, and distressing, or simply indolent and intractable, but neither fatal in their ultimate tendencies, nor unfitting the patient utterly for his usual occupation? When a Surgeon discovers a stone in a patient's bladder, he has rarely any hesitation in advising its removal; and only usually delays till his weapons are in order, and his friends or pupils are warned of the great event, ere he subjects his unfortunate victim to an operation which,—in the adult, at least,—is hardly less dangerous and deadly than ovariotomy has proved. Yet patients live on for years with vesical calculi, in discomfort and distress it may be, but not altogether helpless or incapacitated for the work of life, or debarred from its enjoyments. They urge usually the early removal of cystic, fatty, cancerous, and other tumours, when placed externally on the body, under the plea that they will be more difficult and dangerous to cut out and eradicate if they are allowed to increase and grow very large. Does not the same logic apply in some degree also to ovarian growths? Many of these diseases that I have alluded to sometimes become spontaneously cured,—even, according to Professor Walsh, cancerous tumours themselves—and, certainly, such a happy consummation rarely occurs in cystic degeneration of the ovary. And as for aneurism, which sometimes cures spontaneously, I believe the law of legitimate Surgery in the case of that disease to be, that the operation of arterial deligation ought to be performed as early as possible, as then the patient has a better chance of cure. Surely the law that guides us in the ligaturing of arteries ought to hold good also for the performance of ovariotomy—an operation which we have seen in many cases to be in no degree more dangerous than the deligation of some of the larger arteries of the body. It is a momentous matter, truly, to take upon ourselves to advise a patient with ovarian disease, or with any other formidable disease, to submit to the dangers of the surgical knife, with a view to effect a radical and complete cure; and when asked by herself or her friends what ought to be done, it is a most difficult question for us to answer. It is just one of those cases where we must take both the patient, and the patient's relatives, into our confidence, explain to them the whole nature and tendencies of the disease, as well as the whole dangers of the operation, and the prospect it holds out of cure; and then leave it with them to decide whether or not the operation shall be had recourse to.

6. *The Diagnosis of the Disease is uncertain, and the Condition of the Tumour cannot be made out.*—The strongest argument that I know against the adoption of ovariotomy—and it has sometimes been urged as an objection to the performance of the operation—is the difficulty of making an absolutely accurate diagnosis of the disease; and as to whether the tumour be free and removable, or so adherent to surrounding parts as to preclude the possibility of its removal when the operation has been begun. It is true that even a great extent of adhesion does not necessarily prevent the tumour from being removed. The experience of various operators has proved this point. But it were greatly to be desired that we had some power of knowing beforehand what amount of obstruction we might expect to encounter from this cause in the course of the operation; and perhaps further experience and observation may yet enable us to obtain all the information in this respect that we require. In the meantime, are we to stand still and refrain from curing any patient, because in some other case we cannot form a perfect diagnosis as to all the conditions of the malady? For, if uncertainty of diagnosis be an insuperable barrier to the performance of ovariotomy, it must also be held out as an objection to the performance of other operations for the cure of other forms of disease, where we are also liable, though in a less degree, to fall into errors in diagnosis. I have seen one of the best operators whom this or any country ever produced cut off a

leg for what was supposed to be irremediable disease of the cartilages of the knee-joint; and when the joint of the amputated limb was cut open, the structures were all seen to be perfectly healthy, and the Surgeon found that he had submitted his patient to all the dangers of a thigh amputation for the cure of a hysterical knee. In my student days I saw a patient come into the Hospital thinking he had a stricture; but he was told by the Surgeon he had a stone in the bladder, and he was immediately, without further preparation, placed on the operating-table and subjected to the operation of lithotomy. When the bladder was cut open, however, and a sound was introduced through the wound, it was found that there was no stone there. According to Mr. Norris, it happens about once in every ten or twelve cases in which ligature of the subclavian artery is performed for the cure of aneurism of the axillary, that after the operation has been performed, the swelling which the operator supposed to be an aneurism is not aneurism at all, but a tumour of some other kind overlying the vessel. I do not instance these mistakes—and many such have occurred—as matters of reproach to Surgeons, but merely to show you how in every case we are liable to error; and what I say is this, that the men who commit such practical blunders have assuredly no right to turn round and condemn others who have opened the abdomen with the view of performing ovariotomy, and found no tumour there, or the tumour so adherent as to be incapable of removal. I am no advocate for the performance of ovariotomy in many cases of dropsical degeneration of the ovary, and I think the number of cases in which it ought to be had recourse to is, as yet at least, very limited. But I have no patience with Surgeons who denounce and declaim against ovariotomy as a dangerous and deadly, an unsatisfactory and unnecessary operation, and who yet persist in performing other operations which are at least as fatal, which present as little prospect of a final cure—aye, and which are adopted for the remedy of diseases that might have well been treated by far milder measures,—which are cured spontaneously or artificially far more frequently than ovarian dropsies, and that are far less deadly and fatal in their courses and tendencies. Nor will it do to say that this is an operation *sui generis*, performed for the cure of a disease which has no parallel in other morbid conditions of the body, for that might as truly be said of any other form of operation that is ever performed. On this topic I most cordially endorse the opinion of Professor Gross, of Philadelphia, the author of the latest and most complete work on Systematic Surgery in the English language. His words are these:—"My opinion has always been, that extirpation of the ovary is, under certain circumstances, not only justifiable, but imperatively necessary; and I must confess I have no sympathy with those who condemn this operation, and yet, almost in the same breath, remove an ulcerated cancerous breast, or a jaw-bone affected with encephaloid, in the hope, as is alleged, of enabling the poor patient to eke out a few short months of a miserable existence. Consistency is a virtue in Surgery as it is in everything else."

ORIGINAL COMMUNICATIONS.

MEDIAN LITHOTOMY—DEATH.

By T. P. TEALE, F.R.C.S.
Surgeon to the Leeds Infirmary.

Having lately written favourably of median lithotomy, it is right that I should bring forward the following case, which, I regret to say, ended fatally:—

On the morning of February 9, aided by Dr. Wright, Mr. Hartley, and other Medical friends, I operated, at Malton, on Mr. W——, aged 52 years. He had long suffered from stone, which, on sounding, appeared to be of rather small size.

The perineal incision being made, the urethra opened, and the resisting bands formed by the deep fascia divided, the three-branched prostatic dilator, figured in the *Medical Times and Gazette* of December 10, 1859, was passed along the groove of the staff into the bladder, which it entered without the least resistance. The staff was then withdrawn and the process of dilatation commenced. Immediately after dilatation was fairly begun, there was the usual gush of urine from the bladder. The process was then continued very gradually, to such an extent only as to admit the forceps—a straight pair—which passed readily into the bladder. On exploring the bladder very carefully with the forceps, I was unable, for a considerable length of time, to feel the stone, but at length perceived a rub against its surface high up towards the pubes. I was, however, unable, after several attempts, to succeed in getting it within the grasp of the instrument. The straight forceps was now withdrawn, and a curved pair introduced. With this instrument, the blades being directed upwards towards the pubes, the stone was struck, seized, and extracted. It weighed two drachms, and was of oval form, very much flattened. Scarcely any blood was lost. The patient on being placed in bed was free from pain, and appeared in a most favourable condition.

Two hours after the operation, before leaving by train, I visited him along with Dr. Wright and Mr. Hartley, and found him suffering from severe pain in the pelvis. The urine had not begun to flow. A few days afterwards I received a letter from Mr. Hartley informing me that "the pain," of which the patient complained at our visit on the afternoon of February 9, "never left him; the urine came freely before ten o'clock in the evening, but there was no relief of pain. Peritonitis was evident next morning. He died at 10.15 on the evening of February 10." No examination after death was obtained.

Remarks.—By this fatal case, the result of median operations in the adult performed by myself is two deaths after eight operations, and of such operations in the adult performed by Leeds Surgeons, three deaths after sixteen. The very slight local or constitutional disturbance in my first six cases, led me to prefer median lithotomy to lithotrity in this instance. In my paper of December 10 it is stated, "In some cases I have thought the stone was not seized so readily in the median as in the lateral operation; but on this point I would reserve my opinion until I have had further experience." In the present case it was impracticable to seize the stone with the ordinary straight forceps. That there would have been greater facility of seizing it under the lateral operation, I do not presume to say; but the difficulty on this occasion was undoubtedly great. Probably the difficulty may have been increased by the peculiar form of the stone—an oval much flattened.

Leeds.

FATAL EFFECT OF A BEE-STING: WITH NOTICES OF SOME ANALOGOUS CASES.

By CORNELIUS HANBURY, Junior.

When about twenty years of age Mr. J., the subject of this notice, was one day suddenly seized with faintness, which was speedily followed by copious vomiting, and complete loss of consciousness. The symptoms were so severe and alarming that Medical assistance was immediately sought. In the meantime the severe symptoms passed off, and it was supposed that the patient had suffered from some gastric or cerebral derangement. It was not long, however, before another attack occurred, similar in general character, but less severe. On both occasions several days elapsed before the patient regained the perfect health he was previously enjoying.

Some time subsequently to these attacks, but during the summer in which they occurred, Mr. J. was one day showing me some hives of bees, in the management of which he had been remarkably successful, when one of the bees stung him. Beyond producing the usual slight pain the sting attracted no attention, and immediately afterwards we started for a walk. We had not proceeded more than half-a-mile, when his voice suddenly faltered; perceiving at the same instant that he staggered, I put an arm round him, he immediately sank, and with considerable difficulty I lowered him to the ground. He was now quite unconscious, excessively pale, and pulseless. I begged a man who was passing to get some water from a neighbouring cottage, and if possible some brandy, and in the meantime loosened the clothes about his neck. Several persons soon gathered round us, and so complete was the syncope that some of them did not hesitate

to express their belief that he was dead, and that it was useless to endeavour to restore animation. It was not long, however, before signs of recovery appeared, and I think at this stage, if my memory is correct, vomiting occurred, and some brandy was administered for the first time. The subsequent recovery was steady, but not complete for some days.

Having, shortly before this occurrence, heard of a gentleman suffering severely from the sting of a bee, faintness being one of the most prominent symptoms, I at once felt convinced that Mr. J.'s attack was due to the sting he had received, and that each of his previous attacks was attributable to a similar occurrence. On inquiry it was remembered that on each occasion he had been stung very shortly before the attack, and there was no longer any doubt that these alarming symptoms had in each instance been produced by a single bee-sting.

In 1854, a year or two after the period above alluded to, Mr. J. went to reside in one of the North-western States of America. Here he habitually took a considerable amount of exercise in the open air, which well suited his athletic frame, and, with very slight interruptions, he enjoyed robust health. Such was his state in June 1859, when he was stung by a bee a little below the left ear; he immediately went into the house of the farmer whose hives he had been examining, and asked for spirit of hartshorn. This they had not got; but they offered him some carbonate of soda, which he applied on a cloth to the part stung, and in a minute or two he remarked that he thought it had been just the thing, and had cured him. The account of what followed I extract from the evidence of witnesses examined at the coroner's inquest:

Mr. Withrow: . . . He came out of the house in a few minutes and got into the buggy. I then saw the mark of the sting, and that some white substance had been put upon it. He remarked that he would be "deathly sick" very soon; that he had been stung by bees before, and that it always affected him in that way. After driving about one hundred and fifty yards, he got out of the buggy, saying he was very sick, and would lie down in the shade for a while. In a very short time he commenced vomiting, and vomited a large quantity of matter with very little apparent effort. I remarked he would now feel better; he made no reply. About a minute after he exclaimed "Oh God!" I went to him and asked if I could do anything for him. He made no reply, but seemed entirely unconscious. He was lying on his back, he then turned over and had a slight spasm or convulsion. I tried to find his pulse, but could discover none. I then ran to Mr. M.'s, and obtained some whisky and solution of camphor in alcohol. Mr. and Mrs. M. went with me. Mr. M. raised Mr. J. up, and we poured some of the whisky [mixed with water] into his mouth. He made no effort to swallow, and we were afraid to continue it, for fear of strangling him, though we did try several times afterwards. We immediately sent a boy for Dr. Galt, and in a few minutes carried Mr. J. into the house, and tried repeatedly to get him to swallow some whisky, at the same time we bathed his head and face with it, and also bathed his feet and limbs with warm water. I remained about fifteen minutes, and remarked to Mr. M. that I thought he was dying, and then started for Dr. Galt. Before I left the face became purple, the lips blue and swollen, and the tongue swollen and slightly protruding. The feet and limbs were coloured with purple spots. When we raised him he became very pale. The eyes or eyelids did not move after the first convulsion; did not notice any twitching or convulsion of the muscles of the extremities after the first convulsion. After being stung he did not express any sense of pain other than being very sick.

Dr. Galt: On going into the house saw Mr. J. lying on a lounge apparently dead. I found upon examination that he was pulseless and breathless. His lips had a livid appearance, mouth open, eyelids closed, pupils insensible to light, skin cool and clammy. Placed my ear on the chest, could detect no sound of heart. System very much relaxed, urine passed involuntarily. Skin over chest natural, on the extremities small purple spots, about three or four lines in diameter, nails on fingers and toes purple, and skin on feet the same. The most sensitive parts of the body were insensible to any irritation. From general appearance thought him dead. It is not common for a bee-sting to be fatal. Saw a small mark below the left ear, which Mr. M. pointed out to me as the effect of the sting; would not have been likely to notice it if it had not been pointed out; it was slightly swollen. Know of no other cause that could have produced his death at the time.

Mr. M.: About ten minutes after Mr. W. started for Dr. Galt, Mr. J. ceased to breathe. He showed no signs of consciousness after we got him into the house. I do not think it over three-quarters of an hour from the time he was stung until he was dead.

Mrs. M.: I do not think he was conscious when we got to him, he was frothing at the mouth, his eyes closed, and he did not speak. After carrying him to the house, again tried to give him whisky, and I think he swallowed some once or twice; slight perspiration started.

Since the fatal occurrence above recorded, I have visited the spot at which it took place, and conversed with those who were present at the time, and repeatedly heard their accounts of the circumstances and symptoms. I have, consequently, no hesitation in asserting that the details given above are substantially true and accurate.

I may add, that Dr. Galt (relying on his experience in several cases of bite by the rattlesnake) is of opinion that if an alcoholic stimulant, especially brandy, had been freely given in the first instance, life might have been saved.

As instances of severe symptoms immediately resulting from the stings of bees are not frequent, it may prove interesting to place in connexion with the above the following abstract of cases which have been collected by Dr. Edward Crisp, and recorded by him in an essay to which my attention has been obligingly called by Professor Quekett, F.R.S.

Case 1.—James G., aged 39, was stung by a bee on June 21, 1814, on the middle finger of the left hand. No swelling or unusual pain, although when stung before the part had always swollen. Soon after the sting there was faintness, vomiting, and purging, followed by prolonged fainting and low pulse, with repeated rigors and profuse sweating; in six or seven hours he recovered. He habitually enjoyed excellent health, and could not suppose that the sting had caused these violent symptoms, which appeared to him inexplicable, until the 6th of July following, when he was again stung by a bee on the middle finger of the right hand, and the same symptoms followed, but were less severe. On this occasion there was a severe attack of asthma in addition to the other symptoms.—*Edinburgh Medical and Surgical Journal*, vol. xiii. p. 130.

Case 2.—Mrs. H. was stung by a bee on August 31, 1855, on the forefinger of the left hand. In a few minutes there was great tumefaction of the face, lips, eyelids, and tongue; the swelling was so great as to affect the speech. Pulse 87, full; severe rigors; distressing sensation of fulness in the head, as though the temples would burst; eruption resembling urticaria over the whole body except the feet, with distressing itching and pricking of the skin. The symptoms were promptly relieved by an emetic and putting the feet in warm water, but recovery was not complete for a few days. The lady had ulceration of the tongue from application of creosote, and on being stung put her finger into her mouth; and to this circumstance the quick absorption of the poison is attributed.—*Boston Medical and Surgical Journal*, 1856, p. 285.

Case 3.—Mr. A. E., aged about 55, was stung by a bee on August 8, 1856, on the side of the neck. He was a farmer, of active habits, strong and muscular, and was accustomed to such accidents at this season of the year. They were usually followed by considerable swelling and local irritation, but constitutional symptoms had never till now attended them. On this occasion the pain, though momentarily severe, was of short duration; no swelling or discolouration followed. About two hours after the occurrence he began to experience a variety of unpleasant sensations, with constant nausea, soon followed by occasional vomiting and oppressed breathing. All trace of local irritation early disappeared. Brandy-and-water and opiates were administered, and a mustard poultice was applied to the epigastrium. In the course of the night diarrhœa came on, and the case assumed a serious aspect. The same symptoms continued, together with remarkable sleeplessness and jactitation, though occasionally controlled by the remedies used; and on the sixth day the patient died. —*New York Journal of Medicine*, May 1857, pp. 339—341.

Dr. Nivison, by whom the above case is recorded, remarks:—"The *modus operandi* of the poison I will not attempt to explain; but I think it not improbable, that had the danger been anticipated by a free and much earlier exhi-

bition of powerful stimulants and anodynes, the melancholy result might have been averted."

Case 4.—A peasant was stung by a bee over the eye; died soon after; nose bled after death.—*Journal de Méd. Desbrest*, 1765, p. 155 (a).

Case 5.—A gentleman in removing a hive of bees was attacked by the whole swarm. He was stung chiefly on the throat, head, and chest, the breathing became difficult, the heart's action failed, and he died in ten minutes.—*Lawrence's Lectures.*

To the above may be added the following case, quoted by M. Moquin-Tandon (b):—

A man, aged 36, of sanguine temperament and athletic frame, was stung on the back of the right hand by three or four bees. He was immediately seized with obscurity of vision, loss of strength, profuse perspiration over the whole body, suffusion of the face, acute pain in the head, oppression, anxiety, and fear of death; urticaria, with swelling of the lower extremities, and intense fever. One hour after all these formidable symptoms vanished.

Sir Benjamin C. Brodie mentions a fatal case of sloughing of cellular tissue, consequent on a bee-sting, which he considers attributable, in part at least, to the peculiar action of the animal poison.—*Lecture on Pathology and Surgery*, 1846, pp. 286, 345.

Plough-court, Lombard-street.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

LARGE MAMMARY ADENOCELE WITH CYSTS.

(Under the care of Mr. ADAMS.)

In the following case we have an interesting example of a form of cystic adenocele met with now and then in middle-aged women, and which sometimes attains a very large size indeed. There are good reasons for considering this form of tumour as a sort of connecting link between carcinoma and the mammary glandular tumours of young persons. Histologically they resemble, as Mr. Birkett has so ably shown, the latter. In rapidity of growth, liability to ulcerate, fungate, and bleed, and in respect to the age at which they occur, they approach the malignant class. If we are not in error, they occasionally return *in situ*, though rarely, or never, attacking the internal organs. The fact that an aunt of the patient had died of cancer is of much interest in the following case. It supports an important observation of Mr. Paget's,—that the tumours allied to the malignant are often met with in the relatives of those who have had true cancer.

A woman, aged 48, single, of a sanguineo-lymphatic temperament, was admitted in the beginning of the year. The left mammary region was occupied by a large, slightly pendulous tumour, which had been in course of development for five years. It was bigger than three fists in volume, irregularly convex in outline, and of unequal density; and here and there a cyst could be made out superficially in its substance. Several large veins ramified over its cutaneous surface, but the skin was healthy though attenuated, and could be moved freely over the subjacent parts; the tumour, also, could be moved freely from the deeper-seated structures. The nipple was healthy, and the axillary glands were unaffected. The patient attributed the occurrence of the swelling to a slight local injury. The pain during its growth had been very variable in duration, recurrence, and intensity, but had never been very severe, and the catamenia for the same period had been quite regular up to the time of her admission into the Hospital. No hereditary tendency to mammary disease could be traced, but the patient stated that her maternal aunt had died from a cancer.

Mr. Adams removed the tumour after she had remained quiet for a few days in the Hospital. It weighed thirty-two ounces, and was found to have been developed behind the outer two-thirds of the mammary gland, which had been removed with the tumour during the operation, the inner third being allowed to remain *in situ*. The diseased structure was quite distinct from the gland, condensed connective tissue separating the one from the other. On section, a large quantity of yellow colloid fluid exuded from the surface of the solid tissue, and escaped from several cysts of various sizes amidst it. The growth was irregularly lobed and lobulated, and this appearance arose from the presence of dense fibroid tissue permeating it in every direction, and dividing it into larger and smaller portions, which, after section, became remarkably convex on the surface, being, as it were, squeezed forward by the contraction of the different divisions of this tissue. The colour was pearly and glistening through the greater part of the extent of the tumour; through the remainder it was more or less pink, in consequence of the structure being tinged in different degrees with blood.

The microscopic examinations, conducted by Dr. Andrew Clarke and others, confirmed the *primâ facie* appearance of the structure of the diseased mass being made up of modified mammary gland tissue.

The patient went on well after the operation, and has since left the Hospital.

COMPOUND COMMINUTED FRACTURE OF THE SKULL—ESCAPE OF BRAIN-STRUCTURE FOR SEVERAL DAYS—IMMEDIATE OPERATION—APPARENT RECOVERY—RELAPSE AND DEATH.

(Under the care of Mr. WARD.)

A female child, aged 10, was admitted at the end of last August, in consequence of a serious injury to the skull, resulting from her having thrown herself out of window into the street. At the lower and back part of the right parietal bone, a little below its middle, was an irregularly-lacerated scalp-wound, bleeding copiously, brain-tissue escaping freely with the blood. The face of the girl was blanched, her breathing sighing and slow, pulse barely perceptible, thready, irregular, and intermittent. An injection of brandy and beef-tea having been thrown up the rectum, a free crucial incision was made over the seat of injury. It was found that part of the parietal bone, to the extent of the area of a shilling, had been irregularly broken up, and driven on to the surface of the brain, the dura mater being lacerated, and the cerebral tissue and blood oozing up through the irregular opening made into it. The broken pieces of bone were removed with forceps, and two opposite angular portions of unfractured bone were taken away with Hey's saw. One of the branches of the middle meningeal artery, which bled freely, was secured. Dressings were not applied, but the wound was ordered to be kept open. The child gradually rallied, and reaction was not urgent enough to call for any but negative treatment. The wound had entirely closed by the end of the eighth week, with the exception of the aperture of an abscess which had formed over the root of the mastoid process, and which had previously been opened. The symptoms during the period between the injury and the apparent cure were, occasional drowsiness and twitching of the limbs, particularly on the left side, the formation of a cerebral hernia, and purulent discharge for several days, but not consecutively, from the auditory canal, during the existence of the abscess, connected with the mastoid process.

The child remained apparently quite well for three or four weeks; when the cerebral tumour, which had subsided to a level with the bones, rapidly increased in volume, and symptoms of compression came on. A free crucial incision was made into it, and gave vent to a considerable quantity of limpid serous fluid and pus. The patient died on December 5, about a week after the attack; fits of violent screaming, great restlessness, and occasional convulsions having, during the time, been the most prominent symptoms. Paralysis of one side or the other was not remarked. At the post-mortem on the following day, the right and left ventricles were found distended with purulent fluid, the serous membrane lining them being covered with a layer of greenish puriform fibrin; a little greenish pus was seen on the base of the brain, having escaped from the descending corner of the left ventricle. The corpora striata and optic thalami were healthy. Running upwards, backwards, and outwards to the opening that had been made in the right parietal bone from the roof of the right ventricle, was a sinus filled up

(a) I have not been able to verify this abstract. It appears to be the same case as that quoted by M. Moquin-Tandon, "Eléments de Zoologie Médicale," Paris, 1860, p. 253.

(b) *Loc. cit.*

with broken-down brain-tissue and pus. This sinus communicated with the external opening through which the fluid had escaped from the ventricles. The cavity of the arachnoid membrane, to an extent exceeding somewhat the area of the opening in the parietal bone, was obliterated, strong fibrinous adhesions between the dura mater and the visceral layer shutting it off from the remainder of the unobliterated cavity.

ST. BARTHOLOMEW'S HOSPITAL.

CYSTIC ENLARGEMENT OF THE ANTRUM—OPERATION.

(Under the care of Mr. LAWRENCE.)
[From Notes by Mr. STARKE.]

A. A., a healthy-looking girl, of 19, was admitted in the middle of January last, having a somewhat soft and elastic tumour, situated on the front surface of the right upper jaw, which she stated was first noticed about twelve months ago, it being then of small size. It had gradually increased, unattended by pain or any constitutional disturbance up to the present time.

It now occupied nearly the whole of the front of the jaw on that side, extending upwards to the margin of the orbital plate, but not along its nasal process; downwards to the alveolar border, and backwards to the anterior part of the malar bone. There was also a very slight obstruction to the passage of air through the right nostril internally, and on introducing the finger between the cheek and the bone, a soft yielding swelling could be felt, giving almost the sensation of fluid to the touch. Thinking the growth might possibly be cystic, an exploratory puncture was made into this part with a grooved needle, when a small quantity of thick, white, tenacious fluid escaped, and in a few days, there being no diminution of size, a free opening was made under the cheek with a scalpel in an upward direction, with a similar result.

Soon after this the enlargement became rather firmer to the touch, and an operation was considered necessary, this was accordingly performed on Saturday week. Chloroform having been administered, an incision was carried through the cheek from the angle of the mouth to the zygoma, and the external portion of the tumour exposed; a strong scalpel was then passed into the edge of the swelling, and a circular piece, consisting of a considerable portion of the external wall of the antrum, removed, being much thinner and softer than natural; its cavity contained a small quantity of secretion, and its lining membrane was apparently healthy. The divided soft parts were now brought into apposition, a hare-lip pin being passed into the cheek near the angle of the mouth, and the patient has since progressed satisfactorily.

HYDATID TUMOUR IN THE THIGH—EVACUATION.

(Under the care of Mr. LAWRENCE.)

Sarah G., aged 27, was admitted into St. Bartholomew's Hospital on February 22, with a large tumour, situated at the lower third of the inner and anterior part of the left thigh.

On inquiry the following history was elicited. She had always enjoyed very good health, but, about five months ago, a swelling appeared in the above-named situation. It had been perfectly free from pain, so that she was able to follow her usual occupation—that of a general servant—until within the ten or twelve preceding days; when, on making any unusual exertion, uneasy sensations were experienced in the part. No rigors or other constitutional symptoms had ever occurred.

On examination, a soft, elastic, moveable growth was found, not yielding perceptible fluctuation, and evidently deeply seated under the vastus internus muscle. It occupied the whole of the inner and anterior part of the left thigh.

An exploratory puncture was deemed necessary; and on Saturday, February 25, the patient having been placed under the influence of chloroform, a large double-edged scalpel was introduced, when a considerable number of acephalocyst hydatids escaped, mixed with puriform matter; also other hydatids in various stages of development. Some hæmorrhage occurred from one of the vessels in the muscle, rendering it necessary to enlarge the wound and tie it. The case has since gone on well.

KING'S COLLEGE HOSPITAL.

VASCULAR FIBROUS POLYPUS OF THE ANTRUM, EXTENDING INTO THE NOSE—REMOVAL.

(Under the care of Mr. FERGUSSON.)

THIS patient, a young man, had been operated on several times for the removal of a polypus from the nose. Mr. Fergusson had several times attempted its removal by slitting up the nostril, but from the extent and uncertainty of its attachments, as well as the great hæmorrhage, he had on each occasion thought it better to desist. At the last attempt, on February 11, Mr. Fergusson did not slit up the side of the nose. He tried, by forceps, etc., to remove the tumour, but again failed. He was, however, now able to get a better idea of its extent, and found that it was part of a growth from the antrum, and not—as he had previously conjectured—from the base of the cranium. The man was sent back in order that he might rally from the hæmorrhage, which had been profuse. He was again subjected to operation on February 25. Mr. Fergusson slit up the lip, and carried the incision along the side of the nose, and then dissected back the cheek from the upper maxilla. Next, by forceps and cutting-pliers, he laid open the antrum by freely removing its anterior wall, and then by strong forceps forcibly tearing out the tumour bit by bit. Mr. Fergusson found that the mass grew from the back of the antrum. Its texture was so firm that it required great force to tear it. There was a great deal of hæmorrhage, as there had been on each previous occasion. Mr. Fergusson mentioned a case in which he had attacked a tumour of the antrum, but which, in consequence of its deep and firm attachment, and the great hæmorrhage attending it, he had not entirely removed. The disease returned, and he again operated: on this occasion he used great force, and wrenched out the whole mass, not without some fear of the consequences. The case, however, did well, and (now ten years since) the disease has not returned. Mr. Fergusson alluded to a practice recommended by some Continental Surgeons, of removing tumours from the antrum by an opening in the palate; some even recommending the merely slitting up the soft palate, or making an incision into it. It was needless, Mr. Fergusson stated, to add, that the latter attempt would not have enabled him to get away the disease from the patient on whom he had just operated, and that as regards the opening the floor of the antrum, it was quite clear that the removal of the anterior wall gave as great facility, and was much better than damaging the roof of the mouth.

SAMARITAN HOSPITAL.

CASE OF OVARIOTOMY—DEATH FROM INTESTINAL OBSTRUCTION.

(Under the care of Mr. SPENCER WELLS.)

LAST week we added another case to the "debtor side of the ovariotomy balance-sheet," and this week we add one more—and one of singular interest, inasmuch as the cause of death was in some degree accidental, and suggestive of a very important indication in the after-treatment.

S. M., aged 33, married, came from Tavistock to consult Mr. Spencer Wells, and was admitted on February 4, 1860.

History.—She was married ten years ago, and has had four children. The youngest child is three years old. She was quite well until after the birth of this child,—but did not diminish in size afterwards, as she had done after former confinements, but rather increased in size, though very slowly, until the end of 1858, when increase became more rapid. In March, 1859, she was first tapped by Mr. Pearse, of Tavistock, between five and six gallons of fluid being evacuated. A fortnight before admission she was tapped for the fourth time, between six and seven gallons then being removed. There had been about the same quantity in the two intermediate tappings.

State on Admission.—An emaciated woman, pale, but cheerful, though suffering from impeded respiration, frequent nausea, and occasional vomiting; pulse rapid and feeble; integuments of abdomen very œdematous; circumference of abdomen 46 inches; measurement from symphisis pubis

to ensiform cartilage, 26 inches; umbilicus exactly midway. Catamenia present. On February 8, the catamenia having ceased, a vaginal examination was made, and the anterior wall of the vagina felt to be much depressed by an elastic tumour pressing downwards between the uterus and the bladder. This tumour seemed to be so fixed that it was decided to empty the principal cyst, and examine afterwards as to pelvic adhesions, before deciding upon the performance of ovariotomy.

February 11.—Mr. Wells tapped and removed 34 lbs. of thick fluid, sp. gr. 1010, so highly albuminous that it became nearly solid on the addition of nitric acid. Five groups of moveable collections of smaller cysts could then be felt around the emptied cyst. The uterus was felt to be moveable, but the tumour between the bladder and uterus could not be entirely pushed upwards.

16th.—She did not suffer from the tapping. The uterine sound showed the cavity of the uterus to be 3½ inches long.

A little bloody discharge from the uterus followed the use of the sound for a few days. This subsided; and then, as she was filling very rapidly, and most anxious for the operation, it was decided to remove the tumour. On the day before operation, only a fortnight after tapping, she was nearly as large as before, the girth being 43½ inches on the 26th.

27th.—*Operation at Three p.m.*—Chloroform having been administered, Mr. Wells made an incision seven inches long, from an inch below the umbilicus downwards towards the symphisis pubis. He came at once upon a very thin part of the cyst and a group of small cysts developed in the wall of the principal cyst. This large cyst was then emptied and laid open throughout the whole extent of the wound, but so close was the adhesion between the cyst and the parietes, that it was difficult to make out the line of division between them. When it was made out above and separation partly effected by the hand, adhesion was so firm in some places that it became necessary to separate the cyst by careful dissection. This having been done, some extensive attachments of omentum were separated, the cyst was withdrawn, and then each group of smaller cysts were successively drawn out. A moderately long peduncle on the left side was temporarily secured by a clamp, the opposite ovary examined, the peritoneum carefully cleansed, a portion of omentum tied and cut away, and the wound then closed by harelip-pins and superficial wire sutures. The tied piece of omentum was secured at the upper angle of the wound, the peduncle about the middle, as it lay there with less traction than at the lower angle. The clamp was removed after transfixing the peduncle and tying it with whipcord close behind the clamp. One harelip-pin, by transfixing both sides of the wound and the peduncle, effectually prevented the stump from slipping into the abdomen. From the commencement of the inhalation of chloroform till the patient was in bed, three-quarters of an hour elapsed. The weight of fluid removed was 21 lbs. 12 oz.—of the smaller group cysts removed entire, 9 lbs. 12 oz.; total, 31 lbs. 8 oz.

Progress after Operation.—The patient recovered extremely well from the shock. At six o'clock there was a little pain, which was relieved by an opiate enema. Hot linseed poultices were applied to the abdomen. At eight, nearly a pint of urine was removed by the catheter; at eleven she was doing extremely well, was quite easy, in a gentle perspiration; pulse 106.

28th.—Has been sick at times since one a.m. Has had another enema on account of slight pain. Has taken brandy and soda-water, but the only thing that remains on the stomach is iced-water. The nurse reported that the last poultice had been a little tinged with blood. Mr. Wells accordingly examined the wound, and found that the tied portion of omentum was quite dead, and a further small piece had protruded behind. From the surface of this a few drachms of blood had oozed. Mr. Wells removed the dead portion, and tied the newly-protruded bleeding part at the edge of the skin. He also removed a large portion of the stump of the pedicle. The pulse was then 110, and the patient rather faint. Some champagne was given. In the afternoon she seemed much better, but the vomiting was still troublesome, and she was very thirsty, craving for cold water, which she was allowed freely. There was no pain, and she had had no opiate since the morning. At eleven p.m. the pulse had got up to 130, and she was becoming rather exhausted by the sickness. There was much greenish mucus in the vomited fluid, which still smelt strongly of chloroform; and it was hoped that the sickness would cease when all the chloroform was eliminated. Beef-tea and brandy were thrown into the rectum every three hours.

29th.—Passed a very restless night; frequently vomiting; the pulse was nearly imperceptible; the stomach and upper part of abdomen very tympanitic. Thinking it possible that the peduncle might be causing intestinal obstruction, Mr. Wells removed the harelip-pin, which transfixed it; but, as it was uncertain what share the chloroform and the omental ligature had in keeping up the vomiting, he did not open the wound. The vomiting of green mucus had ceased, and now all that came up was the water she drank, with clear yellowish bile. An enema of tincture of assafœteda with beef-tea was given, but she continued to sink, and died forty-six hours after the operation.

The body was examined twenty hours after death by Dr. Aitken, to whom we are indebted for the following report:—

"The anterior wall of the abdomen was very flaccid from previous excessive distention by the ovarian tumour. The recti muscles were also greatly hypertrophied, and their fibrous sheaths thickened, probably from the increase of function thrown upon them in supporting the large ovarian cyst. Incisions were made from the ensiform cartilage towards the anterior spines of each ilium, so as to reflect the anterior wall of the abdomen in a triangular flap downwards over the thighs. The relation of the peritoneal aspect of the wound to the intestines, omentum, and parts concerned in the operation were thus very easily seen. The incision made in the operation ceased about midway between the umbilicus and symphysis pubis, not coming so low down as usual. The upper third of the wound gave passage to a portion of omentum which had required the application of a ligature. The portion of gut to which it was attached was in close apposition to the inner aspect of the wound. The intestine, however, was not constricted; and the slight irritation at this point was entirely limited to the portion of omentum passing through the wound. The line of incision which separated the cyst from its peduncle was secured by whipcord-ligatures, and the tied portion of peduncle was brought out through the middle of the wound. The tumour seemed to have been fixed closely to the posterior aspect of the left side of the false pelvis, near the middle line, and at a considerable distance from the fundus of the uterus. From the uterus to the ligature of the peduncle, the distance measured an inch and a-half; but the condensed tissue which composed the peduncle attached to the posterior wall of the false pelvis was almost sessile, having the left common iliac vein to its inner aspect. The ligatures securing this extensive incision were thus fixed near the posterior aspect of the false pelvis, a little to the left of the middle line; and towards this point the elongated peduncle from the fundus of the uterus was drawn, and secured by the one common ligature. Thus the body of the uterus came to be drawn obliquely upwards out of the cavity of the true pelvis, and the common ligatures were brought out at the middle of the wound, instead of at its lower angle near the symphysis pubis, as has usually been the case. These arrangements and connexions of parts caused the united incision through the abdominal wall to dip deeply into the cavity of the abdomen, and that portion through which the ligatured peduncle issued came to be nearer the posterior aspect of the pelvis. A space was thus left between the elongated peduncle from the fundus of the uterus and the abdominal wall. This space was closed at the upper angle where the ligature emerged at the middle of the parietal wound. In the space so formed a portion of the lesser intestine near the lower portion of the jejunum had become constricted. The mesentery of the small intestine resting on the ligature, the whole extent of ileum had passed through this space towards the right side of the abdomen, till the constriction became decided at the lower portion of the jejunum. A complete liberation of the ligatures holding the peduncle in the centre of the parietal wound at once set free the constricted portion of the gut, showing it dilated and inflamed on either side of the constricted portion. Extensive inflammatory action had glued the convolutions of intestine to each other immediately above the constricted portion, and a considerable portion of fluid effusion filled the cavity of the true pelvis. There was no appearance of hæmorrhage having taken place. There was evidence on

the parietal peritoneum of extensive adhesions to the cyst having been forcibly ruptured, and round these points considerable vascular excitement was manifest; and lymph was already in abundance commencing the healing process. No inflammatory action appeared to extend from these points, nor from the wound. Throughout all points where it was brought together, union by the first intention was rapidly proceeding. The harelip-pins which had transfixed the peritoneum were completely concealed from view until the folds on each side were forcibly separated."

Remarks.—This very instructive case shows that, although the danger of peritonitis, of low fever, or of gangrene of the lung, from absorption of the fetid products of the decomposing slough of the peduncle, may be avoided by fixing the peduncle outside the abdominal cavity, yet another source of danger attends this practice. Strangulation of intestine might also be caused by a loose ligature, possibly less likely than by a tight peduncle. We know that bands of lymph have caused fatal strangulation some weeks after ovariotomy in more than one recorded case; but we do not remember any case in which it has occurred so soon after operation as in that just related. We do not believe such an accident is likely to occur at all often enough to outweigh the many advantages of keeping the stump of the peduncle out of the peritoneal cavity; but the knowledge that it has happened will be an additional argument in favour of the use of the écraseur, or of acupressure, in appropriate cases, and also teach us to be on our guard, and liberate the peduncle effectually when symptoms of strangulated intestine supervene.

ROYAL LONDON OPHTHALMIC HOSPITAL.

EXCISION OF A LOST EYEBALL ON ACCOUNT OF SYMPATHETIC IRRITATION IN ITS FELLOW.

(Under the care of Mr. DIXON.)

The following case is of interest because we have been able to extend its history over an unusually lengthened period. As most of our readers are aware, the rule of practice of excising lost eyes, when painful, in order to prevent sympathetic injury to the remaining organ, has of late years been extensively adopted. Very valuable indeed have been its general results, and many eyes have, we do not hesitate to assert, been saved by it. The patients, however, usually pass from under observation much earlier than could be wished. In the following case a man whose globe had been removed two years ago, came under notice, accidentally, a few days ago. He stated that his remaining eye had been quite free from irritation ever since the operation, although prior to it it had been alarmingly affected. We were able by reference to the excellent records kept by Dr. Bader, the Curator to the Hospital, to obtain a full account of the former part of his case, which we here adduce:—

W. S., aged 52, was admitted under Mr. Dixon's care in June, 1858. He was a strong man; and, except that he suffered occasionally from colds, was in very good general health. About five years before he had received an injury by a piece of steel which flew off a chisel, and which he supposed was driven into the eye. For three weeks after the accident he lost the sight in the eye, but after that time it recovered vision, but the sight remained defective. He was afterwards troubled with flashes of light and "black balls" floating before the eye, at first large, but becoming smaller and more numerous. In the intervals between them he could see tolerably well; seven months before his first admission he had one night sudden pains in the eye, and the next morning he found that all sight, even perception of light, was gone. Externally the globe appeared normal. About five month after this he received a blow on the right cheek, which was followed by pain and inflammation in the right eye, which continued up to the time of his admission. The left eye was painful and watered a great deal. On admission the following notes were made of the condition of the eyes:—

"Left eye—weak and watering, and could scarcely see with it. Right eye—no perception of light; tension increased; conjunctival and scleral vessels gorged with blood; cornea transparent; anterior chamber of medium size; aqueous humour yellowish; pupil irregular, large, and fixed; its margin black (uvea); its area of a dirty greyish-yellow, sprinkled with blood-spots."

Mr. Dixon excised this eye (the right) on August 14, 1858. The parts recovered well; the pain ceased; the sight of the left eye became good, and has remained so to this time; equal to all the purpose of his business—an overlooker of machinery—for reading, and, as far as he can tell, quite sound and perfect.

Dr. Bader examined the removed eye very carefully, and observed as follows:—Yellowish serum and blood were found in the anterior chambers, the blood-spots consisting of networks of small vessels coming from the pupillary edge. The black margin of the pupil (uvea) was firmly adherent to the lens capsule, which was transparent. It was torn on attempting to detach the adhesions. The lens was grey and opaque. The tension of the eye was increased, and the globe slightly squared by the recti opposing the pressure from within the globe.

The optic nerve appeared healthy; a piece of the sclerotic and choroid taken from behind the insertion of the superior rectus, was examined. These two coats were in apposition. A yellow transparent fluid escaped from the globe. Suspended in the space bounded by the choroid was a greyish-white opaque, folded and conically-shaped substance (detached retina). The apex of it was attached at the entrance of the optic nerve, and the base along the ciliary processes. The outer surface of the detached retina was sprinkled with whitish dots. The space bounded by the retina was occupied by a few drops of transparent fluid. The transparent membrane which lined the inner surface of the ora serrata, had also become detached and opaque. A greyish-white inflammatory deposit adhered to the ora serrata.

The man was furnished with a glass eye and discharged. He presented himself again a few days ago, for the first time since his discharge (March 5), coming merely for a stye in the right upper eye-lid. He stated that he could see quite well with the left eye, that he had had no return of pain, and that the artificial eye occasioned no inconvenience, and that his loss was seldom detected. Dr. Bader examined his left eye with the ophthalmoscope, and, with the exception of some slight central opacity of the cornea, detected nothing abnormal. The optic nerve was rather pink; the vessels thin; the fundus natural.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

RADCLIFFE INFIRMARY, OXFORD.

BRONZE-SKIN DISEASE, WITH PHTHISIS—DEATH—AUTOPSY—DISORGANISATION OF BOTH SUPRARENAL CAPSULES.

(Communicated by EDWARD B. GRAY, M.B. Oxon.)

The recognition of this disease is an event of such recent date, our knowledge of its pathology so imperfect, and instances of its occurrence are of such comparative rarity, that any addition to the number of recorded cases will doubtless be acceptable to the Profession.

It is with this belief that I offer for publication the case of A. P., a labouring man, 47 years of age, admitted into the Radcliffe Infirmary on October 19, 1859, under the care of Dr. Rolleston.

Symptoms.—He was then complaining of loss of appetite; frequent vomiting; obscure, though sometimes very severe pain across the belly, and extreme prostration of strength. His pulse was regular, but extremely feeble; urine and fæces normal; emaciation considerable; face pinched; lips and conjunctivæ bloodless. The skin of the whole body was of a tolerably uniform dusky-brown colour, sufficiently striking to elicit the prediction that after death disease would be found in the supra-renal capsules. Odour of his breath and skin most offensive. Careful examination could detect nothing amiss in the chest or abdomen.

History.—From the time of admission the prostration of his mind was so great that he was unable to tell us much of his history. The following facts, however, seemed clear,—that for the last few months, while gradually losing strength, flesh, and appetite, he had suffered more or less from vomit-

ing and pains, sometimes in the belly, sometimes in the loins; that he had had no cough or diarrhœa. He had not noticed whether, since his illness, his skin had become of a deeper colour.

Treatment.—This consisted of sedatives and stimulants in such quantities as his irritable stomach could bear. No improvement took place; and he died quietly on October 24, five days after admission.

Autopsy.—At apex of each lung were a few very small cavities and some calcified tubercles. The remaining portions of both lungs, through their entire extent, were thickly studded with small, recent, miliary tubercles, the intervening lung tissue being healthy. Both supra-renal capsules were enlarged, and their proper tissue replaced entirely by yellow cheesy tubercle. Brain, heart, liver, kidneys, spleen, pancreas, and intestinal canal were healthy and free from pigmentary deposit.

Remarks.—1. This case tends to confirm what has been stated to be generally true of this disease—viz. that the extent of skin discoloration generally bears proportion to the extent and probable duration of the capsular disease. In the above case, total discoloration of skin coincided with abolition of function of both capsules. 2. A remarkable feature in this case was the latency of the lung mischief, rendering it inappreciable during life. The records of this disease seem to show that this is not an unusual occurrence. On examining accounts of twenty-two cases, collated by Virchow (a), in which bronze skin was associated with capsular disease, I find that in ten cases the disease affecting the capsules was tubercular; that in eight of these ten there was coincident tuberculosis of the lungs; but that among these eight cases only two are mentioned as having evinced the usual symptoms of tuberculous lungs during their lifetime.

Printed instructions have been issued from the War Office for the guidance of Medical Officers of the Army and Militia, and for private Medical Practitioners in the examination of recruits for the militia.

Conversazione at Dr. Fleming's, President of the Royal College of Surgeons in Ireland.—On Wednesday the 15th ult., Dr. Fleming, President of the Royal College of Surgeons in Ireland, gave a scientific *conversazione* at his residence, which was honoured by the presence of his Excellency the Lord Lieutenant. The rooms were crowded at an early hour, and among those present were the Lord Chancellor, the Lord Justice of Appeal, Captain Sir Leopold McClintock, R.N., and all the *crême de la crême* of the scientific society of Dublin. Among the various objects of science and art offered, may be mentioned a number of admirable specimens executed by Mr. Beatty, together with his engraved copperplate, showing the marvellous results of Mr. Fox Talbot's recently-invented photoglyphic process — numerous illustrations of the geography and geology of the Arctic Regions, as well as numerous specimens brought home by Sir Leopold McClintock.

Public Charity in Paris.—For the year 1860, 7172 beds will be prepared for the sick; 7838 for the infirm and the old, 2195 for the insane, and 609 for the assisted infants (*enfans trouvés* of old date); altogether 17,814 beds, During the year 5,924,046 days of sickness are provided for. Besides this 1600 lunatics are provided for in the country, there being no room in Paris; 14,422 "assisted" children are placed in private houses, private establishments, and agricultural colonies of France and Algeria; not including 6900 children which are provided for in their parents' houses. To complete the picture of unfortunates assisted by charity, we must reckon in ancient Paris:—1. 69,424 poor; 2. about 20,000 patients treated annually at their own houses. The persons employed in relieving these evils are numerous. In the central administration of the public assistance there are 362 *employés*; in the 16 Hospitals and 13 Hospices, 38 *aumôniers*, 91 Physicians, 42 Surgeons, 18 *pharmaciens*, 222 pupils: persons employed in the wards—924 employed in the general service, 28 *hommes de peine*. In the *bureaux* of benevolence there are 235 Physicians, 97 *sage-femmes*, 110 *employés*; altogether, 3682 persons employed in the service of the poor.

(a) Canstatt's Jahresbericht ueber die Fortschritte der Medicin in Jahre 1857.

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Medical Times and Gazette.

SATURDAY, MARCH 10.

ILLEGITIMACY AND INFANTICIDE.

The sun, as the old saying goes, never sets on the Queen's dominions; and it might be added, that neither does it ever set in lands where the exertions of our benevolent philanthropists may not be traced. The Patagonians receive our attentions; to the Caffres we send bullets and missionaries; through India the steps of the good proselytizer go side by side with the marches of our armies; in the interior of Africa many a Medical Missionary has ventured his life—need we add the name of the famous man who is there at this moment striving with Barbarism? We try our skill upon the Jews even—tickling their pulses at the very head-quarters of Judaism, at Jerusalem itself. The Chinese cannot escape us; by surgical operations on their limbs and bodies we confute, as we think, most efficaciously the doctrines of Confucius. Here at home the eloquence of good kind souls is ever stirring up the slow hearts of men to pay the expenses—the cash account—of all these benevolent efforts; and thrilling tales of horror will be related, and fearful pictures drawn, of the social condition of these unchristian peoples, of these lands where the light of the Gospel has never shed its rays.

And yet, strange inconsistency of man! at his own door, within ear-shot of the eloquence of our home-benevolence, scenes of ignorance, of vice, of crime, and of misery, are to be found as great and terrible as anything that barbarism can present. And, alas! not isolated scenes, but daily scenes of dark and desolate corruption and vice.'

One leading characteristic of savage life, as we are always taught, is the brutal treatment of the feebler sex by the lords of creation; yet can anything told in the history of savage life exceed the brutalities and cruelties of civilisation, as measured by the details of our Legal Courts—taking them from Thames Police accounts of the Roughs of Wapping, up to the stately Court and aristocratic circle presided over by Sir Creswell Creswell? Another striking characteristic of the savage is his treatment of his children. We measure the Chinaman a good deal by this rule—the Chinaman who has distinct depôts where he may deposit his superfluous progeny. The destruction of offspring must indicate an advanced stage of brutality and immorality.

We, therefore, beg to call the attention of those of our philanthropists whose energies are chiefly concentrated upon the proper Christian education and clothing of Quassie and of Sambo, upon the application of first-rate conservative surgery to the limbs of John Chinaman, and upon the consignment of a due supply of flannel drawers to the Patagonian—that they should listen for a while to what is going on immediately under their very noses—here in this their centre of benevolent action, relative to the destruction of infantile life.

Our readers may remember that some months ago the question was agitated why there were so many deaths of

illegitimate children in Marylebone parish. The fact was made out clearly enough, but the reason appears not yet to have been discovered by the authorities who investigated the subject. Mr. Acton has taken up the subject statistically, and has given the Statistical Society the benefit of his investigations; and of these we now propose to give a short account. Illegitimacy and infanticide seem to be terms having a close statistical relation, at least the latter one seems to tread hard on the heels of the former. For example, "out of 392 illegitimate children that died in 1857, the large proportion of 326 died before they were one year old"! Between the first and third month of life 110 perished, and this is the most fatal period; the next fatal period is from the third to the sixth month. The third period, in point of fatality, is from birth to a month old.

We may here observe that Mr. Acton's statistics are taken from the records of the workhouses of Marylebone, St. Pancras, and St. George's, and that the figures are therefore very limited and not to be taken as exact representatives of the truth; for as Mr. Acton says, "the exact proportion of deaths even in those parishes cannot be ascertained." Enough of truth, however, remains to tell the tale; "nearly half the illegitimate children of these three parishes died"—*i.e.* 392 out of 877 births, before they had completed their first year.

And what kills them off at this strange and rapid rate? Suspicions of ill-deeds and violence are rife enough even among the stolid parochials, for inquests were held on no less than forty of these unfortunate children. For an answer to the question Mr. Acton refers to a table of Major Graham's, which embraces the modes of infanticide practised throughout the country: he skips, in fact, from these special parishes to all England, and, we suppose, infers that the way of destruction of these particular infants above referred to is the same as that generally practised. We give the official list, which shows "846 babies are recorded officially as hanged, strangled, poisoned, suffocated, and so forth, during the year 1856."

Deaths of Male and Female Children under one year of age returned as having occurred in England and Wales from the undermentioned violent causes in the Year 1856.

	Males.	Females.	Total.
Injury at birth	60	44	104
Poison (not distinguished)	5	2	7
Opium	5	8	13
Laudanum	29	11	40
Godfrey's cordial	7	12	19
Drowned	8	8	16
,, found	22	26	48
Strangled	6	8	14
Suffocated	116	107	223
,, by food	7	1	8
,, bed-clothes, etc.	103	103	206
,, overlaid	32	37	69
Murder (not stated)	2	3	5
Manslaughter	1	1	2
Accident (means)	4	2	6
Injury (how or what kind)	11	3	14
Infanticide	29	23	52
Total	447	399	846

Mr. Acton hereon says as follows:—

"The great majority of these we are justified in assuming were the illegitimate offsprings of first falls from virtue. Babies whose lives *might* have been saved by the hundreds, only no one cared about them. So they are gone with many others to witness against us:—and their mothers are—where?"

Mr. Acton does not, however, justify his assumption, or tell us the grounds upon which his assumption is based. In a case of this kind it does not do to deal in generalities, or to rely on the vague sentimentalities of "Adam Bede," and "Faust," and other like authentic histories. That the mortality of bastard children is enormous, he proves beyond a doubt; but he certainly does not prove that the maternal instinct is more denaturalised in their mothers than it is in more legally and morally normal mothers. He admits that the great mortality of such children depends either upon their being put out to nurse, or from failure of breast-milk. And if we look into the table above given of the violent causes of deaths we shall find that only a few, comparatively speaking, actually represent the crime of child-murder. This is so far consoling; and certainly widely separates us from the aforesaid savages, with whom infanticide is an institution.

As regards the occupations of the mothers of illegitimate children, the fact is worthy of note, viz.—that of 339 such mothers, 194 were domestic servants; and that of the reputed fathers of illegitimate children, domestic servants still figure highest on the list. This fact may lead us to infer, that heads of families are often over careless of the ways of life pursued by their domestics.

Mr. Acton desires a total alteration of the Bastardy Law; and points out some particulars in which he thinks the whole system might be improved. He is all for giving aid to the unfortunate woman—the mother; but here, as in the points of his prostitution reforms, where we differed with him, we think he fails, because, manifestly, it never will answer to throw out a bait for immorality; and this you certainly do, when you foster and pet the erring and leave the industrious and honest unthought of. The best way of assisting the mother of an illegitimate child, Mr. Acton says, is to marry her; but if we get up a society for the marrying of mothers of illegitimate offspring, do not we clearly hold out a bait for mothers to produce such offspring? and shall we not have many a female purposely attempting an entrance into the holy state of matrimony through this irregular passage? Why should people subscribe their money to bribe a man to marry his victim; and why should parsons be called upon to remit their marriage fees solely for the soldering of such doubtful marriages? We wish Mr. Acton would not always thus lay his schemes open to criticism. Even the good which he proposes becomes leavened with suspicion when he mingles it with the impracticable. We willingly acknowledge his labours in the field of Social Science; and the great good which he has done by so prominently calling attention to the various phases and dark conclusions of the Social Evil; but we cannot but wish he would sever the really useful and practicable from the impracticable; thereby he would, we are satisfied, gain much greater effects. In this case, however, the Profession and the public are, doubtless, much indebted to him for calling attention so prominently to the enormous mortality of illegitimate offspring, and to the causes of it.

REGISTRATION OF DISEASE AND THE POOR-LAW MEDICAL OFFICERS.

A registration of disease is a desideratum in Medical science. It is required to supply several missing links in the etiology of maladies—links which the registration of mortality either does not furnish us with, or only approximatively supplies. Hitherto, insuperable difficulties have appeared to rest in the way of devising any satisfactory scheme by which the occurrence of diseases could be recorded. In one mode only, although even this mode is beset by many and grave difficulties, has it seemed to be possible to obtain an approach to systematic registration. Fortunately, while this method would furnish many of the scientific results to be obtained from registration, and while it would prove a good initiative step to a better system, it is also one by which the practical sanitary results which might be obtained by means of registration, could be most clearly and immediately shown. It is known to most of our readers that every Poor-law Medical officer makes a weekly return to the Board of Guardians of

the cases of sickness under his care during the week, their nature and results. This return simply answers the purpose of a business check on the number of persons receiving parish Medical relief; and after having served this object, the return is put aside and quickly forgotten or destroyed.

Now there are upwards of 3000 Poor-law Medical officers, whose labours are distributed over 14,963 parishes and unions, and are made available for upwards of 850,000 paupers, as well as a large and indeterminate number of individuals who, without being classed as paupers, yet claim and receive sick relief. It is certain, therefore, that the weekly returns of sickness made by the Poor-law Medical officers must or might be made to contain a vast mass of information fitted to throw much light upon the spread and periods of occurrence of various diseases in different districts. Is it possible to give scientific utility to these returns, and thus convert what is now a form of parochial economics into a general and permanent registration of the diseases affecting a large and most important section of the population—a section, too, the sanitary condition of which at all times it is important that the public should know? Dr. Milroy, to whom sanitary science has been so greatly indebted, believes that this can be done without imposing any additional labour of moment upon the Poor-law Medical Officers. He proposes that monthly returns of the number, character, and results of the cases of sickness treated by these gentlemen, and the ages of the patients, should be furnished to the Board of Guardians and transmitted by them to the Poor-law Board, there to be analysed, reduced, and reported upon. This return would be solely a summary of the cases under care during a calendar month; it would involve little trouble in filling up; and it would be an excellent beginning for a more complete registration of diseases among us. Moreover, the returns from different districts would furnish a comparative view of the state of sickness among the pauper population throughout the kingdom of immediate practical importance.

To secure a return of the kind mentioned, two things would be required,—the willing assent of the Poor-law Board, and voluntary co-operation of the Poor-law Medical Officers. Until the national value of the work be practically demonstrated, it must be a voluntary one. The Epidemiological Society has determined to attempt to persuade the Poor-law Board to adopt a monthly form of return, such as that recommended by Dr. Milroy; and it remains for all who are interested in promoting Medical science to endeavour to obtain the consent of the Poor-law Medical Officers to fill up the return if adopted. This is an appeal from the Profession to them; and we ask them to aid the Profession in this matter. We have lent the Poor-law Medical Officers willing and cordial support at all times, in the many struggles which they have had with parochial and Poor-law authorities; and we hope that this appeal in respect to a subject mainly of scientific importance, will not be set aside on account of any heart-burnings which exist between Beadledom and Physic. At present, we chiefly desire to direct attention to Dr. Milroy's suggestion, as some who are familar with parochial sickness returns may be tempted to favour us with their opinions as to the feasibility or not of the plan named. If it should meet with support and be carried successfully into operation, we believe that ultimately it will have an important effect in increasing the influence of the Poor-law Medical Officer. It would indeed give him a national claim which could not very well be ignored.

THE WEEK.

Our readers will have observed that the Council of the College of Surgeons return but one stereotyped answer to all the protests addressed to them by their members. Indeed, they can do no more. Reason and justice fail to supply them with a word of extenuation, and the best subterfuge they can find is the plea of sympathy for illegality in distress, and a liberality which every one but the twenty-four sees to be spurious. They, forgetting how the false assumption of a virtue weakens their own position, appear before the world in this Pharisaical garb, unconscious of the finger of scorn which follows every movement. "Totius autem injustitiæ nulla capitalior est quam eorum, qui cum maxime fallunt id agunt, ut viri boni esse videantur." We can now only recommend an appeal to the Medical Council against the registration of this new grade of "Pœnales permissi." The motion for a return of all diplomas given without examination, which will be found among our Parliamentary Intelligence, is extremely well-timed.

Sir Benjamin Brodie's first *soirée* for the season, as President of the Royal Society, passed off very brilliantly last Saturday, at Burlington House. The exhibition of objects of interest in science and art was unusually large, such as the extremely ingenious machine for weaving by electricity, invented by Mr. Bonelli; Mr. H. Bradbury's engraving machines, which were exhibited in action; specimens of the newly-invented process of photo-zincography, by Colonel James, director of the Ordnance Survey; models of Mr. Whitworth's guns, and specimens of the actual shot used, explained by Mr. Whitworth; a very interesting series of portraits and relics of Dr. Priestley, including two of his electrical machines; the autograph manuscripts of Newton's *Principia*, and the sun-dial he carved as a boy; Trevithick's original locomotive engine; curiosities from Japan, exhibited by Captain Osborn and Dr. M'Gowan; model of an iron fortress, exhibited by Mr. Hall; and a very remarkable series of experiments, showing electric discharges *in vacuo* by the voltaic battery, by Mr. Gassiot. But, as usual, the great objects of interest were the visitors themselves. In addition to the most distinguished Fellows of the Society, there were present the Prince Consort, Lord Lansdowne, Sir Leopold M'Clintock, and many others whose names have become "household words."

Everyone is glad to hear from Mr. S. Herbert that the health of the Army is improved, and that its mortality has diminished; but no one can be surprised at the fact. It is manifest, however, that much in the way of hygiene yet remains to be carried out, so long as the mortality in the Army is greater than that of agricultural labourers:—

"The mortality of the troops abroad is, generally speaking, looked on by the military authorities as greater than the mortality at home, because abroad there come into play the injurious effects of climate and other causes, which tell against the health of the soldiers. But even abroad there is a great improvement in the health of the troops, except in India, where during the war they suffered much exposure, which caused consequent debility and death. I turn, however, to the mortality at home, about which there has been so much discussion in this house and elsewhere, it being much more possible to attend to the health of the soldier at home by judicious interference on the part of the authorities than it is abroad. I should add, that I have a strong reason for not dwelling on the mortality abroad, and that is, unless you take long averages you cannot come to a satisfactory conclusion regarding it. Take, for example, the case of the West Indies. You may have for a time a low state of mortality among the troops there. Then there comes a terrible epidemic that decimates your regiments; and unless you take one of these epidemic years into the average your calculations will be very unsatisfactory. I find, taking the average of the fifteen years previous to 1856, and comparing the mortality then with that of last year, that we have the following results:—The mortality of the Household Cavalry, which was 10 per 1000 in the former period, is now 8·24; Cavalry of the Line, former average 13·3, now 7·92; Royal Artillery, former

average 14·4, now 8·09; Royal Engineers, former average 11·2, now 7·19; Foot Guards, former average 19 and a fraction, now 7·74; Infantry of the Line, former average 19 and a fraction, now 8·05. In the depôt battalions the average is higher than in the others, being for last year 12·28. Let me guard the House against a too strict deduction from these figures. I have no doubt that the improved health of the troops is to a considerable extent owing to their being dressed better, fed and housed better; but it must be remembered that the Army is a great deal younger now than it was previous to the Crimean war. At the termination of that war many old men left the Army, and their places were supplied by younger men; and I cannot help thinking that the improved health of the Army is principally owing to the diminished ages of the men, though it is satisfactory to think that a part of the improvement has been caused by our sanitary reforms. This is proved by the fact that in the case of the Household Cavalry, which were neither in India nor the Crimea, and therefore never exposed to the causes that rendered it necessary to supply the places of old men with young, the mortality has fallen from 10 to 8·24 in 1000. If we can bring the mortality in the Army to be less than that among agricultural labourers, we shall remove from it the stigma of being an unhealthy profession, and make it more popular than it now is."

From whatever height the Council of the College of Surgeons may assume to look down upon any one unfortunate man whom it calls "member," it might at least be expected that the Council would take no great step tending to introduce an entire new element into the Profession, without some kind of consideration for the feelings and wishes of the *majority* of its members. But, even in this respect, the too-confident representative of professional brotherhood would be mistaken. In fancied security, the College Council has burst all bonds and forgotten all obligations. One day it makes an absurd curriculum of study; the next day it breaks that curriculum altogether in behalf of men who by position and general learning are least fitted to be considered; and now, nothing abashed, it pushes, or, rather, is trying to push, into Physic, for the sake of a few paltry fees, a new pseudo class of Practitioners—*certificated Dentists!* It was one of the many unfortunate things in the last Medical Bill, that, by some oversight on the part of the Profession, there was allowed to creep into the Bill a clause giving power to the College of Surgeons to issue a dental certificate. The clause, in fact, was so small, so unpretending, that, in presence of weightier considerations, as they then seemed, it was let through. Now, in the changes of fortune and fact, the full drift of the clause being exposed, the full mischief of it is exposed also; and such is the feeling manifested in regard to it, that, small as it is, it will probably lead to renewed political agitation of the Profession, to entire new views on Medical Reform, and to the introduction of a new Bill, supporting better and more catholic interests. The Council of the College of Surgeons, acting on the 48th Clause of the present Act, without any reference to the wishes of the Profession it ought to represent, is about to admit to its body, not only men who have passed a special examination, but men who assume a retrospective qualification by virtue of having operated on teeth, and worked at the mysteries of gold plate, bone, or vulcanite. We may thus expect, granting that this folly is not stopped by the firm and manly voice of the Profession, to see introduced among us a number of persons who, claiming relationship with a Surgical Corporation, will pass themselves on the public as Surgeons, and, being neither Surgeons nor Dentists, will pretend to be everything. That such a suicidal course can be allowed to pass without remonstrance is impossible. As our columns show, a large body of independent Dentists who desire this alliance even less than the Surgeons, are up in arms, and asserting their independence in a spirit and in action worthy certainly of commendation. In this crisis, it is clearly the business of the Medical Profession to be also at its work. It should memorialise the Medical Council: it might—although the attempt prove, as we fear it would prove, useless—memorialise the College of Surgeons; and it should support that section of Dentists which is trying to produce an organisation in Dentistry by an independent movement in the Dental body itself. These measures failing, the Profession has another course clearly before it. It has to pronounce—and this it can do right well—that the mere nomination of men to certain titles by the College of Surgeons is no surety of the virtual recognition of such men by the Medical body. The College of Surgeons may qualify druggists' assistants, or even Homœoquacks, but it cannot give these men rank with the Profession, however they may appear before the public. Let it be strongly proclaimed that we want no certificated specialists, and won't have them, and no power whatever can sustain them in honour. We make this remark with the best feeling to the members of the Dental Profession; in their own sphere we can work with them as brothers, consult with them as equals. But they must keep to their own sphere—not intrude upon ours.

The state of Military Surgery and Hospital Hygiène in Naples is lamentably illustrated by the following facts, just communicated to us by a Medical visitor to Naples:—"All the Swiss soldiers who were wounded during the revolt eight months ago have died except 21—only 21 alive out of 109, or, as some say, of the larger number, 170!" Allowing for the depressing effects of being on the beaten side, the small proportion of survivals is very remarkable.

We have great pleasure in announcing that Dr. Gibson, C.B., Inspector-General, has been appointed Director-General of the Army Medical Department. No appointment could have been made more satisfactory to the officers of the Department, or more likely to secure to them or to the public a worthy and competent successor to the lamented Alexander.

Lord John Russell's Reform Bill, if carried as brought in, will give a Member to the University of London, and one to the Scottish Universities. The proposal in his former Bill to give representatives to the legal profession is not renewed; nor has any offer been made of representation for any of our corporate bodies. None of these bodies are likely to take the initiative in this matter, nor is Lord John Russell likely to introduce any important modification of his measure; but those who feel strongly on this subject might either address him personally, or request their own representatives to start the subject for discussion when the Bill is passing through committee.

DENTISTS.—DEPENDENTS AND INDEPENDENTS.

The following Protest has been signed by nearly two hundred Dentists, in reply to that we published last week:—

"We, the undersigned, being Members or Associates of the College of Dentists of England, and others engaged in the practice of Dentistry, in reply to a Protest published in the *Times* of February 28, 1860, do hereby enter the following counter-protest:—

"First. That the College of Dentists of England was founded at a public meeting specially convened, in the year 1856, for the purpose of bringing about an honourable organisation of the Dental Profession.

"Second. That as the College at its commencement had educational objects in view, extending to Dentists throughout

the kingdom; the title of 'College of Dentists' was agreed upon, as the most expressive of such objects.

"Third. That, in taking this title, no legal right whatever was infringed; there being no other institution of the same kind in the United Kingdom or its dependencies.

"Fourth. That many of the names affixed to the Protest against the College of Dentists are those of gentlemen who assisted in the establishment of the College, were once members of it, and assented to its name.

"Fifth. That the College of Dentists is striving to advance the interests of the Dental Profession, and, at the same time, to secure for the public a properly-qualified class of Practitioners:—

"(1.) By providing for its members first-class lectures in the higher branches of science, delivered by men of scientific rank and reputation.

"(2.) By establishing a School of Dental Science, for the teaching of Anatomy, Physiology, Surgery, Dental Surgery, Chemistry, Dental Mechanics, and Comparative Anatomy, to Students in Dentistry; the chairs of which School are filled by able and practised teachers, and the usefulness and necessity of which educational establishment is fully proved by the excellence of the attendance.

"(3.) By founding prizes for competition on subjects pertaining to the advancement of the science and art of Dentistry.

"(4.) By founding a Museum and Library.

"(5.) By instituting a Board of Examiners for ascertaining that none but gentlemen duly qualified by their knowledge and skill shall be admitted to the privileges of membership.

"Sixth. That the College of Dentists took up the subject of an examination for its membership before the certificate to be issued by the College of Surgeons was even planned; and that the suggestion that an attempt is being made by the College of Dentists to confuse the one examinational certificate with the other is an entire and wicked fabrication.

"Seventh. That, on the contrary, the College of Dentists wishes its Certificate to stand out as an independent and honourable distinction; indicating the one principle, that the organisation and status of the Dental Profession can be better provided for by an institution of its own, than by its becoming an apppendage to the College of Surgeons, contrary, as it is believed, to the wishes of the members of that corporation.

"Eighth. That in the attempt to establish their policy, the Members of the College be allowed to carry out the principles they advocate in a straightforward and generous spirit."

REVIEWS.

Clinical Lectures on Certain Acute Diseases. By Robert Bentley Todd, M.D., F.R.S. Formerly Physician, late Consulting Physician to King's College Hospital. 8vo. Pp. 487. London: 1860.

Every line from the pen of Dr. Todd naturally meets with the attention of the Profession; so that this volume of his Clinical Lectures on Acute Diseases would, under ordinary circumstances, have been received with considerable interest by us all. Its appearance, however, almost simultaneously with the melancholy and unexpected death of its author, invests it with an unusual degree of interest. We can well imagine that Dr. Todd, who had arrived at clear and definite principles respecting the treatment of acute diseases, should have desired thus publicly to state his ideas fully and freely to the Profession; and we must say that the greatest credit is due to him for boldly and openly declaring his creed, and acknowledging the practice which he has founded upon it. We are, of course, aware that Dr. Todd has not expressed in this volume any ideas respecting the principles of his treatment of acute diseases, which he had not previously avowed; but it is clear that in this volume he now makes a full and definite announcement both of his theory and of his practice of Medicine.

Before speaking of these principles and of this practice we may observe that they are, in the main, the results of the doctrines which have now for some years been professed and advocated by the rising *Dii minores* of our Profession. That these doctrines have been gradually spreading through the ranks of the rising generation of Practitioners is certain; but that they have not yet virtually worked that change in the practice of Medicine which must of necessity one day—perhaps not an early day—flow from them, is, we fear, only too certain. Their abstract truth has been rather accepted theoretically, than have the logical conclusions which flow from them practically adopted. What has been hitherto wanting to them is the public profession of their truth by an acknowledged leader in our Profession. To Professor Bennett of Edinburgh, we are bound in fairness to say, is due the honour of having taken the lead in a public expression of his belief in and acceptance of the new doctrines and practical conclusions which are embodied in modern Physiological Medicine. Facts, the truth of which had long been tacitly admitted by many of the philosophic minds of our Profession, undoubtedly found their leading exponent in Professor Bennett. In his work on the Practice of Medicine were first supplied the facts and arguments which were wanting to establish this new faith on an indisputable basis.

Nevertheless, we know well that the conclusions referred to have not hitherto been generally accepted by the senior and, we may add, by the leading practitioners of our art. On the contrary, it is certain that some of the chief of these conclusions have been rejected and argued against by men whose dicta have, and most justly have, great influence over the minds of our Professional brethren. It is certain that the profession of opinions and practice of the modern sort here spoken of has heretofore required some degree of moral courage on the part of him who has expressed them; for they are clearly such as have not even yet found assent with the great body of the Practitioners of this country. The supporters of the anti-antiphlogistic school are still looked upon here as they are in the country of Tommasini, as "*pericolose gente.*"

Very opportunely, therefore, does this volume of Dr. Todd's appear. The school we speak of needed the authoritative voice of one who had legitimately and most honourably arrived at the summit of Professional place in the practice of our art. It was still wanting that one who had gained the ear of the Profession in this country should boldly express his belief and his practice, as modelled by the lessons of modern physiology, modern pathology, modern diagnosis, and modern clinical observation. In this volume Dr. Todd has spoken out most clearly, and told us what are the principles which should guide the hand of the Physician in the application of his art to the cure of disease.

In the twenty pages of preface of this volume will be found, so to say, formularised the creed of this accomplished Physician: and it is to the articles of faith, there expressed, that we wish to call attention. The *principles* upon which Dr. Todd's practice was founded, are those which we ourselves have long supported and avowed; but we must, as we proceed, venture to doubt whether the *practice* adopted by him, though correct in principle, has been always wisely carried out.

Dr. Todd's views embrace a total rejection of the term antiphlogistic as applied to the treatment of acute diseases. The treatment which is pursued in accordance with the ordinary idea attached to that term rests upon an untenable hypothesis respecting the nature of inflammation and fevers. He would desire that the words *sthenic* and *asthenic* should cease to be applied to inflammation, because "all these maladies," he believes, "will one day be regarded as more or less asthenic, and as promoting more or less an undue waste of tissue." In this opinion we fully agree with him, and have elsewhere expressed the same idea in the following words:—"Inflammation is a disease of weakness—a condition which in reference to health is an asthenic condition. Heat, redness, and increased vascularity are no more signs of a sthenic condition than is the hyperæsthesia of a paralysed limb a sign of increased vigour." In accordance with this theory we are necessarily led to the rejection of all those time-honoured remedies which bear the well-known name of antiphlogistic. Not only this. We are forced to the very opposite conclusion—viz. that the body must be supported while it is struggling through this mysterious visitation of disease; instead of weakening the strength of the citadel of life by withdrawing from it its *pabulum vitæ*, we should rather judiciously supply it with munitions, that it may have strength to persevere through the discord which is fermenting in its inward parts. Well would it be for mortals sick, that this word inflammation were banished from the nosological catalogue! Truly enough, as Dr. Todd hints, the very sound

of the name falling on the ear of the Physician, inspires him —like the war-horse in Job at the sound of the trumpet— with the idea of a fierce and fiery combat—a consuming and destructive flame to be extinguished. The affected part is the residence of the inflammatory entity; the tissues where it has fixed its seat are in a blaze; the blood which flows to them is an unceasing feeder of the flame. And the corollary is plain: Withdraw the blood, subdue the fire!

Such, undoubtedly, is the theory which has led to the antiphlogistic bleeding system; and which Dr. Todd so wisely repudiates. He falls back upon the modern history of medicine, and tells us that our knowledge has undergone a total revolution since the day when that theory was established. "Our vastly extended acquaintance with anatomy and physiology, the greatly enlarged security of the basis on which our knowledge of function rests, the much increased accumulation of facts of clinical history, all afford most important data for new inductions." How, indeed, can it be possible that Medical practice should not have undergone important changes, when the whole series of facts upon which rational medicine is based have likewise undergone vast changes? Scientific Medicine, to be worthy of the term, must, of necessity, be based on certain scientific facts; we all, whatever our views of practice, admit that pathology, physiology and anatomy, diagnosis, and clinical medicine, are studies indispensable to a right knowledge of Medicine. If it rest not on the facts which they impart, Medicine has no foundation whatever. But let us reflect, for one instant, on the pathology of to-day and of the past; on the diagnosis of to-day and of the past; on the diagnosis and clinical study of disease as taught to-day and a generation ago; and then ought we not rather to express surprise, that the whole system of ancient practice has not crumbled into dust, than that innovations have been made in a practice which has so little accord with the light now shed, by these aids, on Medicine. But Dr. Todd shall speak for himself on this vital topic:—

"The conclusions, which the clinical observations detailed in the lectures tend more or less to establish, may be summed up in the following propositions:—

"1. That the notion so long prevalent in the schools, that acute disease can be prevented or cured by means which depress and reduce vital and nervous power, is altogether fallacious.

"2. That acute disease is not curable by the direct influence of any form of drug or any known remedial agent, excepting when it is capable of acting as an antidote, or of neutralising a poison, on the presence of which in the system the disease may depend (*materies morbi*).

"3. The disease is cured by natural processes, to promote which, in their full vigour, vital power must be upheld. Remedies, whether in the shape of drugs, which exercise a special physiological influence on the system, or in whatever form, are useful only so far as they may excite, assist, or promote these natural curative processes.

"4. That it should be the aim of the Physician (after he has sedulously studied the clinical history of disease, and made himself master of its diagnosis), to inquire minutely into the intimate nature of these curative processes—their physiology, so to speak—to discover the best means of assisting them, to search for antidotes to morbid poisons, and to ascertain the best and most convenient methods of upholding vital power."—Preface, pp. vii. viii.

This is plain-spoken enough. The truth of this sort of language has been long admitted by many of us, and now it comes from the lips of one who was, in every sense of the term, a great Practitioner of his art; and it will have its effect. Hear this, all ye lovers of polypharmacy,—"Acute disease is not curable by the direct influence of any form of drug or any known remedial agent, etc. etc." Hear this also: "Disease is cured by natural processes." And again: "It is altogether fallacious, is the notion, that acute disease can be cured by *reducing*, etc., agents."

This resolute language, we must say, charms us; it is the expression (by an authority to whom our Profession will, as a body, give ear) of thought, and words, and deeds which have long received the approbation of many of the rising men of Medicine among us.

Dr. Todd also rejects what has been called "the change of type" theory of disease. Our readers will remember how opportunely this solution of the question of the altered practice of Physicians of the day has been invoked to explain away the cause of the alteration in treatment. There is no proof, he says, of the statement that disease is of lower type now than it was twenty or thirty years ago. As suggestive of the contrary, he mentions the fact that we are now-a-days spared those ravaging epidemics, fevers, dysenteries, exanthemata, which all exhibited examples of the lowest type of disease. The idea that the low type came in with the cholera he cannot admit; for he states that "at no time was the antiphlogistic treatment more rife than some years prior to the cholera epidemic." Dr. Todd, however, does not allude to what has always appeared to us to be an unanswerable answer to this theory, viz. that the comparison between the results of the treatment of disease thirty years ago, with the results of the same treatment now, is utterly impossible. If it be difficult to compare the effects of similar remedies upon patients treated by the same hand, at the same moment of time, even with the advantage of modern diagnosis, therapeutics, and pathology, we may readily see that such a comparison of the treatment of to-day with the treatment of disease forty or fifty years ago is an absurdity. All inflammation of the thoracic organs—of lungs, pleura, and heart—were in the good old days of Cullen lumped together under one head, and they all were subjected to the same antiphlogistic treatment; and yet we are told that we must compare our practice with Cullen in this matter of bleeding in pneumonia! Let the admirers of this theory think of Sydenham, who is thought an acute seeer of disease and its variations. Sydenham, the King of Observers, found his fevers changing their type with the most remarkable celerity. He always approached a new type of fever with fear and trembling, for he had to find out *by experiment* what the treatment of it should be; and had to sacrifice a few lives at first, as he fancied, in making the discovery. These fevers sometimes so quickly changed their type in his day, that a remedy which would save a man, as he says, in January would kill him in the following December. Let those who pretend to compare our treatment with that of the past, and to draw therefrom conclusions as to the type of disease; remember facts like these:—"the pathology and practice of that able Physician (Abercrombie) must now be, with but little exception, entirely discarded." (Preface, p. xii.)

(To be continued.)

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON NITRATE OF SILVER IN DIPHTHERIA.

By Dr. HAUNER.

Seeing the difference of opinion which prevails as to the efficacy of this remedy, it is of importance to exactly determine what cases are suited for its application, how far it operates alone or in consequence of its being combined with other remedies, and what is the best manner of employing it. It is only by the exact observations of numerous well-marked cases that these points are to be elucidated.

During fourteen months of 1857—8, scarlatina, pertussis, and measles prevailed greatly in Munich, where the author practises, and a very large number of children became the subjects of one of these diseases, very many of two of them, and some of all three. The scarlatina, as a general rule, was very mild, few children dying; the pertussis gave rise, owing to the tediousness of its catarrhal stage, to emaciation, but during its convulsive period it proved very amenable to remedies; while the course which the measles pursued was by no means so simple. There was no unusual mortality from bronchial or pneumonic inflammation; but the eruption in many cases, in its colour and its course, assumed the form of what is by some termed typhoid or putrid measles. The fever was very persistent, the paroxysms of cough were excessively violent, and the inflammation of the mucous membrane of the fauces, larynx, and bronchi was often intense. The patients were very slow in recovering, long remaining feeble, especially such of them as had already been attacked by scarlatina or pertussis. During the prevalence of these exanthemata, a diphtheritic condition of the mouth and

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throat was occasionally met with; but this readily yielded to *aqua oxymuriatica*, chlorate of potash, and slight cauterisations; and it was not until after the cessation of the exanthematous diseases that the diphtheritis broke out as an epidemic. The author's views on this disease already formed was amply confirmed by the observations of the present epidemic; and he considers that the following positions may be laid down with complete certainty:—1. Diphtheritis only attacks children who are debilitated from former disease, that usually being of an exanthematous character. 2. It is contagious, and may be conveyed from diseased to hitherto healthy children. 3. Death may be produced through intoxication or pyæmia, through exhaustion, or through the local extension of the disease to the larynx, bronchi, and lungs. 4. The treatment should consist in the prompt arrest of the progress of the disease towards organs dangerous to be affected, and the administration of internal roborants. 5. The antiphlogistic treatment is directly injurious.

In the present epidemic 82 cases came under the author's notice, 46 suffering from diphtheritis faucium et oris, 8 from angina diphth. grangrænosa, 6 from ozœna diphtheritica, 10 from laryngitis diphth., 5 from diphth. vagniæ, and 7 from diphth. cutanea. Exact inquiries ascertained that of these 82 patients 39 had suffered from measles, 15 from scarlatina, 19 from pertussis, and 7 from all three of these within the space of fifteen months. In 7 instances the children had been healthy until brought into immediate contact with those suffering from diphtheritis. With respect to age, only 8 of the children were less than 1 year old—the ages of from 2 to 8 being those of the bulk of the cases. The sexes were nearly equal. Although in some of these cases the children were surrounded by the best sanitary conditions, the majority, whether as regarded diet, residence, and care were not so provided for. Of the 82 children, 6 died,—2 from laryngitis and diphtheritic bronchitis, 1 from cutaneous diphtheritis (a post-mortem, which might have discovered internal lesions, being prohibited), 1 from pyæmia coming on during gangrene of the cheek, and 2 from atrophy after the diphtheritic process had ceased.

While the primary cause of the origin of a diphtheritis must be looked for in the preceding occurrence of another disease, it is not to be doubted that the careful treatment of a child so affected, with good food and nursing, healthy dwelling-place, etc., may prevent the outbreak of the diphtheritis, and its spreading by contagion can be entirely hindered. Sporadic cases, which often come under observation, are not of the same importance as during the prevalence of an epidemic.

In all the cases during this epidemic, the nitrate of silver was employed. The diphtheritic deposits of the mouth and throat were immediately well pencilled, and especially was the nitrate applied to and beyond the cutaneous deposits. Instead of the solid nitrate, a solution of from twenty to thirty grains to the ounce was also employed sometimes; and the author believes that the having prompt recourse to this local application, accompanying it by internal strengthening means, prevented the propagation of the pseudo-membranes to more important organs. Of the internal means, good meat-broth (Liebig's extract of flesh), coffee, beer, wine, etc. together with quinine and the chlorate of potash, were those chiefly had recourse to. Sometimes, at the commencement of the affection, an emetic of ipecacuanha and oxymel of squills was given with evident advantage. Baths were also employed, and the greatest cleanliness observed in the administration of food, etc.; while the fauces were frequently examined, all new deposits being removed and the caustic re-applied. In no instance did a case of the author's so treated pass into diphtheritic croup. The ten cases of diphtheritic laryngitis were treated by application of the nitrate to the larynx, and all but two recovered. In six of the cases which recovered the most unfavourable prognosis had been delivered. In three of the cases the cauterisation was repeated five times in the twenty-four hours; in two, four times; and in one, only twice; in four of the cases it was performed by Green's mode of applying the pencil, and in two by blowing in the powdered nitrate. Not only did the nitrate excite powerful cough and vomiting, whereby strips of false membranes were expelled, but after a few hours the breathing became easier and deeper, and the circulation more equalised. Sanguine as are the author's expectations of the benefits to be derived from the nitrate in diphtheritic croup, he yet believes that there are cases in which its most skilful application will fail to be of service; but still he maintains that there is no other remedy which produces so rapid, certain, and unmistakeable effects. Even after laryngotomy in this disease, the nitrate is still almost indispensible for the completion of the cure. After its employment, he finds it best to keep the parts surrounded by a moist heat, to which end compresses wrung out in water are kept around the neck, or cataplasms are applied in vaginal or cutaneous diphtheritis. The loss of substance under such applications is more quickly supplied, granulation and cicatrisation taking place much more rapidly. Above all things, the author cautions practitioners against adopting active antiphlogistic treatment in epidemic diphtheritis, affecting children, as it generally does, already enfeebled by prior disease.—*Furiep's Notizen.* 1859. Band ii. No. 21.

EXCERPTA MINORA.

A New Symptom of Typhoid Fever.—M. Sapolini states that a constant sign of typhoid, even in the stage of convalescence, is a peculiar mode of pulsation observed in the carotids. A large arterial wave is first perceived, which is rapidly followed by another less voluminous, and this by a third, after which comes a pause. This inequality of movement in the arterial waves, and the unusual sensation of interrupted whirring perceived by the fingers, are constant in their occurrence, and easy of recognition.—*Rev. Méd.* Feb. p. 181.

M. Nélaton on Anthrax.—M. Nélaton regards the theory of strangulation, upon which the practice of making deep incisions is founded, as erroneous. The adipose tissue does not, as has been represented, traverse the dermis through narrow apertures, but is deposited in little pits hollowed out on its internal surface; and it is not there liable either to strangulation or gangrene. What has been taken for pellets of gangrenous adipose tissue are really deposits of plastic matter. Anthrax is, in fact, two diseases concentrated upon one point, viz. an affection of the follicles of the skin, and around these inflamed follicles an inflammation of the subcutaneous tissue with tendency to gangrene. It is, in truth, diffuse phlegmon complicating the cutaneous affection; and as the treatment of diffused phlegmon *par excellence* is incision, this is why multiple and deep incisions constitute the best treatment of anthrax.—*Ibid* p. 180.

Polydipsia from Concussion of the Brain.—An interesting case has been recently observed in M. Moutard-Martin's wards, in which, after a concussion of the brain, from which he so imperfectly recovered, that severe cephalagia, and some hemiplegia remained, the patient manifested of extraordinary polydipsia, passing an equivalent amount of limpid urine. Chiefly under the influence of a seton the cerebral symptoms amended, and the polydipsia and polyuria entirely disappeared.—*Gazette des Hôp.* No. 18.

Ointment in Pityriasis.—Lard, 30; sublimed sulphur, 4; calomel, 4; and laurel-water, 5 parts. To be used every evening.—*Moniteur des Sciences*, No. xi.

Glycerine in Skin Diseases.—This substance has been justly recommended in various affections of the skin, and especially in those attended with desquamation. In that troublesome affection *pityriasis capitis*, in which the hairs become dry and fall off, during the abundant epidemic exfoliation, undiluted glycerine may be applied with excellent and durable effect. In *pityriasis rubra* and *pityriasis simplex*, a mixture, composed of equal parts of oil of almonds and glycerine, and one-half of oxide of zinc, has proved very useful. — *Medicinische Zeitung*, No. 3.

Tracheotomy in Croup.—Dr. Voss, Surgeon of the German Hospital, New York, details fourteen cases in which he has performed tracheotomy in croup, nine of the children dying, and five recovering. An interesting historical summary precedes the narrative.—*New York Journal*, January, p. 59.

Our Butter.—Holland and other foreign countries, in summer, when the make of butter is at its largest, usually ship from 6,000 to 7,000 casks weekly. At present they send to this country from 13,000 to 14,000 casks a-week, when it is impossible to produce that quantity in its genuine state. Of these 13,000 casks more than two-thirds are adulterated with farina, beef suet, and other substances, to the extent of from 30 to 50 per cent.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM ASSOCIATION.

Letter from Mr. Griffin.

[To the Editor of the Medical Times and Gazette.]

Sir,—I shall feel obliged by your allowing me to inform the Poor-Law Medical Officers that, although Mr. Pigott was unable to bring forward the Bill on the evening first intended, in consequence of the discussions on the new tariff occupying so much time, he assures me he will take the earliest opportunity of doing so. In a letter I received this morning from him is the following:—"We lose nothing by this delay. It gives opportunity for talking it over with members." It is possible, before this letter reaches you leave may have been given to introduce the Bill. Be this as it may, I strongly advise the Medical Officers to continue to send to the House their petitions, of which, up to the present time, about sixty only have been presented. I also urge upon them to write to each of the Members of Parliament with whom they are acquainted, and endeavour to obtain their support of the measure when introduced. Two hundred gentlemen have sent me their subscriptions this year; but this is a very small proportion of the 3000. Surely gentlemen can hardly be aware that, if this measure be carried in the shape proposed, upwards of £200,000 a-year will be added to the incomes of the Poor-Law Medical Officers, as a body. Two or three Officers have written to me within the last few days, forwarding subscriptions, but saying they will not be benefited by the measure. In each of these cases I have proved to them that their incomes will be doubled by the three elements of payment alone, omitting altogether the gain which will accrue by other clauses in the Bill. The great object of my obtaining money is, that I may be enabled to give every possible publicity to our complaints, and the mode of redress. I am at this time writing a commentary on each section of the Bill, which I intend to send to the Members of Parliament as soon as it is fairly before the House, in order that the necessity for each clause may be thoroughly understood, and that easy reference may be made to the arguments in support of it.

Everything at present looks propitious; and if the Bill should not be carried this Session it will be mainly owing to the apathy of the Profession. I am, &c.

12, Royal-terrace, Weymouth, March 3, 1860. Richard Griffin.

USES OF METALLIC SUTURES.

Letter from Mr. Campbell.

[To the Editor of the Medical Times and Gazette.]

Sir,—Dr. Sims, of New York, was pleased to send me a copy of his "Essay on the Silver or Metallic Suture." So important as a suture has the use of wire become in Surgery, that I think it ought to bear his name, and be called the "Sims Suture." Since reading Dr. Sims's paper, I have never used any other than the metallic wire suture, and the following are a few of the cases in which I have used it with benefit:—

Case 1.—J. A., a young man, aged about 20 years, residing in Barrack-street. On the evening of November 20, 1858, as he was going up stairs, while under the influence of liquor, he fell, and cut the upper left eye-lid, just beneath the eye-brow. The wound was nearly the whole length of the eye-lid. After washing the wound I applied two metallic sutures; no plaster would adhere over the place; a white pocket-handkerchief was applied. Two days afterwards the young man returned to his work, and on the sixth day the wire was taken out, and the wound quite healed.

Case 2.—A. P., aged about 40 years, was going up the stairs of the Market Inn, Kent-street, on the night of February 10, 1859, fell, and had his scalp lacerated in three places. All the wounds were ragged. As scalp-wounds are very troublesome to dress, by the removal of the hair, and the difficulty of applying plaster, etc., I resolved just to bring the wounds together by means of the metallic suture. In two of the wounds, each of which were rather above an inch, and irregular, two sutures were used; and, in the third wound, which was fully three inches in length, and irregular also, three sutures were inserted, a napkin was applied over all. I left, and never saw the patient more till on the sixth night he called at my place, telling me he was going to a ball, and wished me to take out the silver wires, as he called the sutures, which I did. He was quite well.

Case 3.—J. M., aged 33 years, a carpenter, with his axe cut his right leg on the right side, about an inch below the knee, to the extent of about three inches, on September 11, 1859. Three sutures were inserted or applied, and again removed on the seventh day, the wound being quite whole.

Case 4.—J. S. C., aged 3 months, had a hare-lip, extending to the alæ of the right nostril. My friend, Dr. J. G. Wilson, of the Glasgow Lying-in Hospital, assisted me. After making bare the edges, I passed two silver sutures and brought the edges together, and then put a small bit of isinglass plaster over them. On the second day the child was put to the breast; on the eighth day they were removed, the lip perfectly well.

Case 5.—J. W., aged 5 years, on October 14, fell on the edge of a common iron pot, lacerating his face in a semi-crescent from the outer edge of his right upper lip, laying the cheek open to the extent of three inches. Four sutures were inserted, and the wound covered with plaster. On the sixth day so whole was the wound that I removed the wires.

Case 6.—A. J., aged 15, while amusing himself on the ice on December 14, 1859, fell and cut his right leg to the extent of fully five inches and a-half, right across and just about one inch below the knee, exposing but not wounding the patella and lower edge of the capsular ligaments, both of which were distinctly seen. The wound was brought together by seven silver sutures, and then covered by isinglass plaster. On the eighth day they were removed, and on the twelfth the boy returned to his work.

In all these cases neither inflammation nor suppuration followed, the wounds healed most kindly, and from the time the sutures were inserted, till they were removed, the patients were never seen, nor did they require to be seen till the removal of the sutures. The advantages of metallic or silver sutures over any other suture must have been remarked by every Surgeon who has used them, from their non-irritation; for not only in my hands, but in every recorded case where they have been used, there have neither been inflammation nor suppuration as a consequent, and the rapidity with which union takes place is most astonishing. In the former suture their marks were too often indelible, but not so in the metallic suture; the mark or scar of the wound may be seen, but not that of the suture. Dr. Sims, of New York, has done a most lasting benefit to Surgery and humanity by his advocacy of metallic thread for sutures. I am, &c.

22, Gallongate-street, Glasgow. Jas. Campbell.

ALCOHOLIC TREATMENT OF DISEASE.

[To the Editor of the Medical Times and Gazette.]

Sir,—The death of Dr. Todd has naturally caused the Profession to speak especially at the present moment of the treatment of acute disease by the administration of alcohol. The extent to which this treatment of disease by that accomplished Physician was carried, is well known to all his Professional colleagues. That the practice is not one which can yet be considered to have received the unanimous approbation of the Profession, is certain; and it must, therefore, be considered, in some sense, as still on its trial. I, therefore, ask you to give admission to the opinions of Mr. Higginbottom, the well-known Surgeon, of Nottingham, upon this subject. When men like him and Dr. Todd differ so essentially concerning the value or utility of a remedy, we smaller mortals must, while quietly looking on, suspect that there is something further to be said on both sides of the question, before it can be considered as exhausted and settled.

Mr. Higginbottom finds that the Nottingham Board of Guardians have spent £430 during the past year in wines, spirits, and ale, and he thereupon remarks:—"I cannot look upon that expenditure, in any light, but as a sinful waste of the rate-payers' money; and it has been the means of perpetuating intemperance, and producing poverty, crime,

disease, and death, as a general result." He then goes on to say:—"I have particularly had my attention directed to alcohol, in the form of wines, spirits, ales, etc. for many years, with its effects on the human system, both in health and disease, and have endeavoured to gain a thorough practical knowledge of the subject. I prescribed those stimulants, for the first twenty years of my practice, as customary with my Medical brethren. I have relinquished their use altogether for the last twenty-seven years, from a full conviction of their inefficiency, and their dangerous qualities as a medicine, even before the Temperance Societies had any existence; this has been corroborated by my subsequent practice, from the above period to the present time. I have found by abandoning alcoholic stimulants altogether, acute disease has been much more readily cured, and that chronic disease has been much more manageable. I have never seen a patient injured by the disuse of alcoholic fluids, and have not heard from my Professional brethren, or patients, that it has been the cause of a single death. The present mania for prescribing alcohol, in all its Protean forms, is of a later date, not commencing before the year 1833, eighteen years after the blood-letting mania had ceased. I have no hesitation in affirming that the old system of blood-letting has destroyed hundreds of valuable lives, and I have less hesitation in affirming that the present plan of alcoholising patients is destroying its thousands."

The views held by Mr. Higginbottom are, I believe, held by many a venerable Practitioner of our Art; and are, therefore, worthy of our serious consideration. What will the public say when they find us thus discordant among ourselves?

Ich.

POOR-LAW MEDICAL REFORM ASSOCIATION.

Letter from Mr. Mercer.

[To the Editor of the Medical Times and Gazette.]

Sir,—At a meeting of the students of Guy's Hospital, held on March 2, to determine what course should be adopted in order to demonstrate with other Schools in favour of Poor-law Medical Reform, the following resolutions were carried, A. E. Durham, Esq., in the chair.

1. Proposed by Mr. Fagge, seconded by Mr. Mercer,—"That this meeting sympathises in favour of Poor-law Medical Reform."

2. Proposed by Mr. Gayleard, seconded by Mr. Meggy,—"That this meeting is willing to co-operate cordially with the other Medical Schools in promoting the objects of the Association."

3. Proposed by Mr. Atwell, seconded by Mr. May,—"That two delegates be sent from this School to concert measures with the representatives of other Schools."

4. Proposed by Mr. Galton, seconded by Mr. Cann,—"That this meeting is of opinion that separate petitions from the different Medical Schools will further the cause more than any general meeting of students."

Amendment proposed by Mr. Meggy, seconded by Mr. Gayleard,—"That an aggregate meeting of students of the several Medical schools should be called, at which further measures might be deliberated upon."

5. Proposed by Mr. Woodman, seconded by Mr. Tanner,—"That this meeting pledges itself to defray, by subsequent subscriptions, any incidental expenses which may arise in the course of the proceedings."

I am, &c. John Thomas Mercer, Hon. Sec.

THE MEDICAL ACTS AMENDMENT BILL.

Letter from Mr. McDonnell.

[To the Editor of the Medical Times and Gazette.]

Sir,—Allow me to ask you to insert in your columns the following brief observations on the Medical Acts Amendment Bill. This Bill confers upon the University of Dublin the special privilege of registering its Surgical diploma. No one, I believe, doubts that the University of Dublin has the right of giving a Surgical diploma; but the Medical Act, of 1858, did not give to the Dublin, any more than any other University, the right of registering that diploma. This omission was not accidental, but was purposely made, on the very rational grounds that a multiplication of diploma-giving bodies naturally leads to a competition of a downward character, injurious alike to the Profession and the public. Anyone who reads what Mr. Cardwell has said upon the subject of this Bill will see that he advocates the conferring of this special privilege upon the University of Dublin in consequence of the peculiar position of the Irish College of Surgeons having a School of Medicine united to it. Suppose, then, that the Fellows of the Royal College of Surgeons in Ireland are willing to resign their charter to the Crown and receive a new one, placing their College in the same position as the English and Scotch Colleges. The occasion would no longer exist for making any exception in the case of the University of Dublin.

This alternative, if proposed by Mr. Cardwell and acceded to by the College, would lead to a settlement of the question quite in accordance with the principles of the measure of 1858, and would save the Irish School of Surgery from the injury certain to be inflicted upon it by the multiplication of Irish diploma-giving institutions.

Many of the Fellows of the College of Surgeons agree with the opinion expressed by me in your Journal of December 11, 1858, that our College should be like a University, presiding over many Schools or Colleges, but especially connected with none in particular; and I believe that many of the Fellows are now alive to the fact that a College of Surgeons should be an examining, not an educating, body.

Before this Bill, therefore, is carried through the House of Lords, it may be suggested to those interested in maintaining the general settlement already adopted with reference to Universities, that the opinion of the corporation should be taken with regard to the alternative proposed.

I am, &c.

Robert McDonnell, F.R.C.S.I.

11, Lower Pembroke-street, Dublin,

COLLEGE OF SURGEONS.

Letter from Dr. Cookworthy.

[To the Editor of the Medical Times and Gazette.]

Sir,—In compliance with a resolution of the Plymouth Medical Society, passed at a meeting held on February 17, I send you a copy of an address to the General Council of Medical Education and Registration, signed by fifty-six Fellows and Members of the Royal College of Surgeons of England, whom you will greatly oblige by giving their address a place in the *Medical Times* on Saturday next.

I am, &c.

J. C. Cookworthy, M.D., Hon. Sec.

Plymouth, March 3.

"To the Members of the Medical Council of the United Kingdom.

"Gentlemen,—We, the undersigned, Members of the Royal College of Surgeons of England, resident in Plymouth, Devonport, Stonehouse, and the neighbourhood, have seen with surprise and regret that the Council of our College has granted its diploma to men of insufficient education.

"We are of opinion that, by such acts, the Council has lowered the value of its diploma, and caused it to be no longer a guarantee of Professional competency; and, perceiving that the protests of members in other parts of the country have been disregarded, we earnestly entreat you to exercise the powers given you by the new Medical Act, to compel the Council of the College of Surgeons to follow a course more consistent with its own honour, and more conducive to the dignity of the Profession and to the interests of the public.

"William Joseph Square, M.R.C.S., John Whipple, M.R.C.S., and Francis Fox, M.R.C.S., Surgeons to the South Devon and East Cornwall Hospital; John Hele Fuge, F.R.C.S.; Thomas Harper, M.R.C.S.; T. A. Stewart, M.R.C.S., and Richard Hill Derry, M.R.C.S., Surgeons to to the Plymouth Public Dispensary; James H. Hicks, M.R.C.S.; Henry Greenway, M.R.C.S.; J. Henry Eccles, M.R.C.S., and E. M. R. Rendle, M.R.C.S., Surgeons to the Plymouth Eye Infirmary; Frederick W. P. Iago, M.B. and M.R.C.S.; William Pearse, M.R.C.S.; Charles R. Prance, M.D. M.R.C.S.; Charles Taylor, M.R.C.S.; Richard Frec-

man, M.D. M.R.C.S.; William Bray Stevens, M.R.C.S.; William Braithwaite, M.R.C.S.; W. P. H. Eales, M.R.C.S.; J. N. Stevens, M.R.C.S.; Edmond Rendle, M.R.C.S. and M.D.; James Hamlyn, M.R.C.S.; William Cole, M.R.C.S.; John Lane Cutcliffe, M.R.C.S.; William Paul Swain, M.R.C.S.; John Bray Butcher, M.R.C.S.; G. F. B. Harrison, M.R.C.S.; James Bennett, M.R.C.S.; George Rolston, M.R.C.S.; James Crossing, M.R.C.S.; Thomas Crossing, M.R.C.S.; Philip Porter, M.R.C.S.; Paul Wm. Swain, M.R.C.S.; Joseph May, F.R.C.S.; Robert M. Watson, M.R.C.S.; Lorenzo P. Tripe, M.R.C.S.; Rd. J. Laity, M.R.C.S.; P. De Larne, M.R.C.S.; Nicholas Moone, M.R.C.S.; Robert E. Embling, M.R.C.S.; Philip Toms, F.R.C.S. and L.R.C.P. London; Christopher Bulteel, M.R.C.S.; Henry Perry, M.R.C.S.; R. W. Peard Kerswill, M.R.C.S.; John Jagoe, M.R.C.S.; Wm. Marrack, M.R.C.S.; Lawrence S. Nicholas, M.R.C.S.; Alfred Prideaux, M.R.C.S.; Nicholas Littleton, M.R.C.S.; Thomas Littleton, F.R.C.S. and M.B. London; William Littleton, M.R.C.S.; John Lower Clark, M.R.C.S.; Edwin J. Worth, M.R.C.S.; John Little, M.R.C.S.; Samuel Kerswell, M.R.C.S."

Letter from Mr. Smith.

[To the Editor of the Medical Times and Gazette.]

Sir,—Enclosed is the Council's reply to a memorial from Practitioners residing in this locality, published in your Journal.

I am, &c.

F. Porter Smith.

Evercreech, Bath, March 6.

"Royal College of Surgeons, London.
"February 21, 1860.

"Sir,—The memorial enclosed in your letter of the 9th inst. from Members of this College residing in Bath and its neighbourhood, respecting the admission of persons to the membership of this College, 'concerning whose general and professional education very grave doubts have justly arisen,' has been laid before the Council; and I am desired to acquaint you in reply that owing to the highly penal clauses of the Medical Act, this College has, in common with several of the Medical Corporations in the United Kingdom, been obliged to relax its rules, for a limited period, in favour of certain persons, who have practised many years, and who, in the opinion of the Court, would have been unjustly excluded from the Register, and has admitted to examination persons whose surgical and general character has been certified by competent practitioners.

"I am, Sir,
"Your obedient Servant,
"Edmund Balfour, Secretary.

"To F. Porter Smith, Esq."

DOUBTS WITH REFERENCE TO THE PROPRIETY OF TREATING SYPHILITIC SORES BY THE ABORTIVE METHOD.

Letter from Dr. D. F. Rennie.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the paper lately read before the Medico-Chirurgical Society, noticed in the *Medical Times and Gazette* of February 25, Mr. Acton draws attention to the fact, that among the Foot-Guards stationed in London, 1 in 4, or 25 per cent. suffer from primary syphilis; and that of the men so affected, 1 in 8, or 12½ per cent., are attacked with secondary symptoms. A statement such as this, based on the best statistical data, showing the constitutions of 125 soldiers out of every 1000 of the Household Infantry that contract primary venereal sores, to become impregnated with the syphilitic poison, is one appearing to me to be of a nature sufficiently serious to justify the question being revived as to whether true chancres are not invariably secondary sores, indicative of the constitutional taint having already taken place? and, further, to put the query as to whether venereal ulcers are not, in their earlier stages, eliminating surfaces, that if left uninterfered with by escharotics, would (as the vaccine pustule does) ultimately remove from the system the virus that has been introduced into it by a process similar to that of cow-pox inoculation.

I have entertained the view for some time that an analogy exists between the mode of formation of the vaccine pustule and that of chancre, which, if correct, leads to the conclusion that the abortive treatment of syphilis, as laid down by Ricord, is at variance with the true pathology of the disease, and its tendency such as to favour, rather than avert, constitutional contamination.

Vaccination is generally admitted to consist of the introduction into the system of a minute quantity of a contagious virus originating in the cow. The poison thus introduced, undergoes a process of development, and increases in quantity in the course of its circuit through the body, and ultimately accumulates in the form of a pustule at the place of its original introduction. Supposing, therefore, the characteristic pustule to be in course of formation, and about the fourth or fifth day its apex removed, and the raw surface cauterised with nitrate of silver, to destroy its specific character, and convert it into an ordinary sore, from which no vaccine matter could be procured,—the practical result of this would be that, the process of elimination going on in the pustule being checked, a certain amount of the cow-pox matter must remain pent up in the system until a new mode of exit was found for it.

If syphilis, therefore, is a specific poison, like that of the vaccine virus, possessing the property of penetrating the system, and of undergoing a similar process of development in the course of its circuit through the body—the probabilities are, that, like the vaccine virus also, it is introduced through a breach of surface, or a readily-permeated membrane, and that after undergoing the developmental process, it makes its exit, as a general rule, from the point at which it was introduced—there accumulating, as the vaccine matter does, in the form of a pustule, which soon afterwards assumes the characteristics of the venereal sore.

Ricord describes chancre as originating in a pustule, which should be laid open and cauterised prior to the fifth day, as the only effectual mode of preventing the constitution becoming contaminated.

I am, &c. D. F. Rennie, M.D.

Glasgow, February 27.

Illegitimacy in Scotland seems to increase gradually as we proceed northwards. During the month of January last the proportion of illegitimate births in the following towns stands thus:—In Greenock, only 4·6 per cent. of the births were illegitimate; in Paisley, 6·7 per cent.; in Edinburgh and Leith, 7·7 per cent.; in Glasgow, 7·9 per cent.; in Perth, 8 per cent.; in Dundee, 8·9 per cent.; and in Aberdeen, 15·3 per cent. And during the quarter ending December, 1859, the proportion of illegitimate births in the country districts was considerably higher than that in the town districts. In the 125 town districts, 1166 of the births were illegitimate, while in the country districts they numbered 1195; giving the proportion of only 8 per cent. of the births as illegitimate in the town districts, against 10·3 per cent. in the country districts. Moreover, it appears, that to whatever causes it may be owing, the proportion of illegitimate births is much greater in those counties which are comprehended in the north-eastern and southern divisions of Scotland. Thus, while the proportion of illegitimate births during the quarter was only 3·1 per cent. in Ross and Cromarty, 3·5 per cent. in Shetland, 3·6 per cent. in Orkney and Sutherland, 5·8 per cent. in Renfrew, 7·2 per cent. in Lanarkshire, and 8·8 per cent. in Ayr, it rose to 11 per cent. in the counties of Selkirk and Dumfries, to 12·9 per cent. in Kincardine, to 13·5 per cent. in Kirkcudbright, to 16 per cent. in Kinross, to 16·3 per cent. in Aberdeen, to 17·6 in Wigtown, and to 19 per cent. in Banff.

King's College Hospital.—The Annual Court of the Corporation of King's College, was recently held in the board-room of the Hospital, Mr. Chase in the chair. The out-patients have been 33,781, being an excess of 4835. The legacies bequeathed during the year amount to the noble sum of nearly £10,000. The second and largest portion of the building is now rapidly approaching completion, and will probably be finished in the autumn of 1861. The report also paid a well-merited tribute to the late Dr. Todd.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 28, 1860.

F. C. SKEY, Esq., President, in the Chair.

A paper, by Mr. JOHN WOOD, was read on

A NEW METHOD OF EFFECTING THE RADICAL CURE OF HERNIA.

The author commenced by a brief sketch of the anatomy of the inguinal region. The peculiarities of structure of the parts concerned in inguinal hernia, of which especial advantage is taken in the operation proposed and practised by the author, are—1st, the mobility and sliding power of the skin in the groin, owing to the synovial character and loose areolar meshes of the deep layer of superficial fascia; 2nd, the total absence of fat from the areolar tissue of the scrotum, its density, elasticity, toughness, and great vascularity enabling the Surgeon to invaginate it into the inguinal canal, to retain it there by stitches, and cause it permanently to adhere to its sides and to the cord; 3rd, the protection afforded to the peritoneum and vessels (epigastric and circumflex iliac) by the intervention of the fascia transversalis, and its connexion with the deep surface of Poupart's ligament; 4th, the formation by the conjoined tendon of the internal oblique and transversalis muscles and triangular ligament of the greater portion of the posterior wall of the canal, and the feasibility of raising the former by the finger passed into the canal behind the lower edge of the internal oblique muscle, so as to pass a needle through it and the internal pillar of the external abdominal ring together. The author then stated that the methods respectively practised by Ragg, Bonnet, Gerdy, and more lately by Wutzer, of Bonn, and Rothemunde, of Munich, most frequently fail in producing a permanent cure chiefly by their not obtaining a hold upon the posterior wall of the canal, and their securing only the anterior portion of the fold produced by invagination, leaving the posterior half of the fold ready for the reception of a fresh portion of intestine. The objections to the introduction of a hard dilating plug into the invaginated fold of skin and its retention, by Wutzer's method, are as follows: that the skin and fasciæ intervening in two layers between the compressing hard surfaces and the serous laminæ of the invaginated sac, ward off from them in great measure the effect intended,—namely, that of adhesive inflammation; while the absence of counter-pressure behind the posterior fold renders the dilating force of the plug almost nugatory, unless sufficient expanding power to cause sloughing be employed—to the great distress, not to say danger, of the patient. The dilating action of the plug upon the canal and external ring leaves the latter in a worse condition than before in case of the failure of the operation. The principle of plugging up a dilatable aperture like the inguinal opening is surely a false one. The invaginated skin invariably descends when the consolidation is absorbed, the latter being temporary only in its duration. The principle of the author's operation is directly opposite to that of dilatation,—namely, that of drawing together and compressing the anterior and posterior walls of the canal in its whole length, and their union by the adhesive process with the invaginated fascia of the scrotum, which is detached from the skin and transplanted into the canal, the skin being left to adhere below to the approximated margins of the external abdominal ring. By this means the posterior wall of the inguinal canal is made to act as a valve to prevent any future descent of the bowel, shutting up the superior opening by becoming united to the anterior wall through the medium of the scrotal fascia, which thus affords a very highly organised and vascular connective tissue between the tendinous surfaces, which it would be very difficult to cause to adhere together otherwise. The fascial invagination becomes likewise firmly adherent to the spermatic cord. This continues to be effective even when the temporary effusion of lymph is reabsorbed. *The Operation.*—This consists, 1st. In detaching the scrotal fascia from the skin over the lowest part of the hernial protrusion with a tenotomy-knife, and then invaginating the fascia into the canal with the forefinger. 2ndly. In passing a strong, well-curved needle, fixed in a handle, armed with a stout, thick thread, and guided by the finger, through three points in the canal—viz. the conjoined tendon and the triangular fascia (forming the posterior wall), and the external pillar of the ring close to Poupart's ligament (forming the anterior wall of the canal). The ends of the ligature are left in the two former punctures, and a central loop in the latter, passing through the pillars of the external ring, and through the same aperture in the skin of the groin. This may readily be done by sliding upon the adjacent aponeurosis. 3rdly. A cylindrical or flattened compress of glass or boxwood, two inches and a-half long by one inch wide, is tied firmly upon the axis of the canal by passing the ends of the ligature through the loop, and tying over the compress. Before tightening the ligature, the Surgeon should satisfy himself, by passing the forefinger through the external ring, that the ligatures draw upon the posterior wall. The opening in the scrotum should be tucked well up to, but not within, the external ring. In recent cases of hernia, in which the sac is small and possesses an intimate vascular connexion with the peritoneum, and a very slight one with the cord, it may be pushed back into the superior opening, and the ligature applied altogether external to and without puncturing the sac, thus diminishing very much the chances of peritoneal inflammation. But in old and large herniæ, the sac has a more intimate vascular connexion with the scrotum and cord, and constitutes, as it were, a separate structure, distinct from the peritoneum. In these cases the sac is necessarily invaginated with the fascia, and the ligatures pass through it. In these the inflammation set up in the sac is much less liable to spread into the abdominal cavity, especially when the upper orifice is closed by the ligature. In a large sac the adhesive process is necessary to complete obliteration of the canal, and to prevent future complications. The compress is removed from the fourth to the seventh day, according to the degree of action set up. The ligatures may be left in a week or two longer to act as conductors for the discharges, and to keep up consolidating action as long as may be desirable. When the sac is punctured, serous fluid flows from the wound in greater or less quantity during the first three or four days. The author called attention to the action of the rectus muscle upon the inguinal canal through the conjoined tendon, in drawing backward the posterior wall of the hernial canal, thus aiding the dilating action of the protruding bowel in the production and growth of the hernia. The effect of the ligatures and consequent adhesions in his operation directly counteracts this action of the rectus. He considers that the first tendency to oblique inguinal hernia, so often hereditary, is owing to deficient development of the lower fibres of the internal oblique producing an imperfect covering to the internal ring. In some of the cases operated on, he has succeeded in supplementing this deficiency by passing the scrotal fascia well up in front of the internal abdominal ring, and securing it to Poupart's ligament in that position. He considers that the chief source of failure in the performance of his operation, especially in large and old cases, is in not securing a hold upon the posterior wall. By simply attaching the fascia to the pillars of the external ring, and drawing the latter together, the hernia, though prevented for a time from descending into the scrotum, still occupies the canal, and will, sooner or later, again dilate the external ring, unless constantly bolstered up by a truss. The closing of the external ring by the lower ligatures, in this operation, contributes much, however, to secure in its new position in the canal the transplanted fascia. In small cases of direct hernia, the closure or obliteration of the external ring only may be effective in producing a cure, if care be taken to obtain a hold with the inner end of the ligature upon the triangular fascia covering the border of the rectus, immediately behind the opening of the external ring. In noticing the objections to the plan, the author showed that, by properly protecting the point of the needle with the finger, and keeping in front of the fascia transversalis, all danger of wounding the epigastric and circumflex iliac vessels or the bowel was guarded against. The fear of peritonitis is avoided in recent cases (in which it is most to be dreaded), by not puncturing the sac at all, but closing up the tendinous opening external to it. In old cases, adhesive action may be set up in the sac without fear of its spreading to the peritoneum,

as the results of numerous cases have shown. The objections made to the limited incision into the skin of the scrotum (which is little more than a puncture) he considers to be puerile. Its advantages in permitting the escape of discharges are evident. Full reports of fifteen cases of hernia (all inguinal) were appended to the paper. One of the cases was a boy of eight years of age; the ages of the others ranged from fifteen to fifty-four and fifty-eight years. One was a female with bubonocele; the rest were males. Three were cases of direct, the rest of oblique hernia. Thirteen were scrotal; four of large size, and three with very large and lax internal openings. Two were congenital, and two complicated with varicocele (cured also by the operation). In only one case were the symptoms at all severe, or gave suspicion of peritonitis. In this case, the patient was in King's College Hospital eight weeks, the symptoms were produced by burrowing of matter between the oblique muscles, following a diarrhœa then prevalent in the Hospital (in July last). This patient made an excellent cure, was treated entirely without truss, and was one of the cases shown to the Society. The hernia had a very large internal opening, and the subject was cachectic and ill-nourished before the operation. In one other case, the patient was in bed a month; in another, there was partial sloughing of the sac, which was a large and long one, with a very pendulous scrotum, and a large varicocele. This case was treated also entirely without truss, and both hernia and varicocele were cured in eighteen days. The duration of treatment in the rest of the cases varied from nine to twenty-one days. Eight were treated entirely without truss. Thirteen are good and persistent cures, and have remained firm ever since, extending over the following periods of time: one (the first), very nearly two years,—this case was published in the *Lancet* of May 29, 1858; another, one year; two, ten months; four, nine months; three, eight months; one, two months. Three of the cases had been before operated on by Wutzer's and Ragg's methods; one case was operated on twice; one is doubtful; one was re-ruptured by indiscreet and early hard lifting without truss. Six cases of cure were exhibited by the author to the Fellows of the Society. Of these, four had been treated entirely without truss, and all had been well, and some severely, tested by lifting and heavy labour. The first case (operated on nearly two years ago) was among those exhibited. No difference whatever was apparent between the groins of the two sides. One had been cured in a year, three in nine months, and one in eight months. One of those treated without truss was congenital, in a young man aged twenty years; another was of five years' standing, in a man aged fifty-eight. The rest were of eighteen, sixteen, and three months' standing respectively. All were scrotal herniæ, and two direct. Two had chronic bronchitis (at times severe) after the operation, and one during the progress of the cure. The paper was illustrated by diagrams, to which the author directed the attention of the Fellows.

Mr. Henry Lee said that the degree of success attained by Mr. Wood was very encouraging, and should induce every one to give his method a fair trial. He did not think, however, that those who had performed the operation as directed, had been as successful as Mr. Wood himself. He suggested whether the operation might not be simplified. In a case, under his care in September last, he simply invaginated the scrotum, without any dissection of the skin over the fascia. From the invaginated skin he passed one of Mr. Wood's needles first through the internal wall of the canal, leaving the end free; then withdrawing the needle he passed it through the opposite wall, leaving that end also free; he then simply tied together the two walls of the canal over the skin, without any dissection whatever, leaving the ligature to find its way out. The result was a radical, permanent cure. He thought the plan simpler and less dangerous than that described in the paper. In this case the obliteration of the sac did not depend upon the parts being tied tightly together, so much as upon the ligature being left across the sides of the sac. In the case of any matter accumulating in the perforated sac there was a ready exit for it through the opening produced by the ligature.

Mr. Curling said there could be no doubt that a simpler method than that described by Mr. Wood might in many cases be adopted with success. In a case of omental hernia which had been lately published, he had adopted Mr. Wood's principle (for which he was entitled to great credit), with a modification similar to that described by Mr. Lee, passing the needle through the anterior and posterior walls of the canal; and the operation has perfectly succeeded. Mr. Wood had exhibited great research and originality in his treatment of the subject. For many years Surgeons had been endeavouring to overcome the difficulty of obtaining a radical cure of hernia, but they had not gone to the root of the evil, as Mr. Wood had done—contracting the aperture through which the intestine descended. He questioned the necessity, however, of separating the superficial fascia, and invaginating that. By cutting through the superficial fascia, and carrying the finger onward into the canal he thought the needle might be passed so as to attain the object Mr. Wood desired. If Mr. Wood's operation was to be extensively adopted it must be with a view of superseding the truss, which to poor persons especially was a matter of great importance. In the cases described a difficult operation had been performed by a very skilful operator, and it would be scarcely fair to infer that the results would be as favourable in other hands. Before performing the operation he thought it desirable to practise upon a dead subject. He operated upon the body of a phthisical subject, in which the inguinal canal was constricted, and in passing the needle under the conjoined tendons he included a small portion of the peritoneum; and he thought it was possible such an occurrence might happen in operating upon the living body. He had understood from Mr. Wood that in many cases the sac was invaginated; the ligature, therefore, passing through the sac must pass through the membrane continuous with the peritoneum, which could not be altogether free from danger.

Mr. Holthouse thought the operation a very valuable one, but it appeared to him that too much stress was laid on the importance of drawing together the canal and the orifices. The greater part of the cure, he thought, must be attributed to the adhesion of the opposite surfaces of the canal, and if that were so, it became a question how far the operation was applicable to every case. There were great varieties in cases of hernia, and in order to ensure complete success the operation should be one adapted to the peculiarities of each case. Cures had resulted from Gerdy's operation not effected simply by plugging up the canal, but by the adhesion of the two sides of the canal. In some cases that he had seen, the plug had come down shortly after the operation was performed, but still a radical cure had been effected, which could only have taken place by the adhesion of the opposite surfaces. With regard to the danger of peritonitis, he had examined a list of sixty-two cases in which Gerdy's operation had been performed, and out of the four deaths that occurred not one was occasioned by that disease. One death was from pyæmia, another was accidental, another was from suppuration in the walls of the abdomen, and the cause of the fourth was not known. In one case that came under his care, in which Mr. Wood's operation had been performed, the patient during the first three or four days suffered great pain in the abdomen, the symptoms being almost those of peritonitis, but on removing the ligatures at the end of the fifth day, the pain gradually subsided and the patient was cured. About four months afterwards he died of bronchitis, and on examining the body he (Mr. Holthouse) found no traces of peritonitis.

Mr. Spencer Wells proposed that the debate be adjourned to the next meeting, remarking that the great charm of the meetings of the Society was the discussion that followed the reading of the papers. He thought, in the case of an important subject like that brought forward by Mr. Wood, it would be a great advantage to the Society to give the members an opportunity to think the matter over and examine their notes of cases before expressing their views. The motion not being acceded to,

Mr. Wells then said he thought Wutzer's operation was in many cases preferable to that described by Mr. Wood. In well-selected cases it had been attended with great success, and the danger of passing the needle through the sac was very slight compared with that attending the introduction of vegetable threads, which strangulated and killed the portions of the tissues which they encircled, and absorbed putrid or decomposing fluids. He believed that in one case at Chatham, death followed Mr. Wood's operation; a similar result occurred in King's College Hospital; and one of Mr. Wood's own cases had been attended with very serious symptoms. As the operation had not been performed in more than twenty cases, this was surely enough to prove that it was

attended with considerable risk. He thought that where the canal was long and narrow, and where the plug could be easily introduced and fixed, it would be found expedient to adopt the simpler and safer operation of Wutzer; but where the canal was short and the rings wide, and where compression could be applied only upon one point of the canal, Mr. Wood's operation, or some such modification of it as that suggested by Mr. Lee and Mr. Curling might prove advantageous. He agreed with Mr. Curling that great merit was due to Mr. Wood for the introduction of an operation which in many cases might prove of great utility. In cases where there was great bulging about the internal ring, as in some of those patients exhibited at this meeting by Mr. Wood, there was defective development of the abdominal muscles, particularly of the internal oblique, which would render *any* operation for the radical cure of hernia ineffectual.

Mr. Wood said he thought the case referred to by Mr. Lee was not one which could fairly come into the category of ordinary hernia, and it was hardly safe to draw any deductions from a single case. The same remark would apply to the case mentioned by Mr. Curling; though these cases might have been successful, there were many in which Gerdy's operation (which was somewhat similar to the mode adopted by Mr. Lee and Mr. Curling) had been successful for a short time, but had been followed by the descent of another hernia. Mr. Wood then entered into some details of his method which had been omitted in the reading of his paper, and explained the fatal cases alluded to by Mr. Wells, the one to erysipelas, and the other to the fact that the operator had not followed his directions.

The Society then adjourned.

ANNUAL MEETING.

The Annual Meeting of the Society was held at Berners-street on the 1st instant.

The Chairman having declared the ballot opened for the election of officers,

The minutes of the last meeting were read and confirmed.

The annual report showed that the total receipts for the past year were £1477 10s. 10d., and, after the investment of £98 received for composition fees, there remained a balance of £31 19s. 5d. There had been a slight increase in the number of Fellows, a loss of 18 having been rather more than made up by the election of 20, of whom 14 were resident. One foreign honorary Fellow, 3 resident,, and 9 non-resident Fellows had died; 3 resident Fellows had resigned, and the name of 1 had been erased for non-payment of subscription. The income of the Society for the past year was £1423 2s. 1d., the largest ever received. The Society have now in stock £3569 8s. The total sum paid for compensation now amounts to £488 18s. 6d. It was stated that notwithstanding the adoption of the system of compounding for annual subscriptions, the number of Fellows paying annually had but slightly decreased. The library had received a considerable addition, and a valuable report, with an index containing more than 35,000 references, had been prepared by the sub-librarian, and ordered by the Council to be printed. In acknowledgment of Mr. Wheatley's faithful and indefatigable services, they had voted him an honorarium of thirty guineas. The Council did not see sufficient reason for discontinuing the publication of the *Proceedings*, which they therefore recommended should be continued.

Mr. Charles Hawkins, in moving the adoption of the report, proposed the following resolution: — "That the report of the President and Council be received and adopted, and printed and circulated among the Fellows." After some remarks on the success of the plan of allowing Fellows of the Society of a certain standing to compound in lieu of any further annual payment, and on the steadily and gradually increasing amount of their income and funded property, notwithstanding the publication of an expensive volume of *Transactions*, the improvements and alterations of their house and great additions to their library, Mr. Hawkins then defended the recommendation of the Council as to the continuance of the publication of the *Proceedings*, which contained a record of the transactions of the Society not to be found in their annual volume, and also the addresses of the Presidents given at the anniversary meetings, with the interesting biographical records of deceased Fellows. Previous to the publication of the *Proceedings*, a great mass of information was lost to the Society. Another argument in favour of the publication of the *Proceedings* was that they were circulated among all the non-resident Fellows, thereby giving them an account of all the Society was doing, and returning them something for the six guineas they paid on admission. He thought also that great advantage would accrue to the Society if the discussions on the papers were printed in the *Proceedings*, and that they should be issued more frequently than they had been. Mr. Hawkins then proceeded to show the importance of enlarging the library. It had been determined to do so ten years ago, when he was Secretary of the Society. At that time he had given much attention to the subject, and he had found that for £1500 a room worthy of the Society might be made. They no longer wanted the funds for this alteration, and he trusted that it would soon be carried out. Mr. Hawkins then said: "It is now fifty-five years since this Society was founded (and, I believe, no original member is now in existence), and it is twenty five-years since we procured a charter of incorporation and became a Royal Society. Well, Sir, let us take a review of what we have performed in that time. Have we carried out entirely the objects the founders of the Society had in view, and for which the charter was granted by the Sovereign? The charter says the Society was founded for 'the cultivation and promotion of Physic and Surgery, and for the branches of science connected with them.' Have we done all in our power to cultivate and promote the branches of science connected with Physic and Surgery? or, rather, have we not allowed other societies to be formed to discharge the duties entrusted to us? The formation of the Pathological Society, the Epidemiological Society, and now the Obstetrical Society, I think, answers the query in the negative. No one can be more alive to the necessity of the existence of a Society devoted to the study of pathology than the individual who addresses you; no one more ready to acknowledge the success —I will say, the great success—that has attended the establishment of this Society; but I also am compelled to state that I think the study of pathology should have been 'promoted and cultivated' by the Royal Medical and Chirurgical Society; and we should not have permitted a distinct Society for this purpose to have started into existence. So with the Epidemiological and Obstetrical Societies. Well, Sir, how can the present state of things be remedied? How shall we regain the position our charter gave us? I think very easily. A Society has lately been established in the country—viz. 'The Society for the Promotion of Social Science'—a Society, I think, if properly worked, destined to exert a greater influence on the people of this country than any we have yet known of. I have had the honour of holding the office of secretary to one of the departments, and am one of the Council of the Society, and therefore know something of the working of it. I see no reason why the Royal Medical and Chirurgical Society should not adopt the plan in operation in her sister Association, and instead of having, as now, so many different societies, that we should in this Society institute different *departments*, with their own presidents, councils, and secretaries, for the carrying out investigations in all these different paths of science. The Society would then possess the power of contracting into one focus that which is now distributed through so many different ways. Before I leave the subject of the Society I have mentioned, I may state that in that Society there is a department for the consideration of subjects connected with the public health. Now, surely, Sir, we never should have permitted a subject so naturally belonging to our Profession to have passed entirely from our hands into those of a general Society. We possess among our Fellows many gentlemen quite competent to deal with, and to command respect as authorities on, this subject. I need only refer to the Secretary who sits on your right (Dr. Barclay) as an example, himself one of the appointed officers of health of an important parish. I think we have lost a great opportunity of bringing to bear an influence on the public and on the Profession on many subjects connected with our Profession which this Society might have done, had it been differently constituted. And surely, Sir, no one will deny that such an engine is wanted. This want was never more apparent than on a recent occasion when the Government was in a dilemma how to act in regard to a trial for poisoning that had occupied much of the public attention. No doubt we were fortunate to have among us a referee possessing rare qualities for such an investigation;

but the referring such a question to *one* individual, however qualified, is a measure the public look upon with great concern. Such questions, and many others connected with sanitary matters, would be very properly referred to the Royal Medical and Chirurgical Society, were it so constituted as to gain the confidence of the public. The Medical corporations appear to have the whole of their time occupied with the duties entrusted to them by their different charters; and the new Council think their duties refer alone to education and registration: therefore I think, Sir, we might make a trial if the Royal Medical and Chirurgical Society might not be constituted the supreme council for reference on all *scientific* doubts and difficulties (I beg to eschew anything like Medical politics being imported into our work). And if, at our annual meeting, instead of a mere report of the financial state of the Society being made, the president, or the presidents of the departments, should make a report on the progress of science during the past year, and discussions were to take place upon these reports, our annual meeting, instead of being confined to a couple of hours of an evening, might extend over a whole day, or days; we might then equal the French Academy in its best days. The details necessary for carrying into effect the views I have ventured to shadow forth I will not detain the Society by going into. More than half of the Fellows of the Medico-Chirurgical Society are now members of the Pathological Society, and many also of the Obstetrical; so it is clear that it would be a saving in a pecuniary point of view to many of us and to others. By paying an extra guinea or two they would, in fact, become Fellows of three Societies in one, with all the concomitant advantages." (Hear, hear.)

Dr. A. P. Stewart seconded the motion, supporting the views of Mr. Hawkins, the adoption of which would, he considered, be the means of establishing an Academy of Medicine for Great Britain, which was urgently required.

Dr. Balfour, in moving an amendment, disclaimed any intention of proposing a vote of dissatisfaction or want of confidence in the Council. The publication of the *Proceedings*, he said, began in 1857, and among the regulations was one that authors should be at liberty, in sending their communications, to intimate to the Secretary whether they wished them to appear in the *Proceedings*, or in the *Proceedings* and *Transactions*. He did not think that a very wise measure, for if a paper were not of sufficient value to appear in the *Transactions*, it would not be a wise thing for the Society to send it to the world under its imprimatur in the *Proceedings*. But he had been told that one of the objects was to induce members to write short papers that they might be published in the *Proceedings*. Many of the best papers, it was true, were the shortest; but the Fellows of the Society had themselves completely answered the question. In the third volume of *Proceedings* published during the last year, there was not a single paper published *in extenso*, therefore he presumed that none of the Members had intimated their wish that they should be. Was it, then, expedient that the Society should continue to publish *Proceedings*, containing simply the abstract of the papers? Was it worth the expense? He humbly submitted that it was not. They had the abstract of the proceedings published in the *Lancet*, and in the *Medical Times and Gazette*, and published in a much less objectionable form, or, at all events, in a much better form than in the *Proceedings* of the Society, for they were published along with the remarks of the members upon them, and if any erroneous doctrines were set forth, the reader with the poison had the antidote. Whether it would be expedient for the Society to employ a shorthand writer, and give the debates *in extenso*, along with the abstract, was a question upon which he should not enter; but he thought it useless to go to so much expense to publish what they already had in a more complete form. The Royal Society had been quoted as a precedent, but that Society embraced such an enormous variety of subjects that no journal, especially a weekly journal, would undertake to publish the proceedings, or even the abstracts of the papers read; whereas the Medical Profession had two journals which not only undertook to publish the proceedings of the Society, but fairly and honestly reported them, and with a remarkably well reported digest of the discussions upon them. There were very few members who did not take in one of the journals to which he had alluded; and he thought the expense incurred in the three last years, 129*l.* besides the amount of a subscription to the object, might very well be saved, and if not spent in enlarging the library, part of the surplus fund might be appropriated to the assistance of scientific investigations, as in the case of the Royal Society. He would therefore move—"That the report be received and adopted; but that it is inexpedient to continue the publication of the *Proceedings* at the expense of the Society."

Dr. Maclachlan seconded the Amendment.

Dr. Webster expressed his entire dissent from the opinion of Dr. Balfour with reference to the publication of the *Proceedings*. Any paper of sufficient value to be read, certainly deserved to have some notice taken of it in the *Proceedings*. It was true they had a very excellent record of them in the journals, with the addition of the discussion; but he thought the Society should keep a record of its proceedings, as well as any other Society. Many important facts were given in papers which hardly warranted, perhaps, a publication in full; but no paper should be read which the Society was ashamed to see recorded in its *Proceedings*. Besides, nearly 200 members who were residing in the country, who were not entitled to receive the *Transactions*, were supplied with a copy of the *Proceedings*. Sir Benjamin Brodie, alluding to the *Proceedings* of the Royal Society, had said that many facts, thoughts, and suggestions had been preserved, which would otherwise have been neglected or lost, but which might prove to be of much value hereafter. He was, therefore, pleased at the decision of the Council; and, with regard to the Society spending its funds in promoting scientific investigations, there would be no objection to its doing so, if Government would grant it £1000 a-year, as it did to the Royal Society.

Mr. Curling said a short paper was read before the Society five or six years ago, relating only a single case, which the author would hardly have expected the Society to insert in its *Transactions*. A very short, meagre abstract of it appeared in the journals, and they did not give him anything like the information he wanted; and, within the last few days, he had written down to the author, who resided in a distant part of the country, for particulars.

Mr. Partridge entirely concurred with the greater part of what had fallen from Mr. Hawkins; but he hoped the Council would pause before adopting any suggestion with regard to the reporting of the debates. It would involve, of course, the employment of a shorthand writer; but that would be unimportant, provided the result were sufficiently useful. He thought the greater part of the discussions would be uninteresting to the Profession; and, besides the probability of the practice leading to many objectionable proceedings, it was not in accordance with the customs and dignified habits of Societies of such a character and standing.

Mr. Hawkins thought Dr. Balfour had really answered his own amendment. The distinction he wished the Society to draw, by putting its imprimatur on one paper and not upon another, would not hold. The doctrines propounded in the papers might be erroneous, or, in fact, entirely wrong: the more reason why they should be published, that the Profession might put them right. As to its being undignified to report the discussions, if it was not undignified for Parliament to allow the publication of its debates, he thought no reasonable objection could be made on that score by the members of the Society. With regard to the employment of a shorthand writer, the debates were so well reported in the journals, and such care was taken to leave out all the extraneous matter which must necessarily arise in debate, that it would be advisable to make arrangements for the proprietors of the journals to give up their vested interest in the reports, in exchange for the abstract of papers supplied to them by the Society.

The amendment was then put to the meeting, but it was supported by only the mover and seconder.

On the original motion being put, Dr. Balfour was the only Fellow who opposed it.

Mr. Curling proposed an alteration in the bye-laws, the effect of which was that all Fellows residing in the United Kingdom should receive the usual summonses to the meetings, and be entitled to vote on all occasions, which at present was not the case if they resided more than seven miles from London. It was also thought desirable, that as there were so many papers to be read, the Society should meet in October, and in the month of June, if the President and Council considered the number of papers rendered it necessary.

Dr. Webster seconded the resolution, and intimated that an abstract of the papers should be in the hands of Mr.

Wheatley for a week previous to each meeting, that Fellows might refer to it, and come prepared with their cases and opinions.

Mr. Spencer Smith supported the suggestions of Mr. Hawkins, especially with regard to the amalgamation of the Societies, and moved a verbal alteration in the bye-laws which a mistake had rendered necessary.

Mr. Coulson thought the Society very much indebted to Mr. Hawkins for his suggestions. He hoped that as they were now in possession of ample funds, the enlargement of the room would be effected at no distant period.

Mr. Pyle seconded the motion, which was unanimously carried.

On the termination of the general business,

The President commenced his address. He said he was happy to find assembled so influential a body of the Fellows to give their sanction to the report. The past session had been a prosperous one in all respects, whether he regarded the contribution to the funds (which were in a highly satisfactory condition), or the expenditure, which had been devoted to the addition of a considerable number of books, or to the publication of an additional volume of the *Transactions*. The past session had promoted the utility of the Society, as well as its prosperity. It had increased its means of usefulness by extending its power of disseminating knowledge among its Fellows, while its prosperity was tested by the enlargement of its resources. In each relation the session had proved eminently satisfactory. The attendance of Fellows at the ordinary meetings had been unusually large, and the contribution of papers had greatly accumulated in the hands of the Secretary; and he claimed on behalf of the Council the credit allowed to their predecessors, of having performed their duties with zeal and impartiality, and deserving the acknowledgment of their services by the Society. The obituary of the year was not a light one, and among other names it contained that of one Fellow well known and highly esteemed by the Profession, and who had contributed valuable papers to the *Transactions*. On the list also were the names of many Fellows who, though less generally known, had achieved positions of eminence in private practice, and were entitled to the expression of their respect and sympathy. Mr. Booth Eddison, of Nottingham, was respected for his sound judgment, and for the earnest zeal which characterised his devotion to his Profession, at which he laboured with more than usual earnestness. In 1857, he was elected President of the British Medical Association. Mr. Eddison possessed a valuable Medical library, which was distributed at a public sale. He died in March, aged 51.—Dr. Thomas Dent Mütter resided in Pennsylvania, studied Surgery under Baron Dupuytren, and settled in Philadelphia, and in 1841 was appointed Professor of Surgery to the Jefferson Medical College, which office he filled during fifteen years. Dr. Mütter collected a very valuable museum, which he bequeathed to the College of Physicians in Philadelphia, with an endowment of 30,000 dollars. He published a monograph on "Club-foot," and papers on "Plastic Operations."—Mr. George Edwardes, F.R.C.S., of Wolverhampton, died of diphtheria, aged 51. He was appointed Surgeon to the South Staffordshire Hospital, which office he resigned some years since. Mr. Edwardes was highly respected, and equally regretted by a large circle of friends.—Mr. Charles Gardiner Guthrie died in August, aged 42. He was formerly Surgeon to the Westminster Hospital, and subsequently Surgeon to the Royal Westminster Ophthalmic Hospital. He contributed some papers to general Medical literature on the "Diseases of the Eye." Among his friends, Mr. Guthrie was esteemed a generous-hearted and liberal man.—Mr. Alex. Anderson, elected in 1817, died at New Hampton, aged 97.—Dr. John Cogill Leath, Edinburgh, late Army Medical Staff; elected 1823; died last October, aged 82.—Dr. Robert Paley (Glasgow, 1802), of Bishopton Grange, Ripon, magistrate for the Liberty of Ripon; elected 1806. Dr. Paley was the first elected member of the Society. His name appears first on the list, all the previous names being those of original members, of whom none survive. He died in October, aged 79.—Sir Francis Sacheverel Darwin, Breadsall Priory, Derby, Deputy-Lieutenant of Derbyshire; elected 1818; died in November, aged 76. Sir F. S. Darwin was the son of the eminent Dr. Darwin, and was knighted on presenting an address to the King in 1820. He practised for many years at Lichfield.—Dr. Martin Thomas Hiscox, King's College, Aberdeen, F.R.C.S., by examination, in 1845. Died near Bath in December.—Frederick Hale Thomson, born in 1799. He relinquished general practice on the death of his father, from whom he derived considerable property. He was appointed, by the interest of Mr. Guthrie, Assistant-Surgeon to the Westminster Hospital, which appointment he resigned in 1849. He died in February.—Dr. Robert Bentley Todd was the son of an eminent surgeon in Dublin, and was born in 1809. He was educated at Trinity College, Dublin, and in 1831 came to England, took an *ad eundem* degree at Pembroke College, Oxford, and became a Licentiate of the Royal College of Physicians in July, 1833. In the same year, he lectured on Anatomy at the Aldersgate School of Medicine. In 1836 he was elected to the chair of Physiology and Morbid Anatomy in King's College, which appointment he held till 1853. In 1838 he took an active part in the establishment of King's College Hospital, and performed for some time the duties of Honorary Secretary to Institution. He became a most successful clinical lecturer, and was especially remarkable for the accuracy of his diagnosis, and few men produced on the minds of their pupils a stronger conviction of the truth of the opinions he advocated. In 1843 he published his treatise on "Gout, Rheumatic Fever, and Chronic Rheumatism." In 1835 he designed the "Cyclopædia of Anatomy and Physiology," to which many of the ablest of our writers contributed. It is unquestionably a work of great value. In 1843 appeared the first part of the "Physiological Anatomy and Physiology of Man," which he wrote in conjunction with Mr. Bowman. This also is a standard work, and has performed good service to the cause of Physiology. Dr. Todd also wrote a memoir on the "Anatomy of the Brain and Spinal Cord," and several papers on the Nervous System. In the Lumleian Lectures, in 1850, he maintained that many cases of delirium and coma depended on blood-poisoning, and were entirely of humoral origin. Thus, in their treatment, he resorted to increased nutrients and stimulants, to repair the lost vigour of the system, and it cannot be denied that his treatment was eminently successful. In the last volume of his Clinical Lectures, Dr. Todd thus expresses his conclusions:—"That the notion so long prevalent in the school, that acute disease can be prevented or cured by means which depress and reduce vital power is fallacious. That disease is cured by natural processes, to promote which in their full vigour vital power must be upheld. Remedies, whether in the shape of drugs which exercise a special physiological influence on the system, or in whatever form, are useful only so far as they may excite, assist, or promote these natural curative processes." For some time past, it became evident that Dr. Todd's declining health disqualified him for the active occupations of his extensive practice, and that the crisis of a disease which had been for four years foretold by an acute Medical friend whom he consulted was at hand. On Monday, January 20th, he returned from a fatiguing journey, and was attacked by hæmatemesis, which proved fatal on the afternoon of that day.—Mr. Richard Chamberlaine, of Kingston, Jamaica, was elected in 1818. He contributed a paper to the *Transactions* in 1815, communicated by Mr. Abernethy, "On a Case of Axillary Aneurism for which the Artery was tied."—Dr. Thomas Forster, late of Hartfield Lodge, East Grinstead, and of Chelmsford; elected 1820; died in Brussels in February, aged 70. The library contains many works by Dr. Forster: "A Sketch of a New Anatomy of the Brain and Nervous System, by Drs. Gall and Spurzheim;" "On the Destructive Operation of Spirituous Liquors on the Animal System;" "Observations on the Influence of the Atmosphere on Health and on Insanity;" "Illustration of the Atmospheric Origin of Epidemic Disorders of Health," and other works.—Frederick Henry Alexander Baron Humboldt, member of the Institute of France; born at Berlin, 1769; elected a Foreign Hon. Fellow, 1835; and died in May, aged 89. His earliest attainments consisted of physics and natural history. He visited all the neighbouring countries, and published the result of his mineralogical researches. At twenty-one years of age he published his first book, "Mineralogical Observations on some Basaltic Formations on the Rhine;" and shortly afterwards, "The Specimen Floræ Freiburgensis Subterraneæ." Humboldt was appointed Assessor to the Council of Mines in Berlin, and subsequently General-Director. He likewise devoted himself to the study of animal galvanism. To Galvani's experiments he added many

original ones, and subjected himself, in the earnestness of his zeal, to painful experiments which proved injurious to his health. In 1798 he first conceived his great scheme of exploring the countries under Spanish rule in South America. The President then drew an interesting sketch of his progress in company with his friend, Bonplandt, through New Andulasia, Guiana, Havannah, and the great expedition to the Cordilleras; his perilous ascent of Chimborago, to the height of 19,500 feet; his return through North America to Europe, after an absence of six years. Prior to the year 1827, Humboldt had published, as the result of his observations, upwards of thirty volumes, many of them of large size. He obtained leisure to prosecute severe chemical pursuits in company with Guy Lussac and Berthollet, especially the analysis of the constituents of atmospheric air, and the composition and meteorological phenomena connected with Mount Vesuvius. In 1829 he received the title of Privy Councillor. At sixty years of age he undertook to explore Central Asia in company with Ehrenberg. In 1830, in a political capacity, he was sent to Paris to acknowledge the accession of Louis Philippe to the throne of France. His last great work is the "Kosmos," which may be deemed a digest of his other works. His valuable library has been purchased by Lord Bloomfield, with the intention of its being placed in our National Museum. Temporal dignity was conferred on him, the efforts of whose life had been dedicated to the purpose of dignifying our common nature, and who thereby reflected dignity on the rank and honours showered upon him. Such rewards in such examples are grateful to us all, for it is rarely that the eminent teachers of humanity obtain, during their lifetime, more than a mere instalment of the gratitude of the world. The President thus concluded his address:—"The Royal Medical and Chirurgical Society has already run a career of fifty-five years, during which it has rendered most important services to the cause of Scientific Medicine and Surgery, not only by the publication of the *Transactions*, but by the discussion of papers by the highest intelligence of the Profession. We may estimate the merit of the *Transactions* by recollecting the different conditions under which they are published from the rest of our literature. Before admission the papers are subject to severe critical inquiry both by Council and referees. Some are approved, while many are rejected. The more valuable only find their place in the *Transactions;* whereas, how many authors, depending on their own judgment, have reason to regret the issue of an ill-directed labour of years! The volumes of the *Transactions* are all valuable, although their intrinsic value from year to year may vary; but, contributed by many of our greatest men, they form an aggregate of unsurpassed value throughout the Medical Profession. I beg, gentlemen, to thank you for the honour you have again conferred on me, and to assure you that so long as I occupy this chair, supported by the zealous co-operation of the Council, I will endeavour to uphold the dignity of the very distinguished office to which you have again appointed me, and to maintain in full force and efficiency the high interests of the Royal Medical and Chirurgical Society of London."

Mr. Stanley moved, and Dr. Begley (of Hanwell) seconded a vote of thanks to the Chairman, requesting him to allow his address to be printed.

The proceedings then terminated.

A singular phenomenon in the natural history of Ceylon is the sudden appearance of full-grown fishes in places which a few days before had been incrusted with hardened clay; and Sir Emerson Tennent entertains the hypothesis that these fishes possess the faculty of burying themselves in the mud, like crocodiles. Some species of fish in Ceylon are greatly addicted to travel by land, like those Sir John Bowring observed in Siam, ascending the banks of the river, and losing themselves among the trees of the jungle. There is a perch which may be encountered even on hot and dusty roads, and which has been said to climb up trees.

"Even in England, where we have long enjoyed a Continental reputation for indulging our eccentricities, if a man wander many hairs' breadths from the beaten path two Surgeons will lock him up, and a judge and jury, upon the testimony of a footman that his master was not exactly like other people, will set aside his will."—*Times.*

PARLIAMENTARY INTELLIGENCE.

THE FACTORY ACTS.

The Earl of Shaftesbury presented a petition signed by 10,000 persons, including merchants, manufacturers, magistrates, clergymen, etc., praying that the lace factories might be brought under the operation of the Factory Act. The noble lord said that in the lace trade there were a vast number of women and children employed, the latter class being frequently introduced into the business at the early age of seven, eight, or nine, and were employed sometimes to an extent of forty-eight hours at a stretch. Under these considerations he would give notice to their lordships' House of his intention to introduce a Bill to carry out the prayer of the petition.

ADMINISTERING POISONS BILL.

The Lord Chancellor, in moving the second reading of this Bill, stated that its object was to correct a defect in the existing law with regard to the administering of poisons. As the law now stood, if poisons were administered with the intent of committing murder it was a capital offence; but if it was shown that there was no such intent, he was sorry to say that the law was very defective, and frequently failed to reach the offender. The present Bill was brought in with a view to remedy this state of things. It contained two clauses; by the first of which it was provided, that when poison was administered with intent to do grievous bodily harm, the offence should be punished with penal servitude for life; and by the second, where it was administered only with the intention to annoy, it should be held to be a misdemeanour, punishable with three years' imprisonment. He hoped these provisions would be found to remedy the present defect in the law to which he had alluded.

The Bill was read a second time.

MEDICAL ACTS AMENDMENT BILL.

This Bill passed through committee on Monday, and was read a third time on Tuesday.

VACCINATION.

On the motion of Mr. Thomas Duncombe, an address was agreed to for a copy of all instructions or correspondence from the Privy Council-office or Poor-law Board, addressed to Boards of Guardians in England and Wales, with respect to the cost of prosecuting persons refusing or neglecting to have their children vaccinated; and of the number of children vaccinated, and of those who afterwards died.

THE LUNACY ACT (SCOTLAND).

Sir G. Lewis said the Lunacy Act (Scotland) was at present under the consideration of the Lord Advocate, with a view to its amendment, and he believed that the learned lord would shortly ask the House for permission to introduce a Bill on the subject.

SCOTCH UNIVERSITIES.

Colonel Sykes moved for leave to bring in a Bill to amend "An Act to make provision for the better government and discipline of the Universities of Scotland, and improving and regulating the course of study therein; and for the union of the two Universities and Colleges of Aberdeen."

NOTICES OF MOTIONS.

Mr. O'Brien,—Address for return of the number of qualifications to practise either Medicine or Surgery, under the Medical Act of 1858, granted since the passing of the said Act *without examination* by any University or Body authorised to confer qualifications entitled to be registered under the said Act; setting out the names of the University or Body granting such qualifications, and the amount of fees received for such grants.

"My late brother-in-law, Dr. Marshall Hall," says Mr. Higginbottom, "who is justly denominated the 'great English Physiologist,' was the first person who arrested the slaughtering practice of blood-letting, by his accurate diagnosis before he published his book on 'the loss of blood,' in 1825. During the ten years of his residence in Nottingham, I had daily communication with him in practice, and was privy to the very important change in the treatment of disease. He used to call the lancet, 'a minute instrument of mighty mischief.'"

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted Members of the College, at a meeting of the Court of Examiners on March 2:—

Bateman, John Alfred, High-street, Shadwell
Buxton, Thomas, Fazeley, Tamworth, Staffordshire
Chamberlaine, Joseph, Syerstone, near Newark, Nottinghamshire
Clouting, John Revett, Shipdham, Norfolk
Ely, John James, Chatham
Ford, James Harridge, Grays, Essex
Knott, James Parsons, Blisworth, Northampton
Liudley, Joseph Ferguson, Cheadle, near Manchester
Marshall, Francis Henry, Moulton, near Northampton
Pearse, William, St. Tudye, near Bodmin, Cornwall
Swain, Thomas, Newhall-street, Birmingham
Steel, John Slack, Chapel-street, Salford
Trull, John, New Brighton, near Liverpool
Webb, Thomas, Cavan, Ireland
Woods, Robert, Walton-on-the-Hill, near Liverpool

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, March 1:—

Cann, Thomas, Seaton Devon
Fuller, William Francis, Bridgewater, Somersetshire
Harding, John Alfred, Bath, Somersetshire
Homfray, Charles Augustus, Clifton, near Bristol
Jones, Walter William, Denbigh, North Wales
Nunn, Roger, Ixworth

The following gentlemen also on the same day passed their First Examination:—

Earle, James Lumley, Nether Slowey, Somersetshire
Eldershaw, Frederick, London

DEATHS.

AYLING.—March 3, at Andler's Ash, Liss, near Petersfield, Hants, Thomas Ayling, Surgeon R.N., aged 44.

FALCONER.—December 2, during the voyage home from Calcutta, in the troop-ship *Clarence*, Daniel Machlachlane Falconer, Moulmein, Burmah.

FERGUSON.—February 20, drowned in the wreck of the Montreal Ocean Steam Shipping Company's steamer *Hungarian*, — Ferguson.

LAWDER.—February 21, at St. Helier's, Jersey, James Lawder, retired Surgeon on the Madras establishment, aged 73.

MACKARSIE.—February 26, at Clay Cross, Derbyshire, W. Mackarsie, aged 43.

POWELL.—At Bristol, Thomas J. C. Powell, House-Surgeon of the Bristol Royal Infirmary, aged 27.

TAYLOR.—March 2, at 6, Robert-terrace, King's-road, Chelsea, John Taylor, M.R.C.S. and L.S.A., aged 52. A friend adds "He was a diligent student all his life, and a conscientious Practitioner."

WALKER.—February 9, at St. Michael's, Azores, Sanderson Walker, M.D.

THE VOLUNTEER LEVEE.—The Medical Officers of the Volunteer Corps attended her Majesty's *levée* in considerable numbers. The following, in the order of their respective counties, were introduced to the presence of the Queen:—

ARTILLERY.—*Northumberland*—Hon. Surgeon Dr. Emerson. *Cornwall*—Hon. Assistant-Surgeon W. H. Box; Hon. Surgeon A. A. Davis. *Kent*—Hon. Surgeon E. Young; Hon. Surgeon W. P. Hoare. *Cinque Ports*—Honorary Assistant-Surgeon F. Tiechurst. *Glamorgan*—Surgeon T. Williams. *Lanarkshire*—Surgeon W. Leishman. *Yorkshire (East Riding)*—Surgeon E. S. Brett; Surgeon Jenner. *Gloucestershire*—Surgeon Power. *Cheshire* — Assistant-Surgeon E. Bowen. *Durham* — Assistant-Surgeon G. Welford. RIFLE CORPS.—*Devon*—Surgeon J. L. De la Garde. *Middlesex*—Surgeon C. P. Croft; Assistant-Surgeon Moger; Honorary Surgeon T. Bridgwater; Assistant-Surgeon Sillifant; Surgeon J. O. M'William; Assistant-Surgeon H. B. Bunnett; Surgeon Ure; Assistant-Surgeon Westmacott; Surgeon H. Thomson; Assistant-Surgeon J. Chapman; Surgeon Dr. Ree; Hon. Surgeons Dr. Ward, Mr. Godwin; Surgeon Lavies; Assistant-Surgeon Buzzard. *Surrey*—Surgeon Dr. Griffiths; Assistant-Surgeon Brunton; Assistant Surgeon A. Carpenter; Surgeon Gatton; Honorary Surgeon W. Sisson; Honorary Surgeon W. T. Iliff; Honorary Surgeon A. O'Brien Jones; Honorary Surgeon J. Dixon; Honorary Assistant-Surgeon G. Love. *Gloucester* — Surgeon Hore; Assistant-Surgeon Leonard; Honorary Assistant-Surgeon Eves. *Brecknockshire*—Surgeon J. Williams. *Glamorgan*—Assistant-Surgeon White; Assistant-Surgeon Prichard; Assistant-Surgeon Hall; Honorary Assistant-Surgeon T. A. Essary; Assistant-Surgeon W. Taylor: Surgeon R. Sloper. *Derbyshire*—Honorary Surgeon J. S. Walters; Surgeon D. Goodwin. *Cheshire*—Surgeon Dr. Beales; Surgeon J. Mayer; Surgeon D. Russell; Surgeon Aspland; Surgeon A. R. Lingard. *Wiltshire*—Surgeon J. M. Cardell; Surgeon C. Bleek; Surgeon Dr. Gibbs. *Essex*—Surgeon Banks; Surgeon R. S. Nunn; Surgeon E. J. Morris. *Lancashire*—Surgeon J. Shepherd; Honorary Surgeon E. Whitaker; Assistant-Surgeon Mann; Honorary Surgeon P. Allen, M.D.; Surgeon Willans; Honorary Surgeon H. Briggs, M.D.; Assistant-Surgeon T. J. Heaton; Assistant-Surgeon W. F. Mackenzie; Surgeon J. Burt; Assistant-Surgeon J. Bireh; Honorary Surgeon S. H. Armitage, M.D.; Surgeon J. M. Kirkman; Surgeon H. Winterbottom; Honorary Surgeon D. Dorning; Assistant-Surgeon R. T. Lodge, M.D. *Leicestershire*—Assistant-Surgeon Whitehurch. *Midlothian*—Surgeon J. Struthers, M.D. *Northumberland*—Honorary Assistant-Surgeon J. Nicholson. *Dorset*—Surgeon H. Hormsell; Honorary Assistant-Surgeon G. Panton; Honorary Surgeon C. R. Rowe. *Norfolk*—Honorary Assistant-Surgeon F. Palmer; Honorary Assistant-Surgeon Dr. J. Lowe. *Staffordshire*—Honorary Surgeon W. Hopkins; Surgeon Dr. Goddard; Honorary Assistant-Surgeon Edwards; Honorary Assistant-Surgeon Dr. Newnham; Honorary Surgeon J. Walker; Assistant-Surgeon H. H. Ashwell; Honorary Assistant-Surgeon W. L. Underhill; Honorary Assistant-Surgeon W. M. Hancox; Assistant-Surgeon S. M. Turner; Honorary Assistant-Surgeon W. J. Kito. *Berkshire*—Honorary Assistant-Surgeon G. May. *Kent*—Honorary Surgeon J. T. Hillier; Honorary Surgeon W. Carr; Honorary Surgeon C. Holttum; Surgeon R. Tippetts; Hon. Assistant-Surgeon W. Scott; Hon. Assistant-Surgeon E. Downing. *Yorkshire (West Riding)*—Honorary Surgeon T. C. Paley; Honorary Surgeon T. A. Bottomley; Surgeon Dr. G. P. Smith; Honorary Surgeon J. H. Simpson. *Warwickshire*—Surgeon Alfred Hill. *Lincolnshire*—Honorary Surgeon Tuxford; Honorary Assistant-Surgeon Dr. A. Ball; Honorary Assistant-Surgeon S. B. Roberts, M.D.; Surgeon Walsh. *Hampshire*—Honorary Surgeon Mr. La Croix; Honorary Assistant-Surgeon Stedman; *Somerset*—Assistant-Surgeon Doctor J. Nichols; Honorary Assistant-Surgeon J. S. Bartrum; Honorary Assistant-Surgeon E. L. Bagshawe. *Cambridgeshire*—Honorary Surgeon P. Fawssett; Surgeon F. R. Hall; Surgeon Haviland, M.D. *Shropshire*—Surgeon W. J. Clements; Honorary Assistant-Surgeon F. J. Sandford; Surgeon Thomas Groome; Honorary Assistant-Surgeon A. Mathias; Surgeon E. Burd, M.D. *London*—Surgeon W. C. May; Assistant-Surgeon J. L. Propert. *East York*—Assistant-Surgeon Arden; Honorary Assistant-Surgeon Holden; Honorary Assistant-Surgeon J. Allison; Honorary Assistant-Surgeon Gibson. *Carmarthen* — Surgeon D. L. Watkins. *Lanark* — Honorary Assistant-Surgeon T. D. Buchanan, M.D. *Nottinghamshire*—Honorary Surgeon W. I. Robertson; Surgeon T. Wright; Honorary Assistant-Surgeon J Job; Surgeon W. Sparke. *Cinque Ports*—Doctor R. C. Davies; Assistant Honorary Surgeon W. H. Thornton. *Monmouthshire*—Honorary Assistant-Surgeon J. Essex; Honorary Surgeon T. Prosser. *Durham*—Surgeon F. H. Johnson; Surgeon W. Robinson, M.D.; Honorary Assistant-Surgeon R. B. Ridley. *North Yorkshire*—Surgeon Jones; *Yorkshire (West Riding)*—Surgeon F. Greenwood. *Radnorshire*—Surgeon T. Adney. *Isle of Wight*—Surgeon J. F. Ollard. *Bedfordshire*—Honorary Surgeon G. F. D. Evans. *Newcastle-upon-Tyne*—Surgeon J. A. Angus.

DEATH OF A FRENCH CELEBRITY.—The "Athenæum" in its Paris correspondence, calls attention to the death of Coulon, a surgeon who was well known in Paris in the time of Louis the Eighteenth. He possessed great powers of imitation.

A medal has been instituted by Royal Decree in Belgium, to be struck off in gold, silver, and bronze, and awarded to such of the Medical Profession as distinguish themselves by skill and devotedness during periods of epidemic diseases.

WINE.—"It deserves to be remarked, too, that if we consult experience, the cheapness of wine seems to be a cause, not of drunkeness, but of sobriety. The inhabitants of the wine countries are in general the soberest people in Europe."—*Adam Smith.*

MARISCHAL COLLEGE, ABERDEEN.—The Earl of Airlie was on Thursday week unanimously re-elected Lord Rector of Marischal College, Aberdeen. His Lordship has intimated his intention to deliver an inaugural address to the students on Thursday, April 5—the last day but one of the College session.

DRS. DEMARQUAY and LACONTE have recently ascertained that if a wound or sore be kept for a sufficient length of time in an atmosphere of carbonic acid, it will heal much more rapidly than in common air; oxygen, on the contrary, will retard the process of cicatrisation.

NEW EXPLOSIVE SUBSTANCES.—It has been ascertained by an eminent German chemist that carburetted hydrogen, or illuminating gas, when brought into contact with certain saline solutions, especially nitrate of silver, will form substances of a highly explosive nature. Dr. Torrey, of New York, has found that illuminating gas, passing through copper pipes, produces an explosive deposit on the inner surface, which, if struck, however slightly, will detonate.

AT the last meeting of the North London Medical Society the following gentlemen were elected officers for the session 1860-1:—President: J. Russell Reynolds, Esq., M.D. Vice-Presidents: James Copland, Esq., M.D., F.R.S.; John Havers, Esq.; J. E. Erichsen, Esq.; Thomas Hillier, Esq., M.D. Treasurer: William Adams, Esq. Honorary Secretary: Robert Charles Croft, Esq. Council: W. A. N. Catlin, Esq.; E. Cousins, Esq.; G. F. Dansey, Esq.; R. Greenhalgh, Esq., M.D.; J. Hainworth, Esq.; C. J. Hare, Esq., M.D.; T. C. Jackson, Esq.; W. Jenner, Esq., M.D.; P. Mageniss, Esq.; and J. McCrea, Esq.

In the eight principal towns of Scotland zymotic (epidemic and contagious) diseases cut off 649 persons during the month of January, and thus constituted 25 per cent. of the mortality. In Perth the deaths from that class of diseases constituted only 11 per cent. of the mortality; in Paisley, 15 per cent.; in Edinburgh, 16 per cent.; in Dundee and Leith 27 per cent.; in Glasgow, 28 per cent.; in Aberdeen, 30 per cent.; and in Greenock, 33 per cent. These facts exhibit clearly the awful waste of human life which is going on in our large towns, merely because people would not take precautions to prevent diseases.

Royal Institution of Great Britain.—The following arrangements have been made for the Lectures after Easter, 1860:—Seven Lectures on the "Structure, Habits, and Affinities of Herbivorous Mammalia, with especial reference to certain Species now living in the Zoological Society's Gardens, Regent's-park," by T. Spencer Cobbold, M.D., F.L.S. Eight Lectures on "Some Recent Researches in Geography and Geology," by David T. Ansted, Esq., M.A., F.R.S. Eight Lectures on "Some Results of the Association of Heat with Chemical Force, Practically Applied." By A. F. Abel, Esq., Director of the War Department, Royal Arsenal, Woolwich.

Violent Deaths in Marylebone in January and February. — Three females, one aged 60, and one male aged 70, of delirium tremens. Two new-born infants were found wilfully murdered— one on Primrose-hill, and another in Regent's-park. A widow, aged 86, was accidentally burnt to death by her dress taking fire at a grate. Two infants of four months each were accidentally suffocated under bed-clothes. Two other infants died from a like cause. A girl of six years died from burns produced by her dress taking fire, while playing with a lucifer match. An infant of 7 days was found dead in Seymour Mews. A needlewoman, aged 36, died suddenly, without medical assistance. An octogenarian died in an omnibus in the Edgware-road from disease of the heart. A butcher, aged 65, committed suicide by hanging. A young man at a druggist's committed suicide with prussic acid.

Small-pox in Scotland.—The Registrar-General informs us that, during the fourth quarter of 1859, a virulent epidemic of small-pox has prevailed, and is still spreading, over many parts of Scotland, and carrying off numerous victims; and he adds:—"Of late years there can be no doubt that epidemics of small-pox have been becoming both more frequent and more virulent. So late as 1856, small-pox appeared as an epidemic in several localities in Scotland, and found so many victims unprotected by vaccination, that, in the town of Dundee alone, the deaths from that disease, during the year, constituted no less than 9·3 per cent. of the mortality; while in some other places nearly a third of the deaths were caused by it."

Revaccination.—Dr. D. Thompson, Medical Officer of Health for Marylebone, says in his monthly report: "It is certain from the experience acquired in this extensive district, that the chief cause of the occurrence of the disease as an epidemic at the present time, is the neglect of parents in not exhibiting to the vaccinator the child a week after the vaccination, in order that he may judge of the success of the operation. Periodical re-vaccination is a most proper precaution to be adopted by all classes, and although at present the small-pox prevails almost exclusively among the poorer class, it may be safely predicted that the disease, if it be not limited in its diffusion by proper measures, will ultimately spare no rank in the community." On this subject the Registrar-General of Scotland also speaks sensibly: "It is well that the people should be aware that they have in their own hands the means, if not of immediately arresting, at least of so modifying, the disease, that almost all its danger to life, to the destruction of sight, and to the disfiguring the countenance are taken away. We know not yet on what special conditions the appearance of this or that epidemic depends, nor why it should be cholera one year, or small-pox or scarlatina another. We have, therefore, no ground for maintaining any such Utopian doctrine as that even the vaccination of the whole population would prevent small-pox occasionally appearing as an epidemic. But this we do know, that vaccination, properly performed, so modifies that disease that it may be said to deprive it of all its danger, not only rendering a fatal result comparatively rare, but preventing that carving of the features, that destruction of the sight, and that ruin of the constitution, which the unmodified disease induces. In consequence, however, of the apathy or ignorance of many of the lower classes, the present epidemic of small-pox has found numerous victims everywhere quite unprotected by vaccination, and the spread of the disease among these in its most virulent forms, has kept up the infection in certain localities, and cause them to act like new centres of contagion, long after the disease would otherwise have passed away. This is one of the great evils of having a large number of unvaccinated persons among us; we are courting a plague which after it breaks out among the unprotected, increases its contagious virulence, till it attacks all susceptible of receiving it."

M. Velpeau's Report on Coal-tar as a Disinfectant.—The Academy of Sciences having appointed a committee, composed of MM. Chevreul, Cloquet, and Velpeau, to consider the claims of MM. Corne and Demeaux' preparations of coal-tar and plaster as a disinfectant, an extensive series of comparative trials between it and other substances was instituted at La Charité, and M. Velpeau has recently presented to the Academy an elaborate report on the results. The general conclusions are—1. That coal-tar, mixed with plaster, disinfects putrefying organic matter. 2. In its therapeutical applications it has only realised a portion of its promises. As a disinfectant in the autopsy-rooms—(upon this point, even in the hottest weather, M. Velpeau speaks in the strongest terms)—in the beds of dirty patients, and wherever there are infected matters, its properties are indubitable. The same may be said for putrid and gangrenous discharges, fetid suppurations, sanious wounds, ichorous caverns, and hospital gangrene; but, with respect to open wounds and ordinary ulcers other topical applications are preferable. 3. Employed with charpie, linen, ointments, cerates, or taken internally, it has furnished no useful result. 4. As an absorbent, especially used as a cataplasm, it acts very indifferently. It must be remembered that abnormal liquids, especially pus, are very different compounds to water; and plaster, which exerts great absorbing power on the latter, may imbibe but very little pus. Still, whether in powder or cataplasms, the compound may render some service, even as an absorbent, in fetid or putrid suppurations. To secure the good effects of the coal-tar and plaster certain precautions must be taken, the neglect of which may probably explain the entire inefficacy this mixture has exhibited in the hands of some experimenters. It is fine modelling plaster, and not common plaster, which should be employed, and the coal-tar, or carburetted oils, in the proportion of from two to four per cent., triturated with it, should impart to it a greyish colour, while leaving it its dry and pulverulent quality. Anatomical parts to be disinfected should be rolled in this powder, so as bring it in contact with all parts of their surfaces. Gangrenous or putrid sores must be covered by thick layers, laid on in handfuls several times a-day; and, in the case of blood, pus, dejections, etc., enough must be put on to form a kind of paste, replacing the layer of powder by a new one when it no longer absorbs. Mixed with white oil into a thick paste, it may be applied as a cataplasm.

A Medical Crichton of the Fifteenth Century.—The attention of the Medical Profession in France has been lately called to the writings of Symphosien Champier by M. Allut, who has just published a memoir of the man, containing some fragments of his writings. M. Allut explains the influence which this fertile writer exercised on the intellectual movement of the end of the fifteenth century, defends his memory from the abominable abuse of Scaliger, and "brings to life again the name of a meritorious man, which, after having resounded through the world, had been almost forgotten." Champier was born in 1471 or 1472, was a student of the University of Paris, took his degree at Montpellier; he then practised medicine at Lyons, but left it in 1506 to follow the fortunes of the Duke of Lorraine, accompanying him as his Physician, in the war carried on by Louis XII. against the Venetians; he was present at the battles of Agnadel and Marignan, and was nominated consul at Lyons in 1519; had his house pillaged at Lyons during an insurrection; and died about 1538, leaving two sons. "He astonished," says M. Allut, "our forefathers by his great genius, and by the extraordinary extent of his knowledge. Valiant soldier, courtier, polished in manners, elegant in his

ways and his language, a clever and devoted administrator of public affairs, and to the last a most skilful Practitioner; an unwearied writer, treating of every subject, and with a remarkable facility: medicine, philosophy, theology, civil law, ancient and modern history. After an existence thus occupied, and prolonged to sixty-seven years, his contemporaries, who admired and praised him to excess, did not consecrate a single page to his memory; and what we know of him we learn from himself. No friendly hand has traced the simplest notice of a man who had employed his long nights in reviving the name and writings of the celebrated writers of ancient and modern days." He founded a Medical Society at Lyons, with rules privileges, and duties, etc., to arrest the lamentable disorders created by the quacks and charlatans of Lyons. The works of this extraordinary man were one hundred in number; he shows himself thereby to have been poet, soldier, magistrate, chevalier, physician of a prince, graduate of several Universities, theologian, historian, and botanist; exchanging the silence of his study for the tumult of the camp, his doctor's robe for the corset and helmet; fighting at Agnadel, gaining his spurs at Marignan; made an armed knight by the Duke of Lorraine, who himself buckled on his golden spurs; received in triumph as a graduate of Pavia; known to, and sought by, all the learned of his day, by kings, princes, and prelates; but continually, amidst all his learned divarications, returning to the "peonian art," as he called Medicine; born of the people, and yet always looking into old parchments; purchasing the lordship of La Faverge to become a landed seigneur; and robbing shamefully the name and arms of the noble house of Des Champier.—*L' Union Méd.*

BOOKS RECEIVED.

The Diseases of the Ear; their Nature, Diagnosis, and Treatment. By Joseph Toynbee, F.R.S. London: 1860.

The Medical History and Treatment of Diseases of the Teeth. By B. W. Richardson, M.D. London: 1860.

Small-Pox in Scotland. By Alexander Wood, M.D. Edinburgh: 1860.

The Hygienic Treatment of Paralysis. By M. Roth, M.D. London: 1860.

Ure's Dictionary. Part V. London: 1860.

Advice to a Mother. By P. H. Chavasse, F.R.C.S. Fifth Edition. London: 1860.

De l'Hématocèle Rétro-utérine. Par A. Voisin, M.D. Paris: 1860.

Fatal Effect of the Stimulating Treatment of Disease. By A. B. Granville, M.D., F.R.S.. London: 1860.

The Causes and Treatment of Imperfect Digestion. By A. Leared, M.B. London: 1860.

The Prevention of Consumption. By John Hogg, M.D. London: 1860.

Palæontology. By R. Owen, F.R.S. Edinburgh: 1860.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 3, 1860.

BIRTHS.

Births of Boys, 877; Girls, 896; Total, 1773.
Average of 10 corresponding weeks, 1850-59, 1741·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	713	729	1442
Average of the ten years 1850-59	611·4	595·2	1206·6
Average corrected to increased population	..	..	1327
Deaths of people above 90	..	..	3
Deaths in 15 General Hospitals	36	23	59

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	6	4	4	..	5	4	3
North	490,396	14	3	9	3	11	4	2
Central	393,256	7	3	5	1	8	3	1
East	485,522	3	4	10	2	5	8	..
South	616,635	11	6	9	6	12	3	1
Total	2,362,236	41	20	37	12	41	22	7

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·623 in.
Mean temperature	40·9
Highest point of thermometer	30·1
Lowest point of thermometer	53·5
Mean dew-point temperature	35·5
General direction of wind	S.W.
Whole amount of rain in the week	0·58
Amount of horizontal movement of air in the week	— miles.

TO CORRESPONDENTS.

The first of a series of Three Lectures on Rickets, by Dr. Jenner, will appear next week.

A Desponding One should send his name and address in confidence.

Medicus can certainly take Medical pupils as he has the double qualification.

Reader.—Bowman's Practical and Medical Chemistry together will be sufficient.

A. C.—We know of no fuller report of the proceedings of the Ethnological Society than is to be found in the *Athenæum*.

An Old Practitioner.—There is much truth in what our correspondent writes, but we are not disposed to comment on letters published in other Journals.

Mr. Gaffney.—Communication received. Mr. Copney is Secretary at the Royal College of Physicians.

Mr. B.—It is quite clear that the Registrar has acted illegally in accepting a certificate from a Botanic Doctor, who calls himself "Surgeon, not registered in England." The proper course is to represent the case to the Registrar-General, who will certainly deal strictly with his subordinate.

Mr. Startin's paper on the cure of deformity of the left side of the face, resulting from paralysis of the right side, shall appear next week.

G. H. had better avoid any advertising Practitioner, whether legally-qualified or unqualified.

Erratum.—Royal College of Surgeons, Pass List, p. 227, No. 505, *read* "Henry John Manning, Harrington-street, Hampstead-road."

Mr. Gillard sends us the following remarks on a notice of a trial in our number of January 28:—"You say, 'Mr. Littlewood being under the impression the plaintiff attended as his friend.' This is quite incorrect, as my friend Mr. Littlewood, with whom I had frequently acted in consultation in serious cases, considered me entitled to my charges. Indeed, before my account was sent in, we had talked about what I should charge. The defence was a shabby attempt to defraud me of my just fees; and as to my unprofessional conduct, and having visited more frequently than desired by the family, those charges need no other denial than the simple statement that I was repeatedly sent for by a messenger direct to my house, without having sent to Mr. Littlewood's at all. On those occasions I always refused to go without Mr. Littlewood. I went to his house, and we visited the patients together. The first evening I attended as Mr. Littlewood's friend, and on the next morning, when requested to see the patient, I refused, except in consultation with Mr. Littlewood. On several occasions, when we had seen the patients twice already in the day, we were both of us sent for late at night; and the last of these occasions occurred only a week before my attendance terminated."

Infanticide.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—*Apropos* of the fact to which Mr. Acton has called attention in his paper on Infanticide published among the papers of the Statistical Society, let me call your attention to the fact, that two infants are reported by Dr. Dundas Thompson, in this month's report to the Parishioners of Marylebone, to have been wilfully murdered in that parish, during January and February. I am, &c.

X. Y.

The Sale of Poisons.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I wish to send you an account of a case which will show the need of some more stringent laws respecting the dispensing of dangerous drugs. A bottle of liniment was lately obtained from a Chemist and Druggist in this town. The bottle was of white glass, and the label announced in very mild terms "The Liniment." Some ipecacuanha wine had been obtained a few days previously from the same shop, in a bottle, as to colour, shape, etc., precisely the same as that containing the liniment. Moreover, the contents of each bottle were corresponding in colour. Now comes the predicament and the providential escape. Both the above remedies were in use for a child suffering from an attack of inflammatory croup. A second dose of the emetic becoming necessary, the servant handed the bottle of liniment instead of the ipecacuanha wine. The mistake was fortunately discovered at once by the mother, who was in attendance, and thus averted the danger, if not worse, which might have followed in the case of the medicines having been under the control of a less observant mother or a careless nurse. Now this case is an illustration of the sort of risk which is continually happening in families from similar causes, and I think such instances prove very strongly the urgent need of legal restrictions and penalties, touching the careless dispensing of deadly and dangerous drugs. I believe that the moral responsibility of the vendor of poisons will never prove a sufficient safeguard to the public, for although

the Chemists, as a body, have been the most violent opponents to legislation on the subject of poisons, upon the grounds that it is unnecessary, they do not in their dispensing practice take the needful precautions to prevent accident. They ought to know that such precautions might encourage confidence in their promises, and would tend greatly to set aside the desire for legislation on their account. I am, &c. M. A. B.

Brighton, February 22.

Mr. Copp, of Doncaster.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In justice to University College Hospital, we beg to state that Mr. Burton Copp, although he was certainly resident for some time in this Institution as House-Surgeon and Physicians' Assistant, yet held those offices merely under sufferance, as a substitute, provided by the officers in question during their temporary absence.

The offices of House-Surgeon and Physicians' Assistant (not House Physician—we have no such post) are held respectively for a period of six months. Mr. Copp was not resident for more than a few weeks in either capacity, and was never appointed by the Council of the College, although he intimates as much in his advertisement.

Besides this, to have received a regular appointment implies on the part of the candidate a tolerably extensive acquaintance with his Profession, as the capabilities of the applicants are previously tested by a searching practical examination. Now Mr. Copp was exposed to no such examination, and therefore the fact of his temporary residence in the Hospital is comparatively worthless as a testimonial to his professional abilities.

We cannot conclude without expressing our unqualified disapprobation of Mr. Burton Copp's puffing experiment, and our regret that any one connected with this Hospital should have adopted such a method of obtaining notoriety. We enclose our names, and

We are, &c.

The Medical Staff now Resident in the Hospital.

University College Hospital, March 5.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—After reading my letter in your last number, I had occasion to go into the public market. Judge of my astonishment on approaching within a short distance of a stall, where an itinerant worm-doctor usually harangues the public once a-week exhibiting a wonderful vermiform display in bottles of varied hues, I noticed a former groom of Mr. Russell's distributing to every passer-by the enclosed placard:—"The Doncaster New Dispensary, No. 33, St. Sepulchre-gate. Advice gratis for all classes of disease. Burton Copp, Surgeon. Days of attendance: Tuesdays, from eleven to half-past one; Saturdays, from ten to two. Wednesdays, from two to four, will be devoted to diseases of women and children especially. For chest diseases, a stethiscope spirometer, for testing the capabilities of the chest, etc. will be used. In urgent cases wines and brandy will be supplied gratis. For diseases and extraction of teeth, Mr. J. W. Robinson will attend on the above-named days. The advantages offered by the New Dispensary are, that it is not confined to Doncaster only, but extends to all the adjacent villages, towns, etc. No letters of recommendation are necessary. All contributions, in the shape of blankets, old linen, clothes, etc. will be thankfully received, and acknowledged in the various local papers." I have reason to believe that some thousands were thus distributed during the day. You will not fail to notice that Mr. Burton Copp, in addition to supplying medicine at the *lowest possible rate*, now offers wine and brandy gratis. He solicits old clothes. Again I ask, can it be possible that Mr. Burton Copp, who is now soliciting from Doncaster and its vicinity "contributions, in the shape of blankets, old linen, clothes, etc.; who announces to the public his intention of using a "stethiscope spirometer for telling the capabilities" (surely he means capacity) of the chest, gives advice gratis, but charges so much per bottle for medicine, was ever House-Physician to University College Hospital?

I am, &c. A Subscriber.

Doncaster, March 7, 1860.

Why do the "Fallen" seek the "Refuge?"

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—There is a curious remark made by Mr. Acton in his paper read at the Medical and Chirurgical Society, and printed in your Journal for the 25th February last, which is well worthy of attention. It seems to me to throw light on the nature of the rapid conversion of the "fallen sisters" under the operations of good Mr. M'Neil, and other benevolent gentlemen at St. James's-hall. You will remember that the proof of the utility of the proceedings referred to was broadly illustrated in the daily journals by the fact that these poor females had fifty or sixty of them accepted at once the offer of the "Refuge" which was made to them. Can it be that Mr. Acton's statement throws an unpleasant doubt on the genuineness of the conversion? He speaks of "the fact that out of sixty-three women examined lately for admission into a Penitentiary, fifty-nine were so seriously diseased that the Surgeon could not give his sanction to their being taken into the institution until they had been cured." Am I wrong in suspecting that these sixty-three may be of the number of converted ones referred to above? If so, can there be any doubt as to the chief promoting cause of their conversion? I am, &c. Sic.

Healing by First Intention.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Although I strongly suspect that some other cause than the mere presence of a bit of thread must be sought for to explain the rarity of first intention healing, still, I am far from accepting the somewhat novel reasoning of your recent correspondent "A. M." (a) I would have expected that the learned atmosphere of the great Medical School from whence he dates his remarks, might have led him to adopt sounder views; but disappointed in these hopes, would you kindly permit me the consolation of exposing his errors?

As regards the application of towels and lint to "the raw surfaces," I am thankful to state that I have never seen or heard of the adoption of any such practice in Surgery, but the presence of minute foreign bodies in the subsequent discharge, may be readily accounted for, by the nature of the dressings employed. Sponges of course must always be used, but it is difficult to conceive in what manner they originate, the "myriads of small filaments" which vex the microscopic eye of "A. M."

The careful retraction of flaps must always, in the hands of judicious Surgeons, prevent the intrusion of powdered bone; but should this accident occur in anything like the proportion assigned to it by "A. M.," how are we to remedy the evil without recourse to the so-called injurious use of sponge and water?

And this brings us to the second cause of failure, which I fear must be entirely set aside, as founded on an ancient and exploded Surgical error. I am sorry to think that any correspondent of your esteemed paper requires the information that blood, properly so called, has nothing to do with the healing process, which is entirely conducted by the exudation and organization of liquor sanguinis afforded by the vessels of the part. So far, indeed, from blood assisting in this chain of events, its presence between the lips of a wound, is one of the surest obstacles to primary union.

How "A. M." proposes to remove clots and other foreign bodies from his flaps, without the aid of water, I cannot imagine; and still less can I understand how he will be enabled to apply needles to the vessels, without first accurately determining the position of their bleeding mouths. Little enviable, indeed, would be the position of that patient, who after removal of his limb, and the almost random insertion of a few needles, was hurried off to bed without a thorough cleansing of the wound. Poor, indeed, would be his chance of "healing by first intention."

May I hope for your pardon in encroaching so far on your valuable space, if I have in any measure exposed the rotten fabric upon which "A. M." has raised his little superstructure of Surgical Pathology.

I am, &c.

London, March 5. M. D. Edin.

(a) *Vide Medical Times and Gazette*, March 3, 1860, page 225.

COMMUNICATIONS have been received from:—

Professor Simpson; Dr. Jenner; Mr. Teale, Leeds; Mr. Bowman; Mr. Startin; Dr. Devenish; Dr. Stewart; Mr. Mercer; Mr. Phillips; Mr. Wheatley; Mr. Hamilton; Dr. Granville; Dr. Leared; Mr. Lizars, Edinburgh; Dr. Hogg; Mr. Jeffreys; Dr. Kennedy; Dr. Frank; Mr. Maddock, Melbourne; Dr. Hughes; Mr. H. J. Manning; and Dr. Roth.

APPOINTMENTS FOR THE WEEK.

March 10. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Botanic Society, 3¾ p.m.

Royal Institution, 3 p.m. Dr. Lankester "On the Relations of the Animal Kingdom to the Industry of Man."

12. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Mr. Henry Lee "On the Radical Cure of Varicocele by Subcutaneous Section."

13. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Zoological Society, 9 p.m.

Royal Institution, 3 p.m. Professor Owen "On Fossil Reptiles."

Royal Medical and Chirurgical Society, 8½ p.m. Dr. Robert Lee "On Ovarian Cysts, which contain Teeth, Hair, and Fatty Matter." Mr. Brodhurst "On Intra-Uterine Fracture."

14. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Geological Society, 8 p.m.

Microscopical Society, 8 p.m.

Hunterian Society, 8 p.m. Council Meeting 7½. Dr. Little "On the After-Consequences of Asphyxia at Birth."

Royal College of Physicians, 4 p.m. Lumleian Lecture by Dr. Barker, "Observations on some Diseases of the Heart."

North London Medical Society, 8 p.m. Council Meeting 7½. The President "On the Uses of Electricity in the Practice of Medicine."

15. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

Linnæan Society, 8 p.m.

Chemical Society, 8 p.m.

Royal Society, 8½ p.m.

Royal Institution, 3 p.m. Professor Tyndall "On Light."

Harveian Society of London, 8 p.m. Dr. E. Headlam Greenhow "On Diphtheria."

16. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

Royal College of Physicians, 4 p.m. Lumleian Lecture by Dr. Barker, "Observations on some Diseases of the Heart."

Western Medical and Surgical Society of London, 8 p.m. Dr W. Ogle "On what to Observe in Diphtheria."

Royal Institution, 8 p.m. Maxwell T. Masters, Esq. "On the Relation between the Abnormal and the Normal Formations in Plants."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—For Un-united Fracture of Humerus; Nævus; Tenotomy. By Mr. Henry Lee—For Varicose Veins. By Mr. Hulke—For Strabismus.

REDUCTION OF THE WINE DUTIES.

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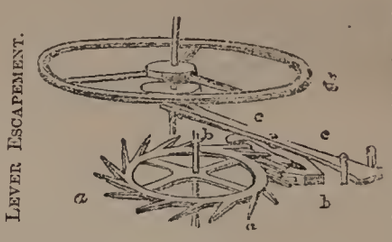

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ORIGINAL LECTURES.

A SERIES OF THREE LECTURES ON RICKETS,

DELIVERED AT THE

Hospital for Sick Children,

IN DECEMBER 1859 AND JANUARY 1860.

By WM. JENNER, M.D.

Physician to University College Hospital, and to the Hospital for Sick Children.

Lecture I.

Three Striking Peculiarities of Infant Life, viz. the Sensitiveness of the Nervous System; the Unity of Organic Disease; the Frequency of Diathetic Disease—The four great Diathetic Diseases of early Childhood, viz.—Rickets, Tuberculosis, Scrofulosis, Syphilis—The Grounds for their Separation—Rickets the most common and the most fatal of the Diseases which exclusively or chiefly affect Children—Rickets a General Disease—Enumeration of the most common and striking Anatomical Lesions in Rickets—The Anatomical Lesions of the Bones and the Deformities that result considered at length—1. Enlargement of the Ends of the Long Bones—Its Anatomical Causes—2. Softening of the Bones—Chemical Constitution of the Softened Bones—3. Thickening of the Flat Bones: Its Anatomical Cause—4. Deformities following on Softening of the Bones—Curvature of Spine—Differences before and after Walking—Liable to be confounded with Angular Curvature—Deformities of Femur, Tibia, Ulna, and Radius, Humerus and Clavicles, the Result of Pressure and not of Muscular Action—Deformity of the Thorax, the Result of Atmospheric Pressure—Mechanism of its Production.

Gentlemen,—If you have ever conversed with several persons who have visited together a spot celebrated for its beauty, you must have been astonished at the different impression each conveys to you of the most striking character of the scene. One dwells on the general beauty of the landscape, one on the extent of the prospect, one on the height of the mountains, one on the richness of the valleys. Those only agree in their description who have seen everything through the guide-book. So is it with those who look at disease. Each may see the whole of what is before him, but the impression made by individual parts of that whole on each who looks for himself is different. To one, this peculiarity, to another, that, gives its feature to the disease. Nearly 60,000 sick children have been patients at this Hospital since its opening. A fair proportion of these have come under my observation; and I have endeavoured to look at them with my own eyes. Some of the general impressions I have received I shall, I hope, convey to you; and some of the facts that I have seen I shall describe to you. Much of what I have to say may be found here or there on record; but, having looked for myself, I shall describe only from my own observations; and trust that what is thus lost in general completeness will be gained in freshness, and in fulness of details in reference to special parts of the subject; those points in the view which have made most impression on my mind will doubtless stand out most prominently before you. Before occupying my present office I had read many excellent guide-books; I had been connected for some time with a large Hospital; I had seen among my out-patients, there and elsewhere, many sick children; I thought I knew most of the paths and passes of that great section of Pathology, diseases of children; and, had I been required, I should probably have undertaken to guide others through them. But a very brief experience taught me that I was mistaken—that I had much to learn before I ought to offer to lead others.

The first thing, then, I may say, which impressed me when I came to see diseases of children on a large scale, was the smallness of my knowledge in regard to them. I tell you this because I am anxious to impress on you my conviction that diseases of children do require special study, and time, and attention, to master them. At the same time I readily admit that the diseases of children are more easy to diagnose, and more easy to treat successfully than are the diseases of adults. Coming as I did to the study of the diseases of children after I had been engaged in teaching the diseases of adults, my mind was strongly impressed by three of the peculiarities of infant life—

1. By the comparative sensitiveness in the child of the nervous system generally to impressions, but more especially of those parts of the nervous system which are concerned in the production of reflex movements, and in the development of the so-called sympathetic derangements. In reference to these points the child seems at one end of the scale, the aged at the other.

A striking illustration of the sensitiveness of the child to reflex stimulation is afforded by the following experiment:—

Pass the finger gently over the inner aspect of the upper two-thirds of the thigh of a young boy, and notice at the same time the movement of the testicle. You will see that it is instantly drawn up close to the external abdominal ring by the cremaster, and that with a rapidity which will surprise those who witness it for the first time. The scrotum remains flaccid; the testicle slowly descends. Repeat the stimulation on the opposite side, and the testicle on that side is now drawn up. Pass the finger over the skin of the outer part of the thigh, and the testicle is motionless. Touch the skin above the right pubis, and the right cremaster draws up the right testicle. Touch the skin above the left pubis, and the left cremaster is thrown into action. Stimulate the skin higher on the abdomen, and no movement of the testicle follows. Repeat the experiment many times, or use powerful stimulation, and the contraction of the cremaster grows gradually weaker, till at last you fail in your effort to excite it to action. Rest restores the excitability of the part. You will remember that branches of the ilio-inguinal and genito-crural nerves supply the skin at the situations I have mentioned; and you may, I believe, in every case map out by the experiment I have referred to the exact portions of skin supplied by those nerves.

With reference to the derangements commonly called sympathetic. The old man may, nay often does, die from acute inflammation of the lungs with mind entire, a pulse scarcely more frequent than in health, respiratory movements only a little quicker than natural, and a skin of normal temperature. The child eats some indigestible food, and forthwith its pulse is rapid, its respirations are doubled in frequency, its skin is burning hot, its mind rambles, it is convulsed in every limb.

2. By the frequency with which, at examinations after death, structural disease of one organ only is found. Now, the pathological anatomist who examines all the organs and structures of the subject, and not merely that which during life was supposed to be mortally affected, cannot fail to have noted that death from uncomplicated acute disease is of comparatively rare occurrence in the adult. This seems to be the consequence partly of degenerations commencing in some structures long before what we call old age, and partly of organs or tissues once structurally diseased, rarely if ever recovering their absolutely healthy condition.

3. By the far larger proportion of children than of adults that are the subjects of profound diathetic diseases before they are the subjects of local lesions of structure; and when the subjects of diathetic disease, by the vast number of organs found after death to be seats of structural change.

The great diathetic diseases of childhood are four, viz. rickets, tuberculosis, scrofulosis, and syphilis. All manifest themselves primarily by deviations from the standard of health, which deviations, *per se*, we do not call disease. For example, the delicate skin in tuberculosis, the thick complexion in scrofulosis, the muddy tint of the skin in syphilis, and the low muscular power in rickets.

All are distinguished by their more decidedly pathological tendencies, that is, by the frequency with which they produce or are accompanied by striking and peculiar deviations from the healthy structure of particular organs and tissues; *e. g.* by softening of the bones in rickets, by the deposit or formation of tubercle in tuberculosis, by a peculiar kind of ophthalmia in scrofulosis, by characteristic diseases of the skin and mucous membrane in syphilis.

I shall enumerate briefly the leading features of a typical case of each of these four general conditions.

Tuberculosis (a).

Nervous system highly developed; mind and body active; figure slim; adipose tissue small in quantity; organisation generally delicate; skin thin; complexion clear; superficial veins distinct; blush ready; eyes bright; pupils long; eyelashes long; hair silken; face oval,

(a) I use this term to signify the condition of the system which precede and accompanies the deposit or formation of tubercle, and which may or may not be accompanied by the deposit or formation of tubercle.

good-looking; ends of long bones small, shafts thin and rigid; limbs straight. Children the subjects of tuberculosis usually cut their teeth, run alone, and talk early.

Leading Pathological Tendencies.—Fatty degeneration of liver and kidneys; deposits or formations of tubercle (b), and their consequences; inflammation of the serous membranes.

Scrofulosis.

Temperament phlegmatic; mind and body lethargic; figure heavy; skin thick and opaque; complexion dull, pasty-looking; upper lip and alæ of nose thick; nostrils expanded; face plain; lymphatic glands perceptible to touch; abdomen full; ends of the long bones rather large; shafts thick.

Leading Pathological Tendencies.—Inflammation of the mucous membranes of a peculiar kind; so-called strumous ophthalmia; inflammation of the tarsi; catarrhal inflammations of the mucous membrane of the nose, pharynx, bronchi, stomach, and intestines; inflammation and suppuration of the lymphatic glands on trifling irritation; obstinate diseases of the skin; caries of bone.

Rickets.

Mental capacity and power small; muscular force deficient; mind and body inactive; figure short; closure of the fontanelles retarded; face small, but broad; skin opaque, often set with downy hairs. Children the subjects of rickets are late in cutting their teeth, in running alone, and in talking, and their teeth drop early from their sockets.

Leading Pathological Tendencies.—Softening of the bones; enlargement of the ends of the long bones; thickening of the flat bones, and deformities consequent on these conditions of the bones; so-called hypertrophy of the white matter of the brain; chronic hydrocephalus; pulmonary collapse; laryngismus stridulus; convulsions; albuminoid infiltrations of the liver, spleen, lymphatic glands, etc.

Syphilis.

Adipose tissue small in quantity; muscles flabby; cutis rough—deficient in contractility; complexion muddy.

Leading Pathological Tendencies.—Suppurative inflammation of the mucous membrane of the nose; ulceration of the mucous membranes of the nose and of the lips, mouth, throat, and anus; falling of the hair; eruptions on the skin of peculiar character; induration of the liver; suppuration of the thymus, lungs, etc.

There are Pathologists of high repute who regard rickets, scrofulosis, and tuberculosis to be mere modifications of the same disease. I and others hold them to be distinct affections (c). The whole difficulty of the question lies in the difficulty of determining what is necessary to constitute identical diseases (d). With reference to some diseases the grounds of separation are broad and unequivocal. Scarlet fever and measles are distinct diseases, because their specific cause is different. Syphilis and tuberculosis are undoubtedly not identical, because syphilis owes its origin to a specific cause, and tuberculosis does not. Rickets, tuberculosis, and scrofulosis are due, it is said, to malnutrition, and therefore it is urged they are essentially identical; but it is manifest that the term malnutrition is at once very vague and very comprehensive. All diseased action by which unhealthy structure is formed in the place of healthy may be called mal-nutrition. Pus is the result of malnutrition, cancer is the result of mal-nutrition, tubercle is the result of mal-nutrition,—and yet the purulent, cancerous, and tuberculous diatheses cannot be held to be identical.

I hold rickets, tuberculosis, and scrofulosis to be distinct diseases in the sense in which tuberculosis and cancer are distinct diseases, and for the following reasons:—

1. Because the general condition in each is perfectly different from that in the other.

2. Because the pathological tendencies of those who manifest these different general conditions are different.

3 (e). Because we so rarely see the pathological tendencies of the one manifested by those, the subject of the others, *e. g.* rickets is absolutely unfavourable to tuberculisation (f)—tuberculisation to strumous ophthalmia.

4. Because, tuberculosis being unquestionably hereditary, we do not find the children of phthisical parents specially prone to rickets or to scrofulosis.

5. Because, although we often find several members of the same family the subjects of rickets, of tuberculosis, or of scrofulosis, it is comparatively rare for members of the same family to be the subjects of more than one of these diatheses.

6. Because rickets is not hereditary in the sense in which tuberculosis is hereditary.

7. Because the course, prognosis, and treatment of each of these diatheses are different.

Among the children of the poor in London, the most widely-spread of these diatheses is rickets. It is, however, by no means limited to the poor, or to London, or even to large towns. I have very often seen it in the children of the wealthy, and even in the children of the wealthy living in the country. It was a consideration of the enormous number of those that suffer from rickets, the very large number that die annually from its effects, its remarkable anatomical characters, its limitation to children, its permanent effects, the very small space which it occupies in English books devoted to the diseases of children, and the contradictory statements on several most important points made by the best Pathologists who have bestowed attention on the disease, that determined me to examine minutely the cases of rickets which came under my care in this Hospital.

I shall in the remainder of this, and in my two succeeding lectures, detail to you what I know, from my own observation of that which seems to me to be without question the most common, the most important, and in its effects the most fatal of the diseases which exclusively affect children.

Rickets is a general, or diathetic disease, manifested after it has existed a longer or shorter time, by certain lesions of the structure of the bones,—and, I say, manifested after a time, because in some cases the general disorder unequivocally precedes the local changes, and before these latter occur, we can predicate that they will occur.

In some books, rickets is classed among diseases of the bones. This is a mistake; rickets is no more a disease of the bones, than is typhoid fever a disease of the intestines. Rickets leads to disease of the bones in the same way that typhoid fever leads to disease of Peyer's patches; but there is a general disease preceding and accompanying the disease of the bones in the one case, as there is preceding and accompanying the disease of the intestines in the other. The change in the bones is the anatomical character of rickets.

The most constant and striking anatomical lesions in rickets are,—

1. Enlargement of the ends of the long bones,—of the parts where the bone and cartilage are in contact, *i.e.* where the cartilage is preparing for ossification, and where ossification is advancing in the cartilage.

2. Softening of all the bones.

3. Thickening of the flat bones, *e.g.* the bones of the skull—the scapula.

4. Deformities which follow from mechanical causes acting on the softened bones, *e.g.* the deformities of the thorax, pelvis, spine, long bones.

5. Arrest of growth, not only of the bones, but of all the parts directly related anatomically and physiologically to the bones, *i.e.* of the muscles, vessels, nerves, and teeth.

6. Certain lesions of the pericardium, lungs, and capsule of the spleen, the direct consequences of the thoracic deformity.

(b) I use both terms because I am unwilling here to express an opinion on the question whether tubercle be a deposit, as is generally believed, or a formation, as some Pathologists are now disposed to regard it.

(c) It has even been suggested that rickets is a variety of congenital syphilis, that it is not so seems to be proved by a consideration of the following facts:—The parent who infects his offspring has usually contracted syphilis before marriage, and the children first begotten after infection are those who suffer; while, as a rule it is only the younger children of a family that suffer from rickets. The first-born of their parents being commonly healthy, though the later born are highly rickety.

(d) Many of the disputes which have arisen on the subject of identity of diseases have been the consequence of a want of definition of terms. Two diseases may agree in very many essential points, and yet not be identical, *e.g.* measles and scarlet-fever. A and B are both letters of the alphabet, but A and B have very different significations. 1 and 2 are both numerals, but 1 and 2 are anything but identical.

(e) I propose to analyse the facts on which 3, 4, 5 and 6 are founded in a separate paper. It is sufficient now to say the facts I have collected point to the conclusion that while more than forty per cent. of tubercular children are born of phthisical parents, about nine per cent. only of rickety children come of phthisical parents.

(f) Rickets does not by any means exclude tubercle. Rickety children may be tubercular, just as syphilitic children may be.

7. Less constant, but highly important changes, most commonly affecting the nutrition of the brain, spleen, liver, lymphatic glands, and muscles, and now and then of every organ.

I shall now consider the anatomical lesions of the bones, and the deformities that are their consequences, at greater length.

1. *Enlargement of the Growing Ends of the Long Bones.*—When we look at a child suffering from rickets, we are at once struck by the large size of the wrists. It has been supposed that the enlargement is apparent, not real; that the wrist looks large because the arm has wasted; this, however, is incorrect. I measured the circumference of several wrists in the ricketty and the non-ricketty, and found that whether reference was had to the age or the height of the child, or to the length of the forearm, the circumference of the wrist was greater in the ricketty than in the non-ricketty. I recently measured the height, the length of the forearm, and the circumference of the wrist of three children, two of whom are now in the Hospital, and obtained these results:—

Disease.	Age.	Height.	Length of Forearm.	Circumference of Wrist.
Rickets	4 yrs. 0 m.	30 in.	4½ in.	4⅜ in.
Rickets	3 ,, 2 ,,	30 ,,	4½ ,,	4½ ,,
Tuberculosis	3 ,, 0 ,,	35 ,,	5 ,,	3⅜ ,,

We find similar enlargement of the costal ends of the ribs, of the ankles, of the olecranon process of the ulna; in fact, of the extremities of all the long bones. Some Pathologists have stated that the ends of bones which are the least covered by soft parts, are the most affected; my experience is opposed to this assertion. The head of the thigh-bone and of the humerus suffer as much as the more exposed extremities of the long bones. As to the intimate anatomical structure of the large ends of the bones: there is excessive formation of the structures which precede or form the nidus for ossification, there is retardation and incomplete performance of the process of ossification (g). In the healthy child the ends of the long bones measure more in circumference than the shafts, as the process of ossification is completed, the bone diminishes in girth.

In rickets there is an exaggeration of the condition we find in the first stages of ossification in the healthy subject, the completion of the process only is stayed. There is great development of the spongy tissue of the head of the bone, and of the epiphyses, and also of that layer of cartilage in which the primary deposit of calcareous matter takes place.

The layer of cartilage in which the cells are arranged in linear series instead of being half-a-line, is from a quarter to half-an-inch in breadth.

Again, the calcareous granular deposit is wanting at the boundary of ossification, and there the cartilage-cells calcify before the matrix; the consequence of this is that you see the cartilage-cells, being apparently converted into lacunæ and imperfect canaliculi.

You may easily trace all stages in the deposit of calcareous matter on the inside of the cells, from that in which it forms a mere ring to that in which it is so thick as to leave only a vacant space resembling an almost perfect lacuna (h). Kölliker has generalised from his observations on ricketty bone, thinking that in rickets the normal process by which the lacunæ are formed is visible. My observations lead me to quite another conclusion—the calcification of the cartilage-cells in the growing cartilage in rickets seems to me identical with the calcification of the same parts (i) occasionally seen in enchondromata. It is a pathological process, a petrefaction. The spongy tissue is much more spongy in appearance than natural, and from the interstices of its meshes a deep red pulp is expressible. This pulp is composed of colorless nucleated cells usually containing only one nucleus, now and then two, and occasionally several blood-globules, and in some cases a very large quantity of free fluid fat. If, as Sharpy, Somes, and De Morgan have supposed, these cells play an important part in the completion of the process of ossification, and I am—from my own observations on ricketty bones, etc.—inclined to think they do, we see in their abundance in ricketty bones only a farther evidence that in ricketty bone there is excessive preparation for the process of ossification and arrest of the completion of the process. The periosteum is thickened over the head of the bone as over the bone generally. It attains its maximum degree of thickening just at the point of junction of the bone with the cartilage.

The periosteum of the whole bone is often more vascular and thicker than natural, but in the many post-mortem examinations of extreme rickets which I have made, I have never seen any bloody fluid as described by Guerin beneath that membrane. A crimson pulp fills the canal, and all the interstices of the tisues of the long bones. It is composed of elements identical in appearance with those expressible from the spongy tissue of the head of the bones. In this pulp, however, I have never observed any such quantity of free fluid fat, as I have noted in the heads of the bones near the line of progressing ossification.

2. The softening of the bones is sometimes so great that the bones which in their healthy condition are the strongest, may be bent by the most trifling force, and those which naturally are the thickest may be cut by a knife with facility.

This softening of the bones is chiefly the consequence of the diminution of their earthy salts. It seems, however, from the experiments of Lehmann and Marchand, that the animal matter of ricketty bones differs, in some cases, from that of healthy bone; for, in some of their experiments, the bones yielded no gelatin on boiling.

Putting together the results of the analyses of several observers, we gather that the bones of healthy children yield about 37 parts of organic and 63 of inorganic matters; and that those of ricketty children yield about 79 parts of organic and 21 of inorganic matters.

3. The thickening of the flat bones is the consequence of thickening and increased vascularity of the periosteum, and of the abundance of the nucleated cells, which, with blood form the pulp, which occupies all the meshes of the bone. The thickening is usually greatest just within or at the growing margin of the bone, so that in the cranial bones it is greatest near to or at the sutures, and least at the centres of ossification.

4. *Deformities which follow from Pressure on the Softened Bones.*—The spine is bent; the cervical anterior curve is increased; the face is directed upwards; and the head falls backwards. This curvature is only strongly marked when the muscular debility of rickets (of which I shall speak hereafter) is very decided. The vertebræ being softened and the muscles weakened, the head is no longer supported, and it falls forwards or backwards as circumstances may determine. Usually the child favours the falling of the head backwards, in order that it may see what is going on around, just as when suffering from paralysis of the third nerves, the child sits or walks with the head thrown backwards, in order that it may see under the fallen upper eye-lids. There is a posterior curvature of the spine, if the child is unable to walk, commencing at the first dorsal and extending to the last lumbar vertebra. If the child walks, then the posterior curvature is limited to the dorsal region, and there is an anterior curvature in the lumbar region. This posterior curvature in the child yet in arms, is sometimes so extreme that it may be easily mistaken (and I have known it mistaken) for angular curvature. They are distinguished thus:—

If the child be held by the upper part of its trunk, the weight of the lower limbs will usually remove the ricketty curve, and it may certainly be straightened if the nurse hold the child by the upper part of the trunk and the Physician raises the lower limb with one hand and at the same time places the other on the curved spine.

This curvature of the dorsal and lumbar spine in rickets is the consequence of the muscular weakness, and softening of the bodies of the vertebra; its direction is determined by the weight of the head, etc. It is an exaggeration merely of the curvature always existing when the child of three or four months old is sitting unsupported on the nurse's arm. Lateral curvatures in the young child are less common than the antero-posterior. Their direction

(g) Die Rhachitis, eine Krankheit des Kindersalters, besteht in folgenden die beiden Momente im Wachsthume des Knochens betreffenden Anomalien:—1. In übermässiger die Ossification vorbereitender Zellen-Wucherung im Epiphysen Knorpel mit Verbreiterung desselben, Markraumbildung in demselben, während der Verkalkungsprocess zurückbleibt. (Virchow). 2. In wuchernder sog. periostaler Auflagerung an der Diaphyse, welche nur sehr spät in Folge der Aufnahme von Kalksalzen verknöchert, während im Inneren die Markraumbildung vorschreitet.—*Rokitansky Lehrb. der Path. Anat.* Vol. ii. p. 135. Third Edition.

(h) Kölliker has figured this at page 241 of his "Handbook."

(i) See Quekett's "Lectures on Histology;" West's Translation of Müller; and Gamgee "On Enchondroma of the Testicle."

is determined by the position accidentally assumed by the child. For example, if the child be carried on the left arm constantly, there is a disposition to lateral curvature, and the convexity of the curve will be towards the left.

The femur is curved forwards and outwards. This curvature is produced before the child walks, by the weight of the legs and feet. The child sits on its mother's lap, or on a chair, and the lower extremities hang pendant. The bone being flexible, yields. After the child walks, the weight of the trunk is the chief agent in determining the curvature of the femur. The curve which existed before walking will be exaggerated.

When the tibia curves before the child walks or has been placed on its feet, the curvature is almost always outwards—an exaggeration only of the normal curve in the young child, and is produced by the child sitting somewhat cross-legged, and bearing on the floor or bed with the outer malleolus. After walking, the weight of the trunk is the chief agent in determining the bending of the tibia, and the direction of the curve will depend on the circumstances which determine the point on which the chief amount of pressure is brought to bear.

The curvature of the ulna and radius has been attributed to muscular action—to the child placing its arm around the breast of the mother, etc.; these causes are altogether inefficient for its production. The curvature of the bones of the forearm is produced by the child, owing to want of muscular power to support itself in the sitting posture, throwing part of its weight on to its arms. The child places its open hands on the chair, bed, or floor, and throws a large share of the weight of its trunk on to the bones of the upper extremities; the bones of the forearm are twisted as well as curved outwards.

The humerus is sometimes bent at an angle just where the deltoid is inserted. This curve is produced by the weight of the arm when the limb is raised by the action of the deltoid, and is increased by the cause which determines curvature of the forearm.

The clavicles are often the subject of extreme angular curvature. The chief bend is always at the same spot, viz. just outside the part to which the sterno-cleido-mastoideus, and the pectoral muscles are attached. The second bend is about half-an-inch from its scapular articulation. The first curve is forwards, and somewhat upwards; the second backwards. The curvature of the clavicle is produced partly by the weight of the arm on the humeral end of the clavicle—the sternal end being supported by the muscles just mentioned, and by its ligaments,—but chiefly by the force brought to bear on it, when the weight of the trunk is thrown on to the upper extremities, the child being in the sitting posture, with the hands on the floor, or crawling.

The deformity of the greatest interest to the Physician is that of the thorax. The back is flattened. The ribs are bent at an acute angle where the dorsal and lateral regions unite. At that part the lateral diameter of the thorax is the greatest. From it, the ribs pass forwards and inwards to the point where they unite with their cartilages; on that line the lateral diameter of the thorax is the least, the cartilages curving outwards before turning in to unite themselves to the sternum. The sternum is thrown forwards, and the antero-posterior diameter of the thorax is abnormally great. The consequence of the direction of the ribs being inwards, and of the cartilages outwards, is, that the thorax is grooved from above downwards on its antero-lateral face from the 1st to the 9th or 10th rib; the deepest part of the furrow being just outside the nodes formed where the ribs and cartilages unite. This groove extends lower on the left than on the right side, but it is deeper on the 5th and 6th ribs on the right than on the left side; the heart and the liver respectively supporting, to some extent, their corresponding ribs. The points of maximum recession correspond to the 5th, 6th, and 7th ribs. A little below the level of the nipple the chest expands considerably, the chest-walls being borne outwards by the liver, stomach, and spleen. If we examine the thoracic walls from the inside, the appearance is most remarkable, where the ribs join with the cartilages there are much greater projections than on the outside; but the 11th and 12th ribs, which are not inflexed, have the same enlargement on the inside as on the outside.

The great determining cause of the thoracic deformity is atmospheric pressure; this is aided by the elasticity of the lungs. How is the pressure of the atmosphere brought to bear on the thoracic parietes? Suppose the external thoracic parietes were made of cast iron or other unyielding material, then the diaphragm could descend only so fast as the air could enter at the orifice of the larynx, and overcome the elasticity of the lungs. The thoracic parietes, however, in their normal condition, are not absolutely unyielding; but then there is a due relation between their strength, the power of the diaphragm and the rapidity of its contractions, the size of the orifice of the larynx, and the elasticity of the lungs. The chest-walls being healthy, and the orifice of the larynx of normal size, if the young child sobs violently—*i. e.* contracts the diaphragm with abnormal rapidity and force—the most flexible parts of the thoracic parietes will fall in during inspiration.

If the orifice of the larynx be narrowed, and if the diaphragm contract with only normal rapidity and force, there will be recession of the softer parts of the chest-walls at each inspiration.

Again, if the orifice of the larynx remain normal, the diaphragm act as energetically as in a healthy child, and the chest-walls be softened, then, at each inspiration, there will be recession of the most yielding part of the thoracic walls.

It is this last condition which exists in the ricketty child. The part of the rib where ossification is imperfect and incomplete is so soft that, at each descent of the diaphragm it recedes, and the furrow of which I have spoken is the consequence. Just in proportion as the ends of the ribs are forced inwards the sternum is carried forward, and the consequence is the remarkable form of thorax of which a model is on the table, of which some examples are now in the Hospital, and of which it is rare to pass a day without seeing cases in the out-patients' room. Rokitansky has maintained that this deformity of the thorax is the consequence of want of power in the inspiratory muscles. I have repeatedly dissected subjects in which this deformity was strongly marked, and find that there is no correspondence between the points of insertion of the muscles of inspiration attached to the outer surface of the chest-walls and the points of recession. The preparations on the table bear out my assertion. Weakening of these muscles would have as its consequence general want of expansion of the lungs, and the thorax would have the form that it obtains in senile atrophy—viz. long, with narrow antero-posterior and lateral diameters.

Again, the diaphragm is said to cause the circular recession by its direct action—by drawing in the receding parts at each contraction. On the table are some dissections, which prove, when compared with the cases and the model, that the line of recession does not correspond to the points of attachment of the diaphragm. But it does correspond to the upper margin of the liver, spleen, and stomach; and is produced—as the longitudinal furrow is—by atmospheric pressure: the parts of the parietes below being prevented receding by the organs I have just mentioned. The influence of the organs beneath in preventing the recession of the chest-walls is illustrated by the *apparent* bulging of the precordial region in every case of well-marked ricketty thorax. The chest-walls covering the heart do not recede so much as on the opposite side, and the consequence is that the left side is much fuller than the right; and, at first sight it might be supposed that there was abnormal fulness of the precordial region.

In excluding muscular action from all direct share in the production of curvature of the long bones in rickets, I am, so far as I know, unsupported by any authority.

Dr. Livingstone.—In a letter to Sir Roderick Murchison, dated at Kongone, the port at one of the mouths of the Zambesi which the British expedition discovered, Dr. Livingstone writes on December 10, in good spirits.

M. Velpeau and Hypnotism.—M. Velpeau is likely to get into almost as many difficulties as a consequence of patronising the Animal Magnetisers, as he did when he introduced the "Black Doctor" into his wards. He announces to the Academy that he is so overwhelmed with communications on the subject as not to be able to lay them before his colleagues. He says, moreover, that as nothing very clear or positive has come out of the experiments instituted, he advises the Academy to be in no hurry to call for the report of its Committee. This is sound advice, if the Academy looks to its scientific reputation as worth preserving.

ORIGINAL COMMUNICATIONS.

NOVEL OPERATION FOR THE CURE OF DEFORMITY OF THE LEFT SIDE OF THE FACE,

RESULTING FROM PARALYSIS OF THE RIGHT SIDE, WITH SATISFACTORY RESULT.

By JAMES STARTIN, F.R.C.S.,
Surgeon to the Hospital for Diseases of the Skin.

The following operation for relieving distortions of the face from paralysis, will, I trust, be deemed of sufficient interest to merit the attention of the readers of the *Medical Times and Gazette*. I am not aware whether a like expedient has been previously attempted, although my enquiries and reading point to a negative.

A young lady (Miss L. G., aged 21,) from infancy had suffered from paralysis of the right side of the face, affecting chiefly the muscles supplied by the facial branches of the seventh pair, known as the *pes anserinus*. Thus she had lost the entire power over all the muscles of the mouth and cheek on the right side, sensation remaining unimpaired: little deformity, however, was observable when the face was quite at rest and free from emotion, excepting, perhaps, a slight elevation of the angle of the lips on the opposite or sound side; but the least muscular motion, as an attempt to speak, smile, or manifest any sensation, affecting the nerves of expression, was followed by very considerable distortions of the muscles of the left side concerned in the movements of the mouth, which having lost their antagonists on the opposite or paralysed side, drew the lips upwards and outwards, far beyond their natural boundaries of motion, so that a most unpleasing deformity of the features on that side resulted, the opposite cheek remaining without expression.

To remedy this disfigurement, I proposed to the parents of the young lady, as an expedient from which much good might, and no harm could, result, a subcutaneous division, by means of the tenotomy-knife, of all the offending muscles; and, having enlisted the sympathies and consent of my patient, the end in view was accomplished as follows, in the presence of Mr. Covey, of Wilton-street, the family Medical attendant, and Mr. Potter, who administered the chloroform. The forefinger of the left hand was introduced within the cheek subject to the contractions, the thumb being placed on the outside; the cheek was then drawn down by the thumb and finger, so as to render the muscles to be divided as tense as possible, the knife was then introduced from without, and a cut inwards made upon the finger within the mouth, taking care to avoid the chief branches of the facial artery, which were felt pulsating; in this manner, by two introductions of the knife, the levator labii superioris, the levator anguli oris, and the zygomatici major and minor were divided.

While the effect of the chloroform lasted, the operation seemed to have accomplished all that was desired; but when consciousness returned, it was found that the depressor muscles of the lips were acting unduly, and would require a second operation; consequently, an interval of a fortnight was suffered to elapse, when the depressor anguli oris, and the depressor labii inferioris were divided by similar means to those above detailed; the result as before, while the anæsthesia continued, seemed to be all that could be anticipated; yet on the following day I found, that although marked improvement was secured, yet entire success could only be obtained by one or two more introductions of the knife, so as to intersect some few muscular fibres which had escaped division and still acted abnormally.

As no scar, bleeding, or other inconvenience had followed either operation, my patient, after the lapse of a few weeks, was desirous this further improvement should be gained, consequently I used the knife a third time, and to enable me to judge of the effects during the operation, no chloroform was administered; but little pain attended the procedure, and I succeeded by a single incision in effecting such further improvement as to render the deformity very trifling, and have recommended that some months shall pass over before anything further is done, which will consist only in an endeavour to remove the line or dimple still existing on the left, but not on the right side of th mouth. In the meantime, I shall look for some similar case to confirm and, perhaps, exceed the success which has attended this first effort in my patient's behalf; and I am hopeful that this account may induce others, more skilled than myself, to repeat the operation, and publish the result in your pages.

3, Savile-row.

CASE OF TETANUS.

By JOHN HENRY WALKER, M.D.

J. C., a farmer, aged forty-eight, having purchased some considerable amount of property, and having moved into one of the houses, he accompanied his waggon and team of horses to carry home a load of bricks, to make some necessary alterations in his new abode. The weather being excessively warm, the flies worried his horses, and as he got down from his waggon to brush them off, his foot was caught by the hind wheel. It appears from the nature of the wound (the muscles of the foot having been torn from the toes towards the heel), that he unhappily in alighting placed his foot upon a stone, and before he could withdraw it, it must have been forced forwards, and in this way the muscles of the sole of the foot were torn from before backwards, in consequence of the weight of the waggon, although this had only gone over about two-thirds of the dorsum of the foot. The effort to extricate the foot was so great, that the sole of a strong boot was entirely separated from the upper part of it. I saw him about two hours after the accident had occurred. There was very little hæmorrhage, but very great depression.

For the space of eight days he went on remarkably well; healthy pus had been daily discharged, the plantar muscles had not only sloughed satisfactorily away, but the muscles of the dorsum as well, and granulation was going on most favourably.

At the expiration of eight days he complained of a slight cough, and stiffness of the jaws, which he attributed to cold from a small crack in the wall of his bed-room. The next morning the stiffness had rather increased, but not to any very great extent. I thought it right, however, to recommend him to make his will, as I suspected the probable consequence, and, therefore, as his wife was at the same time an invalid, I spoke to his mother, and gave her my candid opinion—that he was not likely to live more than three or four days. In the meantime I consulted some of the most eminent men in London as to the treatment. I had only seen three cases of traumatic tetanus before; and they having all terminated fatally, I was prepared for the same result in this case, and warned his friends as to what the end would be.

He suffered very much indeed, from what is termed opisthotonos, the body in fact formed a complete bow, resting on the head and the heels. He had no power of swallowing fluids of any kind after the tenth day. He suffered greatly from thirst, and the body was so cold that hot flannels, sprinkled over with turpentine and brandy, afforded relief but for a short period; the pulse was very weak and fluttering, but rapid. The powers of the mind continued unaffected up to the end. He was cool and collected, but unable to express himself distinctly, owing to the rigidity of the jaws. I found his symptoms and sufferings gradually increasing, and as there was not only the inability to swallow fluids of any kind, but as even the attempt to do so brought on violent spasms and a sense of suffocation, I determined upon trying the effect of injections of beef-tea and brandy. I commenced by giving him one, consisting of half-a-pint of beef-tea, and one glass of brandy, and waited to see the effect; he retained it exactly two hours; ten minutes after the administration he was entirely free from pain and spasm, and the jaws were relaxed; he was able to speak with perfect distinctness, but he had no power of swallowing, and, on attempting to do so, the sense of suffocation again returned, and the jaws again became rigid, the effort brought on also an attack of opisthotonos, and so acutely did he suffer, that he besought his friends to bring an axe and cut his body in two, and so free him from his agony. I, in consequence, gave him another glyster, and with the same happy result as before; but as the effect passed off more quickly, I increased the quantity of brandy, and after each administration the jaws became relaxed, and his utterance

was clear and distinct; he was entirely free from spasm, or pain of any kind, and was perfectly collected. I think it well to add, that after a time I was obliged to increase the quantity of brandy administered, and that when suffering from the most severe form of spasm, he was invariably relieved in the space of ten minutes, or a quarter-of-an-hour at the farthest; and as I continued to increase the quantity of the brandy, and the strength of the beef-tea, he never suffered after the commencement of this treatment for more than a very short period. I must also mention that I used extract of belladonna as a plaster along the spine, and from the trachea down to the pubis, and that he said he always derived benefit from the application; this was generally applied about four times a-day.

The man died at the expiration of eight days from the commencement of the tetanic symptoms. Only an hour before his death he requested me to order another plaster of belladonna for his stomach. He had been previously suffering from spasm, but the enema of brandy and beef-tea (the former of which I had been obliged to increase to eight ounces) relieved him, and enabled him to open his jaws without difficulty, and to converse freely; but, notwithstanding this, he was never able to swallow anything.

This administration of a large amount of nourishment and alcohol, is a mode of treatment which I never saw, or heard of being practised before. If it had not the effect of ultimately saving life, it has, at all events, the inestimable quality of relieving our species from the most painful paroxysms of one of the most unmanageable forms of disease which we are subject to. I tried chloroform during the early stage of the spasms, but without any beneficial effect.

I used a combination of arnica, opium, etc. as a lotion to the wound.

Tonbridge, Kent.

AN EXPERIMENTAL INQUIRY INTO THE ACTION OF ALCOHOL ON THE NERVOUS SYSTEM.

By W. MARCET, M.D. F.R.S.

Assistant-Physician to the Westminster Hospital, etc. etc.

(Continued from p. 215.)

Action of Alcohol on a Dog.—Although the effects of alcohol on dogs has been closely investigated by Brodie, Percy, and others, I beg to report the following experiment, which will be found interesting mainly in its connexion with others to be subsequently related.

Experiment 4.—The dog had been fed at about 10 a.m.; the experiment was undertaken the same day at 1.31 p.m. Previous to any alcohol being injected into the animal's stomach—respiration 20 in one minute, pulsations of heart 120 in one minute. One ounce of alcohol, diluted with as much water, was now injected into the dog's stomach by means of a syringe and canula. Two minutes after the injection was completed, the animal began tottering: respiration varies from 38 to 44 in one minute; pulsations of heart 132 per minute. Twelve minutes after the injection, can hardly stand, and tumbles about. Sixteen minutes after the injection, I again introduced into the dog's stomach one ounce of alcohol diluted with one ounce of water. One minute and a-half later, lies down, and makes useless efforts to rise. Fifteen minutes after this second injection—respiration 40 in one minute; pulsations of heart 176 in one minute. Twenty minutes after the second injection—respiration 32 in one minute, pulsation of heart 160 in one minute. Forty minutes after the last injection, the dog appears to be sinking; cannot be roused when shaken; the eyelids are nearly immovable when the eyeballs are irritated. Fifty minutes after this last injection—respiration 33 in one minute—pulsations of heart 132 in one minute. Evinces no pain when tongue or nose are strongly pinched, but still moves the eyelids when eyeballs are touched. Seven minutes later respiratory motions are exceedingly slight, mostly abdominal, and respiratory murmur very faintly heard; respiration 16 in one minute; pulsation of heart 132 in one minute. Eighty-three minutes after the second injection, respiration becoming more thoracic, and respiratory murmur now more distinctly heard. Eighty-eight minutes after the second injection, one ounce of alcohol, diluted with an equal bulk of water, was again thrown into the dog's stomach. Six minutes later, when the eyeballs are touched, the eyelids remain perfectly motionless: respiration 28 in one minute; pulsations of heart 47 in one minute (weak and very irregular). Convulsive motions in the nostrils just previous to each inspiration; insensibility complete. Fifteen minutes after the third injection, the respiration suddenly ceased, the pupils dilated to a remarkable extent, and then again began contracting. About one minute and a-half after the respiration had stopped, the dog took an inspiration, which was followed by others at the rate of eight in one minute; the heart could then be heard beating twice at the end of each inspiration, and then remained quiet until the next inspiration took place. Twenty-eight minutes after the third injection the dog ceased breathing for two minutes and a-half, during which time the heart was heard beating regularly, and the pupils dilated. Respiration now returned. Five minutes and a-half after the animal had again commenced breathing, it was observed to take deep inspirations; the respiration had become stertorous; pupils contracted. Fourteen minutes after respiration had returned, heart pulsates seventy-eight times in one minute; is irregular. The dog now ceased breathing for half-a-minute. Fifty minutes after the last injection respiration stopped, and the pulsations of the heart could no longer be perceived (a). Three minutes afterwards, the animal took two inspirations; the pupils were dilated. Sixteen minutes later there had been no return of respiration; the dog was dead. This experiment shows that alcohol acts first on the brain, producing a cessation of voluntary motion, and later on the medulla oblongata and spinal cord, arresting the respiration. In addition to which it may be concluded from the observations on frogs, that the pulsations of the heart persisting after the cessation of sensibility and respiration, the sympathetic system is the last to be affected.

Series of Experiments, No. II.

In the following experiments the circulation was left undisturbed, but the nervous connexions between the parts in contact with the alcohol and the nervous centres were severed. Frogs only were used. After having incised the skin along the inferior part of the spine, and lifted with the forceps the coxigeal extremity of the vertebral column, I carefully cut through its muscular adhesions, and then removed it. On the right and left of the middle line, the crural nerves could be detected proceeding from the spinal chord to the inferior extremities: these nerves were taken up with the forceps and divided. Thus, there remained no other connexion between the legs of the animal and the nervous centres, but by means of the circulation. In every case the frog was allowed to recover from the shock of the operation, which took a few seconds, before proceeding with the experiment.

It is evident that, supposing in this case, after the immersion of the frog's legs in alcohol, sensation and respiration ceased as quickly as when healthy frogs were submitted to experiment, we must conclude that the nervous connexions existing between the legs of the frog and the nervous centres of the animal were not possessed of the power of transmitting the action of the poison to these organs; but if, on the contrary, it be shown that the operated frog, having its inferior extremities immersed in alcohol, preserved its sensation and respiration for a longer period than a healthy frog placed under the same circumstances, then we are compelled to admit that the impression of the alcohol on the nervous centres is transmitted to those centres, at least partly, by the nervous tracts.

Experiment 5.—A very large frog was operated on as described above (slight bleeding occurred during the operation), and its legs were immersed in alcohol. At first, no muscular contractions took place; thirty seconds after immersion, the frog struggled a little. It was quite sensible, and continued breathing, in which condition the animal remained until twenty-two minutes after immersion, when its sensibility began to diminish; one minute later, the frog was insensible, and respiration stopped.

Experiment 6.—The operation was repeated on another frog. A very slight hæmorrhage took place from some

(a) It is very probable, however, that the heart continued beating until respiration ceased; when very faint, the pulsations of the heart cannot be detected by auscultation.

muscular capillaries. No struggling occurred until two minutes after immersion, when it moved violently of its own accord. No shock had taken place; sensation had remained unimpaired during the whole time of the experiment. The frog continued in the same condition, with occasional struggles, until eighteen minutes after immersion, when it suddenly became insensible, and respiration ceased.

Experiment 7.—Two middle-sized frogs were submitted to the same operation, their crural nerves being cut without any hæmorrhage occurring. Another healthy frog was then chosen, and the legs of the three animals were immersed in alcohol at the same time.

First Frog (operated).—Sensation and respiration unimpaired until six minutes after immersion, when sensation began to diminish. Fourteen minutes after immersion the animal is becoming insensible. Fifteen minutes after immersion, insensibility complete; respiration had just ceased.

Second Frog (operated).—Moved its fore-legs very little when the hind legs were immersed; sensation and respiration continued unimpaired till six minutes after immersion, when the frog felt a little less on being pinched. Was still in the same condition eight minutes after immersion, when it had a fit of convulsions, but the sensation and respiration continued. Twelve minutes after immersion, the frog is much less sensible, and breathes irregularly. Fifteen minutes after immersion, insensibility nearly complete (b); respiration has ceased for the last minute.

Third Frog (not operated).—When first immersed struggles a great deal, and there is some difficulty in keeping its legs in the alcohol. Three minutes after immersion, the animal, when pinched in its body or fore legs, is observed to be less sensible than the two other frogs at the same period. Five minutes after immersion, is much less sensible than the two others at a similar period. Six minutes after immersion, is nearly insensible, the frog continuing breathing the whole time. Eight minutes after immersion, is become quite insensible; nine minutes after immersion, respiration stops. The following are the conclusions which result from the second series of experiments:—

1st. On the operated frogs, or those in which no action could be exerted by the alcohol on the nervous centres, through the nerves, a shock never took place.

2nd. The time that elapsed from the immersion (in alcohol) of the legs of the operated frogs, until the occurrence of insensibility and the cessation of respiration, varied from fifteen to twenty-three minutes. I may here observe that a healthy frog, having its legs in alcohol, was deprived of sensation and ceased breathing in from ten to thirteen minutes; thus showing that the circulation is the *principal* channel of transmission of the action of alcohol from the periphery to the nervous centres, and also that the nerves have decidedly a *slight* influence in conveying the influence of the poison to these centres.

(To be continued.)

The Colouring Matter of Leaves.—In a communication to the Académie des Sciences, M. Fremy stated, as the result of his experiments, that the *chlorophylle* of plants is in reality composed of two substances,—one yellow, soluble in ether; and one blue, soluble in chlorhydric acid. He has been enabled to separate them, and presented them to the Academy in their isolated conditions.

"For many years after I commenced practice," writes Mr. Higginbottom, "the lancet was in hourly use, in the hands of medical men, and if any one had then affirmed that such a practice was not required, and that it was injurious, he would have been looked upon with supreme contempt, by the savans of that time; so in the present day, arguments and facts, however palpable with regard to the showing of the injurious effects of alcohol as a medicine, are as cavalierly treated, and the horrible system will die a harder death than that which has not appetite and interest to recommend its continuance; but though I shall not live to see the day, the time will assuredly come when such a system will be branded by medical science, as the charlatanism of the nineteenth century."

(b) Sensation disappeared completely a few seconds later.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

UNIVERSITY COLLEGE HOSPITAL.

INGUINAL HERNIA—WUTZER'S OPERATION FOR RADICAL CURE.

(Under the care of Mr. HENRY THOMPSON.)

H. B., aged 24, was admitted in November, 1859. He had always lived well, and had enjoyed good health. He had noticed, for the first time, five or six years ago, a slight swelling in the left groin, which appeared after lifting a heavy weight, and gradually increased in size; but only six months ago the patient commenced wearing a truss. On November 11 Mr. Thompson had tapped him for hydrocele on the right side. On examination after admission a tumour with a distinct neck was noticed in the left side of the groin. It was translucent below, and had a very slight impulse only on coughing, and this was arrested by pressure on the external abdominal ring. The spermatic cord could be felt distinctly above the tumour; The swelling was easily reduced on his lying down. On standing up again, and pressure being made at the ring, the scrotum gradually swelled out, but not to its full size, which it regained, however, on removing the pressure. The testicle was always easily to be felt below the tumour.

16th.—Mr. Thompson to-day performed Wutzer's operation. Chloroform was not given, and very little pain was felt. There was afterwards considerable pain, but it was limited to the point where the pin protruded.

On the 25th the cylinder was withdrawn. The invaginated skin was firmly held in place, being felt under the skin as a hard and rounded mass. He was discharged, cured, on December 2.

Subsequent History.—Mr. Thompson informs us that within the last few weeks, *i. e.* about three months after the operation, the hernia has again protruded. The man left the Hospital wearing a truss, and was ordered never to make any exertion without having the truss on. Believing himself cured, he at length married, and during the first night his rupture again came suddenly down. The reprotrusion was attended with considerable pain, and of course caused the poor fellow extreme disappointment. He intends, we believe, to submit to a second operation. The result shows the importance of following up these cases after discharge from the Hospital.

INGUINAL HERNIA—WUTZER'S OPERATION FOR RADICAL CURE.

(Under the care of Mr. MARSHALL.)

W. C., aged 21, admitted on January 2, 1860. Three years ago, whilst carrying a sack of coals on his back, he noticed that a swelling appeared in the right side of the groin, which was easily reduced, and did not return for a year, when it again appeared, after slipping as he came down stairs. It was on this occasion reduced in Charing Cross Hospital. He has since worn a truss, but the hernia has occasionally been allowed to descend. A week ago, when intoxicated, the hernia was again brought down by his slipping off the kerbstone. He was taken to University College Hospital, when it was reduced. It being thought a favourable case for permanent cure by Wutzer's operation, Mr. Marshall, on January 4, performed the operation. It was attended by very little pain, and no chloroform was required. There was some slight pain after the operation; on one occasion being rather severe, Mr. Hill injected a solution of morphia into the cellular tissues, over the course of the anterior crural nerve; the pain did not recur again. The patient progressed very well; the cylinder was removed on the 15th; the invaginated portion of the skin of the scrotum was now adherent. On the 22nd the patient was discharged cured.

VARICOCELE ON BOTH SIDES—VIDAL'S OPERATION—REMOVAL OF SKIN OF SCROTUM.

(Under the care of Mr. ERICHSEN.)

[For the Notes of the following Case we are indebted to Mr. Berkeley Hill.]

A. W., aged 25, was admitted on December 14, 1859. He

had never, he said, had any disease of the genital organs except the present, nor was there any history or appearance of varicose vein in any other situation. He suffered from indigestion, from frequent constipation, and was accustomed to walk a great deal, and to ride on horseback. His scrotum had always been relaxed. He noticed seven years ago that the veins of the scrotum on the left side were enlarged, but he found no inconvenience or pain from this until about nine months ago, when he began to have great pain after walking even a short distance. He wore a MocMain truss for three months, but was not relieved. On examination the usual appearances and symptoms of varicocele were found on both sides, but much more on the right. The testes were smaller than natural.

On December 14 Mr. Erichsen performed Vidal's operation (ligature of the veins on a wire pin passed behind them) on the left side, chloroform having been given.

16th.—Going on well. Very little pain. The wire was tightened to-day.

18th.—There is to-day slight discharge from the aperture on each side of the scrotum. A large mass of induration may be felt around the wire. The general health is good.

20th.—The pin and wire slipped out this morning. No hæmorrhage followed. The induration is still increasing.

21st.—The patient was again put under the influence of chloroform, and the veins of the right side were tied by passing a silver wire round them, and twisting the ends together. Some little pain followed this operation, but it entirely abated when the wire was removed.

January 4.—The patient now walks about the ward. The induration is much decreased, and the veins do not fill when unsupported. At the request of the patient a large quantity of the loose skin of the scrotum was removed. The wound healed well.

He has since been discharged, cured.

DISEASE OF THE GREAT TROCHANTER AND NECK OF THE FEMUR—REMOVAL OF THE DEAD BONE.

(Under the care of Mr. ERICHSEN.)

Mr. Erichsen made the following remarks on a case of caries of the femur, near the hip-joint, prior to operation for the removal of the dead bone. The case, he said, illustrated well some points in the diagnosis of disease of the hip-joint. The patient had been sent to the Hospital, in order that the hip-joint might be excised. She was a young woman, of 23 years of age, of strumous habit, and had suffered in early life from active strumous disease of the ankle on the same side as the diseased hip. A little more than a year ago there appeared an abscess on the upper and outer part of the thigh, as in hip-joint disease. It was situated just below the insertion of the tensor vaginæ femoris, where there was now a fistulous aperture, leading to diseased bone. The mobility of the joint was free, especially under the influence of chloroform, and no grating could be felt by movement. The limb was shortened; but this was clearly from the old disease of the ankle-joint. There was no thickening at the joint, but at a point a little below, and the direction of the probe passed through the fistulous opening was not to the joint itself, but towards the great trochanter and the root of the neck of the femur. It was probable, Mr. Erichsen would predict, that the disease did not extend within the capsular ligament. He hoped, therefore, to be able to rid the patient of the disease by removing the dead bone, and without complicating the case by opening the joint. He said, that if nothing were now done the disease would extend, and would ultimately produce disease within the joint. This case was analogous to those in which there is caries of the cancellous structure of the head of the tibia, and which, if not arrested, ultimately perforates the articular cartilage, and produces disease of the knee-joint.

Chloroform having been given, Mr. Erichsen made an incision over the part, and found by exploration the state of things to exist as above indicated. By the gouge he removed a considerable quantity of carious bone, leaving a hole, about an inch and a-half long, smooth, clean, extending upwards in the trochanter, and up some little of the neck of the femur. Mr. Erichsen also cut off the posterior and outer borders of the trochanter with the bone-forceps, in order to reduce the prominent edge, which would have otherwise been left here. The patient was doing well two weeks after the operation.

HYDATID TUMOUR OF THE UPPER ARM—EVACUATION.

(Under the care of Mr. ERICHSEN.)

[The Notes of this Case were supplied by Mr. BERKELEY HILL.]

H. C., aged 31, was admitted on the 21st of September last, for the removal of a tumour from the upper and outer side of the arm. About two years before admission the patient found a small swelling in the position of the outer side of the deltoid, near its insertion. It was unattended with pain. It was, on admission, about three inches in diameter; and lately had been at intervals slightly painful. It appeared to come from beneath the deltoid at its outer and posterior border, and extended backwards into the axilla. It was smooth on the surface, elastic, and tolerably firm, and not tender to the touch. The removal being determined on, chloroform was given, and Mr. Erichsen made an incision on the outer side of the arm over the tumour, and the heads of the triceps were then seen, and were drawn respectively outwards and inwards. The tumour now appeared to be a sac, distended with clear thin fluid; on opening it, at the bottom, and close to the bone, was an opaque, white, jelly-like mass forming, as was afterwards ascertained, an acephalo-cyst hydatid. The sac was found to extend on each side of the bone, and under the great vessels, and could not, therefore, be completely removed. It was left to come away by suppuration. The wound was dressed with wet lint, and it suppurated freely. The cavity was injected occasionally with red wash. The patient recovered well from the operation, and was discharged on October 24, the wound being nearly healed.

CANCER OF THE LIP—REMOVAL—RECURRENCE OF THE DISEASE IN THE SUBMAXILLARY LYMPHATIC GLANDS NINE MONTHS AFTERWARDS—EXCISION OF THE DISEASED GLANDS.

(Under the care of Mr. ERICHSEN.)

However undecided Surgeons may be as to the treatment of certain forms of cancer, there can be no doubt as to the measures which are appropriate in the epithelial variety. This form of malignant disease, if not interfered with, runs a rapid course, both in its original site, and in the lymphatic glands adjacent to it. It does not, however, excepting in extremely rare instances, affect the internal organs. Nor does it, as a rule, travel far along the lymphatic vessels. The Surgeon's duty is, therefore, to excise early, to excise freely, and to follow it up should it recur. This rule of practice is well understood, and constantly acted upon as it regards the part in which the disease begins; but the lymphatic glands, when diseased, are not nearly so often removed as is, probably, desirable. The rule of practice which the following case illustrates is no doubt a correct one. We have observed not a few cases in which patients have enjoyed several years of immunity from the disease after the removal of glands which had been secondarily attacked by epithelial cancer. Of course the early removal of such glands is extremely important, but this too often depends more upon the patient than upon the Surgeon.

James F., aged 56, a labourer, was admitted under the care of Mr. Erichsen, in July, 1859, for cancer of the lower lip. He had then had it for ten weeks. No cause as smoking, etc., was traceable, and the patient was not aware that there was any hereditary pre-disposition to cancer in his family. It was removed in the usual manner. The wound healed and the man left the Hospital with a sound lip two weeks after his admission. At the beginning of the present month he again presented himself at the Hospital. The lip was still sound, the scar being quite healthy, and little trace of the wound being noticeable. Below the jaw, however, was now found an enlarged gland on the same side (the right) as the original disease. It was about the size of a large walnut, and as it was moveable, Mr. Erichsen recommended its excision. Accordingly, on Wednesday, March 7, Mr. Erichsen removed the disease. He made an incision over it, beginning at the side nearest the large vessels. In reference to this step Mr. Erichsen said in his remarks after the operation, that—as recommended by Mr. Liston—it was much better to commence the incision in this direction, as then the arterial branches which were to be divided, would be divided and tied so as

not to embarass the further steps of the operation. The diseased gland was rather deeply placed, extending in its outer sides to the external carotid, passing also under the facial artery, which was divided and tied. Mr. Erichsen found on removal of the principal mass, that one smaller gland still remained, and was enlarged. This he also removed, and also applied nitric acid to one spot which appeared suspicious. He remarked that it was desirable that the wound should heal by granulation, in order that if any diseased tissue should be still remaining, it might come away during suppuration.

GUY'S HOSPITAL.

COMPOUND FRACTURE OF THE SKULL, WITH DEPRESSION, BUT NO SYMPTOMS —OPERATION—RECOVERY.

(Under the care of Mr. HILTON.)

The case of a boy who was under Mr. Hilton's care, in Guy's Hospital, a few weeks ago, illustrates in an interesting manner several points in the treatment of compound fractures of the skull. The following account of it is from the notes of Mr. W. T. Salmon, Mr. Hilton's dresser :—

C. M., aged 15, was admitted on November 9, 1859. The account given was, that, while at work cleaning an engine, he had been caught between a wall and a revolving wheel. The injury which he had sustained consisted in a lacerated wound of the scalp, about two inches long, and situated somewhat more than an inch above, and a little in front of the left ear. The bone was laid bare, and a fracture, extending for several inches, was easily detected, either at or a little above the line of the squamous suture. The upper fractured portion was depressed, and the border of the lower one overlapped, and was very sharp. In the upper portion there extended, in a crescentic form, a well-marked fissure, by which a piece of bone, of elliptical form, about two inches in length, and an inch-and-a-quarter in breadth at its widest part, was insulated. The lad was perfectly conscious, and had no symptoms of pressure whatever. The depression being, however, well marked, Mr. Hilton decided not to wait for the supervention of brain mischief. The external wound was enlarged, and made crucial by an incision at right angles with it. The sharp overlapping edge of the lower portion of bone was next cut away by bone-forceps ; and, an elevator having been introduced, the depressed part was, with some force, raised to its natural level. Arterial hæmorrhage from the dura mater now took place, and for a few minutes the blood issued pretty freely. As it came from beneath the fractured bone, the wounded vessel was not accessible to ligature without further use of the forceps. Mr. Hilton, therefore, contented himself with the application of cold water ; and, keeping the head in an elevated position. The flow of blood soon stopped, and the lad was removed to his bed.

The subsequent treatment consisted in the administration of salines, mercurials, and purgatives, and in keeping the boy most strictly on low diet. Three grains of grey powder were given, night and morning, during the first four days. On the fifth day the wound was suppurating freely. Excepting that he complained of a slight feeling of nausea after food, the boy was in every respect in a satisfactory condition. His pulse was from 84 to 90. On the tenth day after the operation he was so well that beef-tea and better diet were allowed. During the following night, however, a convulsive fit occurred, which lasted about five minutes, and during which he was insensible. After this attack, however, he slept well until the morning. Mr. Hilton, at his visit the next day, ordered a return to the milk diet, and that nothing in the shape of animal food should be allowed. He directed the attention of his clinical class to the fact that the only ill symptoms which the lad had shown since the operation had followed the use of a more stimulating diet. He believed that it was of the utmost importance, after injuries to the head, to keep the patient most strictly on a milk and farinaceous regimen. A blister to the nape of the neck was ordered, and a draught containing ten minims of antimonial wine was directed to be taken every four hours. From this time no ill symptom occurred. On December 29, a small plate of bone, which had been gradually loosening, came away. Mr. Hilton remarked that it was an interesting fact that, although a large tract of bone had been denuded of its periosteum by the accident, yet the only portion which exfoliated was a thin scale, not larger than the thumb-nail.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

DORSET COUNTY HOSPITAL.

CASES TREATED BY THE HYPODERMIC INJECTION OF ATROPINE.

(Under the care of Dr. COWDELL.)

The following cases I beg to submit to the notice of the Profession as evidences of the great practical value of the hypodermic injection of atropine in sciatica, lumbago, and, in fact, in all external aches and pains. No claim to originality is made, since it is Dr. Wood's method, as modified by our French brethren, and reported in the *Journal de Medécine et Chirurgie Pratique*. Dr. Wood's morphine injection has been practised on several patients without the results now obtained from the use of atropine. The morphine procured sleep in from three to ten minutes, but when the narcotic effect had passed off, the pain returned as bad as before. The atropine causes slight drowsiness, dryness of the throat, and dilatation of the pupil ; the only symptom of moment being the disappearance of the pain. The sulphate of atropine being more soluble than the alkaloid itself, is preferred ; the strength of the solution is gr. ij. to ℥j. of water. The instrument employed is an ordinary nævus injecting syringe, consisting of a graduated tube with screw piston, and a hollow needle which screws on to the tube. The needle is thrust under the skin as near the seat of the pain as possible, and from ten to thirty minims of the solution gradually injected.

The cases subjoined will show the result :—

Case 1.—S. E., aged 20, a domestic servant, admitted September 29, 1859, and stated as follows :—"Had an attack of acute rheumatism five months since, was delirious at intervals during three weeks, and, when recovering from the rheumatism, sixteen weeks ago, had an acute pain in the hip, which did not yield to the leeches or blisters which were repeatedly applied." On admission she was extremely anæmic, and experienced acute pain in the region of the sciatic nerve, increased by pressure. There was no hip affection ; contour of hip normal ; muscles very flabby ; hamstrings contracted ; knee bent ; and the foot drawn up. She had during the whole time been unable to walk without crutches. Ordered meat diet. Ol. morrhuæ and a draught containing iodide of potassium.

30th.—Passed last night as usual, without sleep, and in agonies of pain. Injice sol. atropii. sulph. ♏xxx. in par. dolent.

October 1.—Slept well all night ; felt immediate relief after the injection ; says she has not had so good a night for sixteen weeks.

4th.—Hip is sore, but no pain unless pressed. Repet. inject. horâ somni.

5th.—The pain is entirely gone, not even the soreness remaining. Omit. mist. ℞ Ferri. am. cit. gr. iv. ex aq. ter die.

She was treated for anæmia from this date to November 10, when the report runs thus :—

"November 10.—Patient has had no pain in the hip since the last injection on October 4. Two injections only were employed, at an interval of three days, the first of which gave immediate relief, the second removed pain and soreness altogether. Can walk with ease ; no pain on pressure over the nerve, and she gains flesh rapidly. Discharged well."

Case 2.—H. P., aged 25, plasterer, admitted with chronic rheumatism December 1, 1859. He was somewhat relieved by use of guaiacum and iodide of potassium, which was continued until January 12, 1860, when, complaining of an additional pain in the lumbar region which caused him to walk with his hands on his knees, the atropine injection was used.

January 13.—The pain in back was greatly relieved last

night by the injection. Omit. omn. meda. ℞ Syr. ferri iodid. ʒij. ter die.

15th.—Very much better; no pain in back; can walk quite erect; has a pain in the tensor vaginæ femoris muscle. Inject. repetatur.

17th.—Pain gone from the tensor vaginæ femoris muscle, but experiences slight pain in the gracilis and inner hamstrings. Repet. inject.

26th.—Feels well and able to work; no pain whatever; says he is cured by the injections. Discharged well.

Case 3.—E. D., aged 50, nurse, admitted January 9 with all the ordinary symptoms of acute sciatica of one day's standing. She could not stand. Agonising pain in back and hip, and leg as far as the great toe. Ordered cal. cum opii. and the atropine injection at night.

13th.—Found much benefit from the injection last night, leg much better, but still a pain on pressure.

14th.—Used injection again last night, and this morning the pain is entirely gone; no pain even on pressure.

19th.—She continued improving, and on this day she was discharged well.

The peculiarity in this case is, that she was admitted the morning following the commencement of the attack; and therefore it is worthy of notice that neither abstraction of blood, nor counter-irritation was resorted to, but the injection of atropine only, the effect of which upon the disease is remarkable.

Case 4.—W. S., aged 38, labourer, admitted February 9, 1860, with sciatica on right side, which had existed since October, 1859. He walked, or rather limped, into the ward with both hands resting on a stick between his legs, dragging his right leg after him. Pain was increased by pressure over the nerve, from the lower leader of Glutæus maximus muscle to the popliteal space. Ordered the atropine injection at bed-time, and a mixture of iodide of potassium.

10th.—The injection last night removed the pain; only an ache is experienced to-day, instead of the shooting pain of yesterday. Repet. inject. h. s.

11th.—Feels no pain or soreness whatever in the hip. Pressure even into the sciatic notch gives no pain, and he can walk with as much freedom and ease as before attack. He was discharged well on the 16th, seven days after admission.

Case 5.—D. S., aged 56, stone-mason, admitted February 9, 1860, with sub-acute sciatica of fourteen days' duration. Walked with difficulty even with the assistance of a stick; could not bear the pressure of a finger over the nerve. He had also bronchitis of the larger tubes, accompanied with profuse expectoration. Ordered the atropine injection at night and a squill and henbane mixture for cough.

10th.—Cough less troublesome; the injection gave immediate relief; very little pain is now experienced even on pressure over the sciatic nerve, and he can walk without pain, but has a limp. Continue.

12th.—Has now no pain in hip even on pressure; walks well and with ease; cough better.

From this day to the 23rd he was treated for his chest affection, being still free from pain in the hip. Discharged well on the 23rd.

Births and Deaths.—Last week the births of 877 boys, and 896 girls (in all 1773 children) were registered in London. In the ten corresponding weeks of the years 1850-59 the average number was 1742.—The number of deaths registered in London last week was 1442, less by 58 than the deaths in the previous week. In the ten years 1850-59 the average number of deaths in the corresponding week was 1207. Three nonagenarians died during the week; the oldest was a Hebrew rabbi, residing in Spitalfields, who had attained the age of ninety-five years.

An Unproductive Aristocracy. — The following peerages are at present without heirs presumptive or apparent, and in the ordinary course of nature must expire with the lives of their present holders, viz.:—Lyndhurst, Cranworth, Broughton, Panmure, Canning, Ellenborough (earldom of), Eldon, Eversley, Taunton, Wensleydale, Lyons, Clyde, Kingsdown, Dunfermline, Canterbury, Howden, Glenelg, Llanover, Overstone, Strangford, Bloomfield, Clare, Downes, and Palmerston, besides the newly-created earldom of Dudley, and the marquisites of Dalhousie and Hastings.

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Medical Times and Gazette.

SATURDAY, MARCH 17.

BLOOD-RED TAPE.

Inasmuch as some parts of this world seem destined to perpetual unrest—Chili to earthquakes, the tropics to hurricanes, Cairo to the plague, and the wide plains of Northern Italy to battle—so is Edinburgh to Medical broils. So soon as one Professor buries the hatchet, another Member of the Senatus Academicus exhumes the favourite weapon and takes a Highland fling at whoever may be just then betwixt the wind and his nobility.

We are just now reminded of this Northern custom by a recent discussion in the Royal Infirmary of Edinburgh as to whether the Surgeons have the exclusive right to use instruments, or whether under special circumstances the Physician-Accoucheurs may not perform operations on their patients. Without further preface we may state the case, which is really the *casus belli*. Every-one knows that women suffering from vesico-vaginal fistulæ were till recently helpless objects, disgusting to themselves and others, who dragged out a painful and useless existence, longing for death. We also know that to all intents and purposes vesico-vaginal fistulæ were incurable—failure being the rule, cure the rare exception with all operators—till a few years back, when man's ingenuity and the metallic thread solved the problem. But it was a difficult one. Few Doctors can, like Lescarbault, discover a new planet, and not very many can cure a vaginal fistula. When the news of a new and generally successful operation came across the Atlantic, not very many attached much importance to it; the cases were few, and, as a canny Caledonian judiciously observed, these were principally among the poor, and scarcely worth the trouble. But when the rumour spread that some could promise them a cure of this horrible malady, there came crawling from the sick-beds of many years, from urinous garrets and cellars, from far-off Highland cottages, from homes where some member of the family had been long unseen, a number of wretched women, as when, in the Indian mutiny, on the entry of British troops to a station, some miserable, half-mad, starved European would come out of his hiding-place. The first-comers returned cured; more came, and none in the Profession gave up their time more generously for this purpose (and the earlier operations used to occupy several hours) than the Obstetric Physicians in the Royal Infirmary of Edinburgh. Professor Simpson operated on many cases with great success; simplified the operation till it seemed almost at perfection; and as it was undoubtedly the greatest triumph of modern Obstetric Surgery, so it was not the least of the blessings which the Royal Infirmary of Edinburgh affords to the poor of Scotland; when, suddenly, this question is brought before the managers of that Institution, and it is said that Professor Simpson, Dr. Graham Weir, and Dr. Keiller, must not operate themselves, but call in the

assistance of one of the Surgeons. Now, except the two Professors, the Surgeons of the Infirmary are always changing, —being elected every four years, for various eccentric reasons— so they may be men who have never attended specially to cases of females requiring operation. In a town with so many skilled Obstetricians as Edinburgh, the number coming to the general Surgeon must necessarily be but small. To be sure there are two permanent Surgeon-Professors, "warranted to cure all diseases;" but it does not follow that a man always practises what he professes. "Do you know, Sir," said one to a person abusing him, "that I am a professing Christian?" "Yes," was the answer, "but you are a practising attorney." And it does not follow at all that a Professor of Surgery practises operations in public which in private practice are not likely to come under his notice; that when another devises simple methods of performing them, and he discovers that these cases are not found only among the poor, he may wish to do so we grant. That he will be so successful as the man accustomed to see the parts affected in all their varying conditions we cannot believe; and if the gentlemen in question were so, it would be well known already, and draw to them cases as the latter come to the Accoucheurs we have named. We are not aware that any of the Edinburgh Infirmary Surgeons have a reputation for skill in such matters, however celebrated may be the chief Surgeon for devising a new operation, so perfectly safe and completely effectual that its exact per-centage of deaths and relapses is still under discussion, and who, according to his own statement, was the first to remove the upper jaw, and, therefore, must have been in practice since the 17th century. Well may his admirers exclaim, "Thy years are *awful*, and thy words are wise." This distinguished person is by no means celebrated for keeping his light under a bushel; and yet we have not heard of any successful cases of the very difficult operation we have alluded to having been performed in the Surgical Hospital. True, they may have taken place, and yet remain unknown to the public; just as breasts may be removed for chronic abscesses, arteries tied for medullary disease, and other equally Surgical proceedings take place; so it is just possible that there may have been cases of vesico-vaginal fistulæ, and, of course, the primary object in these cases being to keep them close, we have no right to inquire how they prospered.

Professor Syme is also said to be much hurt at Dr. Simpson having excised the coccyx, and by so doing enabling a previously bedridden woman again to perform her household duties, and occupy her chair with greater equanimity than the Clinical Professor exhibits in his. But what would he have said if Professor Simpson's clinical clerk had told him that the Physician desired the Surgeon to cut out the caudal appendage, a little member, but one giving great annoyance? Perhaps the Professor remembers what tribe of animals eat their own tails, and reasons naturally enough, perhaps, that the patient ought to have been independent of assistance.

The opinions, too, of these gentlemen might differ on questions of practice; it is well known that though ovariotomy has been shown to be a good and justifiable operation, Mr. Syme refuses to perform it. Dr. Simpson, on the other hand, may disapprove of treating abdominal aneurisms on the principle of eliminating their contents. In short, there is no end to the difficulties which would result from such a tightening of blood-red tape.

We should be the last to say anything disrespectful about the very respectable Surgeons of the Infirmary; nay, we advise any Medical visitors to Edinburgh, if they have *a day to spare*, to go and see Mr. —— take off a leg, an operation much in fashion in the North, where, perhaps from seeing so much more of this member, familiarity is apt to breed contempt of the Southern devices for its preservation. Indeed, nothing can be more praiseworthy than the leisure with which the operators go through their various duties, in the true spirit and letter of Charity—the "right hand not appearing to know what the left hand doeth." Still, with all these brilliant qualities of head and hand, we would prefer to send any suffering female we were much interested in, to one of the Obstetric gentlemen. Now, suppose equal skill and experience, a somewhat extravagant supposition to be sure (but the courtiers of Surgical monarchs take good-sized gnats to make them strain), *suppose* that any one of the Surgeons, or two together, or all four combined, even he who is advertised in manuscript near Infirmary-street as "*the successfullest* (? fullest of success) Surgeon alive" could cure a poor suffering woman as surely as Dr. Simpson, why should not both gentlemen operate on their respective patients? We all know how cases are sent long distances to men of such eminence as Professors Syme and Simpson, and grievously disappointed would the person be who had come to the former if she found herself consigned to any other hands; and we can well imagine the doleful tones with which some poor fistulous Highland wife who had been sent to Dr. Simpson would croon to herself "Lochaber no more!" in the Surgical Hospital. The line of demarcation between Medicine and Surgery is traced in sand, and is always shifting. We know that the eminent person who tried to make a rope of that material, was singularly unsuccessful; no man will ever succeed in railing off the two, and surely it must alone be the unsuccessful rope-maker we allude to who could wish that such petty questions should interfere with the great objects for which the Infirmary is intended.

So, upon second thoughts, think the Surgeons who, after stirring up much ill-feeling, have withdrawn their letter, and so their mountain has been travailing for nought. Not so, however, another labour case which may have had somewhat to do with this sudden cessation of hostilities, and which must, at some little sacrifice to be sure, have taught the new Glasgow Professor how necessary the Obstetric Surgeons are to the Infirmary; how unwise it is to have enemies, lest some day you have to accept them as *deliverers*, and so they heap coals of fire on your head; and how imprudent it is to rush heedlessly into Professional broils, as it seems even a Professor of Surgery cannot be quite certain that what appears a mere temporary *rupture*, may not prove a permanent *breech*.

MEDICAL SOCIETIES.

Some very sensible remarks, well worthy the consideration of the Profession, were made at the last Annual Meeting of the Medico-Chirurgical Society of London, by Mr. Charles Hawkins. Mr. C. Hawkins suggests that the Medical Societies of London do not fulfil their proper duties; that the Profession does not gain from them all the good which they ought to bestow, and are capable of bestowing upon it; that neither to the scientific nor the social position of Medicine do they add those benefits which might justly be expected from them. Mr. Hawkins plainly has in his eye the position of the French Academy of Medicine; and has asked himself why we should not, as well as our neighbours, possess a High Court of Medical Appeal, such as that famed Temple of Science offers to the Frenchman. We most cordially second much of the sentiment he has here indulged in; and only trust that he may be able to point out some really practical method of bringing about the desirable reformation.

Perhaps it may not be altogether useless if we take this opportunity of pointing out some few of the defects which obscure and overhang our Medical gatherings. In the first place, it is clear to everyone that we are daily reversing the position of strength which is derived from union. Instead of closing up our ranks into the solidity of a combined force, we are ever extending ourselves into new companies, occupying more ground, and making a greater show, it is true, but

in reality only weakening the solid growth of Medical knowledge,—withdrawing from the parent stem much of its proper nutriment, and diverting it into new—and it may be somewhat spurious—channels. True it is, this human body has been so cut and carved into pieces, that there is scarce a part of man or woman, from toe-nail to skull-cap, which cannot, on occasion, find its appropriate and special Doctor; and hence it may seem well, that the peculiar attendants of each special part should combine to extend the scientific knowledge appertaining to their particular domain. The eye has special Hospitals and special Journals. The fruitful womb has just brought into vigorous life a congregation of Obstetricians. Epidemics belong to special interpreters of atmospheric peculiarities. Hygiène has its association of parish advisers. Morbid Anatomy has obtained an unheard-of pre-eminence and growth, within its own confined walls. We hear, again (for these divisions are not enough to satisfy the craving spirit of the day), of private Societies, which take the chest and its contents into their peculiar keeping, and so on. Then we must not forget the many *réunions* which take place in various quarters of London, and not of the special kind here spoken of. We have Hunterian, and Harveian, Western and North-London Medical, and others of a smaller flight; and it is clear that if this division of labour and knowledge is not of service it must greatly damage the position of Medical science. It is utterly impossible that any one Society should be a great Society; that there should be an Academy amidst all this diffusion. High authority implies concentration.

We freely confess, that, in our opinion, this splitting and separating into coteries and sects is highly injurious to the advance of Medical science, and to the social position of our body. We know very well that arguments fair and specious enough on the face may be readily adduced, to show how this or that particular branch of Medicine or Surgery is advanced by such special devotion to it; but a little deeper consideration will, we think, show that the specialist is very apt to fall into a narrow track, and always requires to be reminded of the general aspects of the working of disease. It may be well, both for humanity and for science, that we should have our special schools for diseases; that club-feet should be made square at the West-end; eyes brightened in the City; brains and spinal-cords renovated near Russell-square; cancers superintended, and lungs carefully investigated at Brompton; that fistulæ should have their peculiar refuge in the City-road; crooked spines their resting-place by the Regent's-park; while uterus and ovaries repair to Soho or Portman-squares. This *may* be all in accord with the spirit of the age, and with free-trade in physic; but if it be, still would it not be well that all these, and every other special branch of Medical practice, should be brought before the judgment of the *whole Profession* in solemn conclave assembled? Would it not be largely to the advantage of the world that the whole Profession, rather than a special section of it—say an Obstetrical Society—should decide a point in practice? A man may be a very indifferent Oculist, and yet as a man of practice, acquainted with the principles of his Art, very capable of giving the Oculists an honest and useful criticism. We need not dwell on this point, for we are satisfied that every one, except the double-distilled and essential specialist, will admit the correctness of this position. But how is this desired combination to be effected? At the present moment we are, as already stated, drifting away in a totally opposite direction. Let Mr. Hawkins tell us, and tell us quickly.

Then, again, there is that other point he speaks of. Being thus frittered down into sections, we have no authoritative voice. If our Government require a little Medical enlightenment, as we know it often does, where is the Society of Medicine to which it can appeal? It finds Societies enough, Heaven knows! but not one of the proper kind. The French manage these things better. They have their Academy to appeal to. And don't let us deride the fact because it is French. Perhaps we underrate the influence which that Academy of Medicine exercises over the minds of the people there. Let any question requiring solution arise, and mark what a thorough ventilation it undergoes among the French Academicians. We cannot ignore the fact that all the great Medical topics of the day are sifted and investigated in the Academy of Medicine in a most admirable fashion, in a way utterly unknown among us.

Why may not our Medico-Chirurgical Society occupy an equally high place among us? If we had space we might readily show that the Special Societies are over-done. Take the most flourishing of all—the Pathological, and let those who best know this Society say whether it has not degenerated from Pathology down to mere Morbid Anatomy? And has not the Medico-Chirurgical Society itself fallen from its appropriate sphere? Instead of being, as it ought to be, and as it originally was, a forum for discussion, where the heads of the Profession met together to impart knowledge and for mutual criticism, it is as we all lament, become much rather a scene of long dissertations, which, of coure, stifle discussion. Does it not happen, again and again, that the few words which (time permitting) follow upon the paper, are the pith and cream of the evening's proceedings? We sincerely hope that Mr. C. Hawkins's remarks will excite the serious attention of the Profession; and shall only be too happy if any words of ours may assist in pointing out a path which may lead us out of our present into a better system of Professional intercourse.

THE WEEK.

Acupressure is making progress. There are now known in Edinburgh 11 amputations of the limbs in which the bleeding was arrested by means of acupressure, viz. 2 of the thigh, 4 of the leg, 1 of the arm, and 4 of the forearm. Besides these there are 2 amputations of the ankle-joint or foot, several amputations of the toes and fingers, and various instances of excision of the mamma, etc. All the cases have recovered, or are in the way of recovery, and secondary hæmorrhage appears to have taken place in none. The first case in which acupressure was used after amputation of the thigh, was in a patient who had spreading gangrene of the leg as the result of a machinery accident. Dr. James Struthers amputated the limb, and removed the needle which secured the femoral artery on the fourth day. In the other thigh amputation, in the practice of Mr. Crompton, of Birmingham, the acupressure needle was withdrawn in fifty-two hours. Our Paris correspondent writes as follows:—"M. Foucher, who has just been appointed to the Necker, removed a tumour from the neck of a woman two days ago. He was prepared to employ acupressure, but, with the exception of a small artery, no vessel of any consequence was wounded. This vessel was perfectly controlled by Simpson's method; the needle employed, which was substituted for a ligature, having been removed towards the termination of the dissection, and before the wound was dressed. Foucher is quite disposed to give acupressure a fair trial, and waits only a favourable opportunity to employ it in an amputation. He is pretty confident that it will ultimately supersede the ligature."

A paper has been placed in our hands by Mr. Hopley, of Eastbourne, containing extracts from authentic Reports of the Queen's Commissioners, in which are detailed the condition of certain of the operatives of this country. We could hardly have imagined that such infamous cruelties could

have been at this day perpetrated in England, and most sincerely hope that the House of Commons will exercise its right in interfering (in this instance) between the master and the servant. Women and children are the sufferers in this case, and the scenes of their miseries are Bleaching and Dyeing Works. The following evidence, given before the Select Committee, is a specimen of what these unfortunate creatures have to endure :—

"Rev. William Milton, examined :—

"Do you recollect any other particular instance of overwork ?—I asked her (alluding to a young woman who was worked to death) the longest time she ever worked at a stretch, and she said, 'Three nights and two days ;' being about sixty hours, in which she never left the works, and never paused, except a short time for meals.— *First Report on Bleaching and Dyeing Works.*

"John Waring, examined :—

"*Mr. Wise.*—Do you mean to say that for four days and four nights the women remained with their clothes on, and only rested on the tables and benches for an hour or two ?—Yes ; that was the only rest they had.

"And the only rest the children had ?—They all 'work the same hours ; a set must work together.'—*Ibid.*

"Samuel Price, examined :—

"*Mr. Butt.*—How did you awaken them (alluding to little children who fall asleep 'standing at their work') ?—Many a time by shouting, and at other times getting a board and rapping it on the table, making a loud report that used to startle them, and I could keep them awake then for an hour, or more than that, perhaps, by frightening them.—*Ibid.*

"Joseph Crook, Esq., M.P. for Bolton, examined :—

"*Mr. Clark.*—If a man refused to work long hours, is it your opinion that that man would be dismissed ?—Yes ; and he could not get work, if he made that a condition, anywhere, except at Mr. Sagar's and a few other places ; therefore that man must starve. Of course women and children are more helpless than men.

"*Mr. Packe.*—If a child were taken off the over-work, would that involve the discharge of the parent from the bleach-works ?—Yes ; the children must necessarily conform to the customs and rules of the bleach-works, or else be immediately discharged.—*Ibid.*"

A Bill, we are glad to hear, is now before Parliament, the object of which is to place the employment of women, young persons, and children in bleaching-works and dyeing works, under the regulations of the Factories Acts, and we trust that it will receive the cordial assent of the majority, though there can be no doubt that it will meet with much opposition.

Mr. Griffin informs us that domestic affliction has caused Mr. Pigott to apply for leave of absence from the House of Commons until the 23rd instant. The introduction of the Poor-law Medical Bill must, therefore, necessarily remain in abeyance for a short period ; but we trust, with Mr. Griffin, that Medical men will not relax in their efforts to obtain the support of any Members of the House with whom they may be acquainted, or who represent the boroughs or counties in which they are electors.

The Council of the College of Dentists—"being desirous of obtaining the opinion of the Medical Profession at large, as to the question—Whether an independent Institution of Dentists is, or is not, most in accordance with the wishes of the Medical Profession ?"—has issued the accompanying paper :—

"We, the undersigned, are of opinion that the principle of making Dentistry a Medical Speciality by virtue of a certificate from the College of Surgeons is contrary to the interests of the Medical Profession, and that the organisation of the Dental Profession will be best accomplished by an independent Institution emanating from and governed by Dentists themselves."

It is added in a printed document, which has been forwarded to us,—

"The Council of the College of Dentists believe that the good understanding which has ever prevailed between the Medical and Dental Professions will be best maintained by these Professions continuing independent of each other, and that the addition of Dentistry to Medicine, as a mere speciality or appendage, will tend only to make an inferior class of Surgeons, whom the public will not distinguish from the fully-qualified Practitioner. The Council believe, therefore, that the interests of the Medical, not less than the Dental Profession, are involved and endangered by the present act of the College of Surgeons."

More than 130 signatures of Medical men have been already received, and we have been requested to state that the Honorary Secretaries will be glad to receive the opinion of any member of the Medical Profession interested in the subject, directed to the College of Dentists, 5, Cavendish-square. A plain question is asked in a way best adapted for plain reply. We are asked,—"Do you, the Medical men of England, want Dentists to be appended to your Royal College of Surgeons ; or do you wish, and consider it to the interests of your Profession, that Dentists stand independent and apart, working by your side and esteeming you as we ought, but not interfering with you or seeking to shine by your reflected light ?" This is the true meaning of the address made to Medical men by the Dental College, and we have little doubt as to the response from all parts of the kingdom.

MEMORANDUM

AS TO THE

PAY AND ALLOWANCES OF MEDICAL OFFICERS IN HER MAJESTY'S INDIAN FORCES.

Pay and Allowances and Time of Service commence from date of arrival at the Presidency to which they are appointed.

On first arrival, and while attached to the General Hospital at the Presidency, they are granted Pay and Allowances (inclusive of Quarters valued at rs. 25 per month) amounting per month to rs. 220.

When posted to do duty with Corps they receive the following allowances (including conveyance allowance of Rs. 30 per month) :—

	Within 200 miles of the Presidency.		Beyond 200 miles from the Presidency.	
	R.	A.	R.	A.
Horse Artillery and Cavalry ..	per Mo. 364	6	per Mo. 395	4
Foot Artillery	,, 264	4	,, 295	12
Infantry	,, 255	12	,, 286	10

When in charge of Corps as Assistant-Surgeons, having passed the prescribed Examination in Native Languages (including a Staff Salary of rs. 165 per month) :—

	Within 200 miles of the Presidency.		Beyond 200 miles from the Presidency.	
	R.	A.	R.	A.
Horse Artillery and Cavalry ..	per Mo. 499	6	per Mo. 530	4
Foot Artillery	,, 399	4	,, 430	12
Infantry	,, 390	12	,, 421	10

When in charge of Corps as Surgeons, having passed the prescribed examination in Native Languages (including a Staff Salary of rs. 300 per month) :—

	Within 200 miles of the Presidency.			Beyond 200 miles from the Presidency.		
	R.	A.	P.	R.	A.	P.
Horse Artillery and Cavalry .. per Mo.	821	11	4	per Mo. 863	0	4
Foot Artillery .. .. .. ,,	692	5	0	,, 733	10	0
Infantry .. .. ,,	674	1	0	,, 715	6	0

Surgeons and Assistant-Surgeons of European Corps are granted, in addition, an allowance of rs. 25 per month for every 100 Europeans under their charge.

Surgical Instruments are provided by Government.

FURLOUGHS.

On Private Affairs.—For two years, after ten years' service in India, with Pay, if a Surgeon .. .. 10s. 6d. a day.
if an Assistant-Surgeon.. 6s. 6d. ,,

A Second Furlough for two years after expiration of ten years from date of return to duty from first furlough, with pay as above.

On Sick Certificate.—For eighteen months with Indian Pay and Allowances for six months. For the remaining time with Furlough Pay as above. Time may be extended on renewed Medical Certificate, with pay, for three years in the whole. Assistant-Surgeons returning to England on Sick Certificate receive rs. 1200 passage-money.

RETIRING PENSIONS.

	per ann.		per ann.
After 17 years' service	£191	After 29 years' service	£365
,, 21 ,,	250	,, 32 ,,	500
,, 25 ,,	300	,, 35 ,,	700

The full time of service must be completed in each case. Out of that time leaves of absence in India or Europe, or elsewhere, to the extent of 1 year and 8 months in 17 years,

2	years	20	,,
3	,,	25	,,
4	,,	30	,,

will be allowed to count as service.

Medical Officers compelled to quit the service by ill-health before they are entitled to Retiring Pensions as above, may retire on the following rates of pension, viz. :—

	per annum.
Assistant-Surgeons, after 6 years' service in India	£54 15
,, ,, 10 ,, ,,	73 0
And if they have attained the rank of Surgeon ..	127 15

Assistant-Surgeons compelled to quit the service by wounds received in action, or by ill-health contracted on duty, after three years' service in India, are permitted to retire on £73 per annum.

WIDOWS' PENSIONS FROM LORD CLIVE'S FUND.

	per annum.
Widow of a Member of the Medical Board, on declaration that the deceased Officer was not possessed of, or entitled to, the sum of	£114 1 3 / £4000
Widow of a Superintending Surgeon ..	91 5 0 ,, 3000
,, Surgeon	45 12 6 ,, 2000
,, Assistant-Surgeon	22 16 3 ,, 1000

Note.—For information respecting the Pensions to Widows and Children, and other advantages, from the Military, Medical, and Orphan Funds; also for information as to the Annuities to Retired Medical Officers from the Medical Retiring Funds, and as to the rates of subscriptions, etc., applicants are referred to the Agents of those Funds respectively, viz. :—

Bengal Military Fund—Lieut.-Col. H. B. Henderson, Old Jewry-chambers.
Bengal Orphan Society—Lieut.-Col. W. Turner, 69, Cornhilll.
Bengal Medical Fund—Messrs. Coutts & Co., Strand.
Madras Military Fund—Messrs. Grindlay & Co., 63, Cornhill.
Madras Medical Fund—Messrs. Alexander, Fletcher & Co., King's Arms Yard.
Bombay Military Fund } Messrs. Forbes, Forbes & Co., King
Bombay Medical Fund } William-street.

A General Order has been issued from the Horse-Guards, directing that in future any alteration in the appearance of a soldier, either from accident, disease, cupping, or by his being marked with the letter "D," is to be noted on the back of his record of service.

Mr. Falconer, whose death is recorded this week, adds another victim to the fatal railway accident which occurred at the Tottenham Station on the 27th ult. He was unfortunately in the train, yet appeared to have escaped without injury, as he assisted at an operation performed on one of the passengers, and likewise attended on the stoker, who died in the waiting-room. His nervous system, however, had received a severe shock; he was necessarily removed to the Grove Hall Asylum, where he died in a state of terrible mental excitement.

REVIEWS.

Clinical Lectures on Certain Acute Diseases. By Robert Bentley Todd, M.D., F.R.S. Formerly Physician, late Consulting Physician to King's College Hospital. 8vo. Pp. 487. London: 1860.

(SECOND NOTICE.)

The clinical lectures contained in this volume give us the history of certain leading acute diseases. It is in detailing the treatment of these diseases that Dr. Todd illustrates his treatment of acute disease in general. One chapter, however, is especially devoted to Acute Inflammations. The first three lectures are devoted to Rheumatic Fever. Our author has his theory of the disease:—A peculiar morbid product accumulates in the blood, hence the fever; it strives for elimination, hence sweating and swelled joints, etc. The synovial and serous membranes are very vascular, and readily allow of accumulation of blood; hence they contain a large quantity of the diseased material, which easily escapes, and so causes swelling. The skin and kidneys are in the same case, and are similarly affected. The more, therefore, the *materies morbi*—probably lactic acid—is encouraged to escape from skin, joints, kidneys, and intestines, the less likely is it to affect pleura, pericardium, and lungs. This theory is not a novel one; but it has its difficulties, and wants a good many defects in its details patched up before the whole of it can be accepted as genuine. In accordance with it, Dr. Todd's treatment of the disease is *by elimination:* increase the action of skin, kidneys, bowels; give drinks freely; and use antacids. Opium, ipecacuhana, and nitre combined, together with bicarbonate of potash and alkaline purgatives, will produce results required. A few leeches to the joints he discards; but our experience hereon is at variance with his. Small blisters, however, he strongly recommends, upon or near the inflamed joints. Nourishment, beef-tea, must be given, and brandy and wine should delirium appear. Never bleed nor leech, but when the heart is affected apply large blisters over its region; thereby you diminish the fibrine, and leave the red matter of the blood, which bleeding does not. When the urine gets pale, and throws down no precipitate—a valuable indication—the treatment may be altered, and often with wonderful benefit to the patient; quinine, and wine or brandy, may now be given.

Dr. Todd's treatment of Erysipelas, as here laid down, may be summed in a few words: give stimulants and food freely, and *from the very commencement of the attack.* If drugs are needed, which our author seems to doubt, give bark, ammonia, and such like; but don't be troubling about putting the secretions in due order, for if you do, your patient (it may be) will slip through your fingers while you are trifling and wasting time. Brandy seems to be an actual antidote to the erysipelatous poison:—"With a commissariat well supplied with brandy, and simple means to keep the bowels open, I think I could engage to keep erysipelas at a minimum among the wounded in our army in the Crimea." Tincture of sesquichloride of iron is unobjectionable and harmless as a remedy; but it is to be as little trusted (by itself) as "any homœopathic absurdity." (Here we believe Dr. Todd to have been completely mistaken.) In cases which will get well without any treatment, you may, if you like, amuse yourselves with giving this remedy.

Pneumonia is to be treated on the same principles as acute rheumatism—you have a poison to eliminate. Get rid of it, therefore, by the skin, kidneys, and intestines, and sustain the body while it is subjected to this eliminating process. An occasional purge, large doses of acetate or citrate of ammonia, and large and repeated applications to the chest of turpentine stupes and irritants, with occasional doses of opium, are the main remedies. Beef-tea, milk and bread, are to be given in all cases, and in most with wine and bread. Bleeding and tartar emetic are utterly proscribed. Leeching, however, is, we see, at times resorted to. "Alcohol may be administered in all those diseases in which a tendency to *depression* of the vital powers exists; and there is no acute disease in which the lowering tendency is not present." This agent may, indeed, be held as the primest weapon in the therapeutical armamentarium of Dr. Todd. Acute diseases being natural efforts of the body to free itself from certain poisons, must all be considered as *asthenic;* and the main fact to be provided for in their treat-

ment is to aid the elimination of the poison, and to support the body while the process of elimination is progressing. Most cordially do we agree with this doctrine, which we have long professed. When it is fully established, a complete revolution must take place in the practice of Medicine, as still generally carried out. Its very simplicity drives many to dissent from its reception; but it should always be remembered that simplicity is the very soul of all great discoveries in an art. It must, however, be clearly understood that we do not of necessity coincide in all particulars with our author's methods of carrying out the practice which ensues from the principles admitted. The principles here asserted may be all true enough, but it does not therefore follow that the actual course laid down by Dr. Todd for the carrying out of them in practice is absolutely the most correct one. We may for example, believe that all inflammations are indications of depression and not of exaltation of the vital powers, and yet hesitate in administering alcohol after the fashion prescribed by Dr. Todd. We may believe that pneumonia is always an asthenic disease, and yet see why bleeding is a proper and useful remedy in certain phases and conditions of that inflammation. It is not, therefore, to be inferred that because we accept the views of Pathology of Diseases held by Dr. Todd, that we fully subscribe to his manner of carrying out their treatment.

So long as experienced Practitioners differ *toto cælo* about the value of any particular treatment of a given disease, we may reasonably infer that both of the opposing parties have a partial fallacy lurking in their argument. Both may be in part right, and in part wrong; and both sides may have a degree of truth in their very discordant opinions. The mistake on either side lies in that natural tendency which human nature has to rush into extremes. Although Dr. Todd, for example, abjures venesection in inflammations, we are bound to cherish a lurking suspicion that there may be some soul of good in a therapeutical agent which has borne the test of ages, which has been accepted as a great remedy by the wisest and greatest of our Profession, and which learned living Physicians—men imbued with all the advanced knowledge of this advancing age — still find a good remedy. In this matter of venesection we are bound to think that Dr. Todd's views are cramped; we don't consider that he has embraced the whole subject of venesection with a philosophic circumspection. Granted, as we do grant, that venesection is useless as regards any directly beneficial influence which it exercises over the progress of the local inflammation—does it follow, therefore, that venesection is of no service in the removal of those secondary morbid conditions, which result from and arise out of the inflammation? Most assuredly not. Bleeding in pneumonia may be useless quoad the inflamed portion of the lung; but it may be, and in our opinion very frequently is, of the very highest service in removing certain of the secondary symptoms—to wit, the congestion of the lungs and of the heart—which arise as consequences of the pneumonic inflammation. Let us take from the domain of Surgery an exemplification of what we mean. A man is shot through one lung; the organ, for obvious reasons, is rendered useless. He suffers at once partial asphyxia; and the experience of Mr. Guthrie in the Peninsula, and of our Army Surgeons before Sebastopol, has left us no kind of doubt as to the nature of the remedy which such a condition demands. Experience and the reason of the thing show us why there should be a virtue in bleeding under such conditions. We relieve the congestion of the heart and lungs, which necessarily result from the injury; and we bring the amount of blood in the body into a nearer relation with the diminished area of the aërating surface of the lungs. Of the absolute necessity for bleeding in such cases (excepting only when the pulmonary hæmorrhage has itself been very severe) we believe no experienced Surgeon can doubt. And, we would ask, does not this *very condition of congestion* arise during the progress of pneumonia, and as a consequence of the inflammation, and demand the application of a similar remedy? We affirm, for the reasons above given, and in accordance with our experience, that it does so arise, and that it requires, in certain cases, the remedy indicated—bleeding.

Those who argue both for and against venesection are apt to take too narrow views of the *modus operandi* of the agent; and we cannot except Dr. Todd from this category of limited arguers. Bleeding has more extended powers than is usually ascribed to it. It is reasoned of as a thing which is useless if it has not some beneficial influence *directly* over inflammation. The fact of its other powers is too lightly overlooked,—viz. *its power as a reliever of pain, and its power as a reliever of pulmonary and cardiac congestions.* We must confess surprise at the fact, that these markedly different things are so confounded and jumbled together by men who argue on this famed topic. Let us admit, if you please, that venesection is useless quoad, any good which it *directly* exercises over inflammatory processes; let us admit that inflammation is a sign of weakness, and that loss of blood during its occurrence is an evil; still, all this admitted, it does not follow that venesection—a choice of evils it may be, but the wisest choice—is not of the highest use as a remedy for the congestions which are the consequence of the inflammation. Let it be once fairly understood that we bleed to relieve pulmonary and cardiac congestions, not to benefit the progress of inflammatory processes, and we are firmly convinced that a new era of the practice of venesection will arise. Let those who doubt the correctness of the theory here propounded test it by the result of their own calm experience.

And what are we to say of that other so-famed remedy of Dr. Todd—the one which we have called his primest remedy,—alcohol? Admitting, as we have done, that in acute inflammations the system must be supported while a poison finds its way out of it, are we necessitated to resort to the administration of large doses of "wine, mighty wine!" prescribed by him as being essential for the purpose? Here, as we write, comes before us a letter from one of the Nestors of our Profession—Mr. Higginbottom, of Nottingham, well known to us all by his good reputation; and we will resort to him for an answer. Hear what one who has "*practised* his Profession for fifty years, in all its branches, as ardently and as successfully as any of his contemporary brethren," has to say on bleeding and on alcohol:—"I have no hesitation in affirming that the old system of blood-letting has destroyed hundreds of valuable lives, and I have less hesitation in affirming that the present plan of alcoholising patients is destroying its thousands."

But we are reviewing Dr. Todd's volume, and it would be unfair to him to infer, on the vague rumour of general repute, that he pushed alcohol to the extremes here supposed. We shall not find in this volume anything which justifies so severe a judgment. At page 466 we are told: "In the treatment of pneumonia, I do not consider the administration of alcohol essential, but rather regard it in the light of an important accessory." And again, at page 417: "*The exhibition of stimulants does not form a necessary part of it*"—*i.e.* of the treatment of pneumonia. And certainly there are to be found in this volume several cases of pneumonia in which stimuli were not administered. The alcoholic treatment, then, we must suppose, was considered absolutely necessary by Dr. Todd only in those diseases which bear the marked characters of asthenia. Alcohol was evidently used by him, as being the best of nutrients, and most adapted for the sustenance of life when the body is subjected to the wear and tear of disease.

But we must now close our notice of this valuable volume, for we have no further space to enter into criticism of any of his minor theories and practices. As we have already said, we agree in the main with the principles of Medicine—the theory and the treatment of disease—as here expounded. We believe this volume to be an authoritative declaration of the theory and treatment of disease which have long found favour with, and been accepted by, the rising body of Physicians of this country, premising always that we do not, in stating this much, bind ourselves to the adoption of the actual plan and method of treatment of disease propounded by Dr. Todd. We may be all of a mind with Dr. Todd in his principles, without accepting his conclusion—that venesection is always a bad remedy, and unnecessary; and we may fairly doubt if the large doses of alcohol he speaks of are required to sustain life while the body is passing through the *via mala* of disease.

Lord Brougham has appointed Sir David Brewster Vice-Chancellor of the University of Edinburgh.

Miss Celia Molloy, of Capel-street, Dublin, has bequeathed a sum of £5000 to be apportioned among the various Roman Catholic Institutions in that city. St. Vincent's Hospital, under the control of the Sisters of Mercy, comes in for £1000.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

TREATMENT OF MAMMARY ABSCESS.

A discussion upon this subject arose at the Boston Society for Medical Improvement. Dr. Cabot observed that this abscess was due to a peculiar cause, which made it differ from common abscess, and rendered it less amenable to treatment. The anatomy of the breast, with its milk tubes radiating from a central depôt, has been compared to the fingers of a glove radiating from the palm. The inflammation caused by the plugging of one of these tubes, backs up until it reaches the depôt, and then runs down the other tubes. As a consequence the abscesses point in various parts of the breast. He thought that bandaging the breast, so as to ensure complete support, was of great benefit.—Dr. Stevens had never seen mammary abscess cured by external applications.—Dr. Clarke spoke very highly of the application of leeches during the time between the chill and the existence of the pain, or when pain is only felt on pressure. By such application the abscess may often be abated.—Dr. Buckingham thought that nineteen out of twenty of these abscesses are the result of meddlesome interference. He strongly objected to rubbing the breast, or applying the breast-pump as soon as any pain is felt. It should be let entirely alone, the child only being applied to the well-side, and its nursing will cause milk enough to flow from the affected side to relieve it. If both breasts are affected, the child should not be applied to either. They will swell and grow painful for twenty-four or thirty-six hours, when a flow of milk will relieve them. Even after the formation of pus the let-alone treatment is the best, the application of leeches only increasing the pain. He thought the same method should be followed with sore nipples. The child should be nursed from the well-side, and the milk allowed to flow from the affected side. If there is much pain, extr. belladon., of a cream-like consistency, applied to the areola with the finger, gives some relief. Women with dark nipples rarely have them sore, while those with pink ones are very liable. He regarded the various astringent washes used as preventatives, as injurious, by removing the oil which is secreted for the protection of the nipple. The application of oil prior to labour, is of more service than anything, possibly because it prevented the patient using mischievous washes. —Dr. Putnam thought that it was good treatment to leech, and to keep the breast moist and warm after a chill. After the woman stops nursing he often applies a bland, soft ointment, in order to cause the nurse and others to let the breast alone. He observed that the apparent uncertainty of treatment arose from not considering the exact condition of the breast. In some cases the milk tubes were obstructed, while in others the inflammation was in the cellular tissue. In either case, if seen early, free leeching was of great advantage, and next to this he had derived most benefit from cold applications, acetate of lead, lotions, etc. When small knots were formed, gentle friction was of use, aud it was good practice to open the milk ducts when they were manifestly distended; one objection to the let-alone treatment was that, by keeping the child away too long the secretion might fail altogether. He thought that blistering was only the let-alone treatment by compulsion; for the patient would be very careful how she touched the blistered surface, whatever the amount of distension.—Dr. E. H. Clarke spoke in approbation of the let-alone treatment, which he had followed for three or four years. He used leeches occasionally after the chill.—Dr. Reynolds stated that he had had several opportunities of treating threatened inflammation of the breasts according to Dr. Buckingham's plan, and had been satisfied with the results. In only two out of fifteen or sixteen cases had suppuration occurred. Patients did not usually object to the method on account of the pain it gave rise to, being willing to submit to anything which promised an escape from suppuration.—Dr. Reynolds questioned, however, whether in cases in which great retraction of the nipple existed, the old plan of drawing this out, and rubbing the breast with oil was not the best.—Dr. Parks had followed the let-alone plan with very satisfactory results. He applied it only to those cases in which there appeared to be distension of the breast from over-secretion, and using the common methods in obstruction of the ducts or common inflammation.—Dr. Coale thought that it would be a difficult matter to get patients to wait thirty-six or forty-eight hours. The pain was usually severe, and the whole system in an irritated, excited state, which made the suffering more intolerable. He had been very well satisfied with the results from gentle friction with camphorated oil, very sensitive lumps being dispersed by these in a few hours. The friction should be gentle, and prolonged for fifteen or twenty minutes at a time. He could call to mind cases in which the breasts, painful and distended breasts in the morning, became relieved by the evening or next morning. In more advanced cases blistering tissue was applied closely over the breast, and frequently gave great relief by the amount of fluid discharged. A part of the harm done by breast-pumps was due to their faulty shape, and they ought not to be used at all as now made. The sharp edge of the cup presses upon the tubes as they enter the nipple, and obstructing the flow of milk, defeats the very object for which the pump is employed.—Dr. Bowditch considered that the wash of the acetate of lead was of use in diminishing or arresting the secretion; and in some cases this effect had been produced sooner, and more completely than was intended.—Dr. Sargent had not understood Dr. Buckingham to say that suppuration would be avoided in all cases by letting the breast relieve itself, but that a discrimination must be made between those cases in which inflammatory exudation had, and those in which it had not, taken place. In the latter suppuration might always be avoided, and in the former it was, to say the least, not more likely to ensue if the breast were let alone.—Dr. Minot thought that the formation of abscess was sometimes prevented by strapping. It was his habit, after the chill, to compress the breast in this way, and to give a cathartic in order to induce watery stools. This course had seemed in some cases to have prevented threatened suppuration.—Dr. Clarke, on the other hand, had tried strapping without avail, and thought that in a few instances the early use of leeches prevents suppuration, although this usually will occur.—Dr. Parks, referring to Dr. Clarke's opinion that a really inflamed breast was rarely, if ever, prevented from suppurating, observed, that although this was true as a general rule, cases did occur in which there were chills, with pain, redness, and swelling, but not resulting in the formation of pus. He had lately treated several cases of acute engorgement with quarter-grain doses of antimony, producing nausea and vomiting, with relief to the symptoms, which had been very severe.—*Boston Medical and Surgical Journal*, vol. lxi. pp. 102—105.

EXCERPTA MINORA.

Treatment of Prurigo.—M. Hardy recognises four varieties in relation to the causes of prurigo, viz., that due to hyperæsthesia of the skin, that due to the presence of insects, prurigo from the introduction of irritant principles into the blood, and that which is symptomatic of certain cutaneous affections, as dartres, itch, etc. 1. In prurigo from hyperæsthesia of the skin, he employs anti-spasmodics and anti-neuralgics, but when it seems to depend upon some general condition he seeks to remedy that, giving iron and other tonics in anæmia, etc. He frequently employs arsenical preparations, which act as modifiers of the skin, and as anti-neuralgics. As external means he first employs emollient baths, such as those of starch or gelatine (125 drams of gelatine to a bath). Sulphurcous baths are difficult of management in this affection, and as a general rule require to be used with great moderation. In partial prurigo, especially that of the vulva, Trousseau's corrosive sublimate lotion (10 parts of sublimate to 100 of alcohol) may be advantageously used, adding a tablespoonful of the lotion to a pint of very warm water (sublimate lotions always acting more efficaciously when the water is hot). As an ointment, M. Hardy only employs the citrine ointment. 2. In *prurigo pedicularis* the parasite must be destroyed by the alternate use of cinnabar fumigations (℥iv. of cinnabar) and sulphureous baths. Such patients are usually exhausted by misery and wretched hygienic conditions. These conditions must be amended as far as possible, and the following bath may be used:—Water, 40 gallons, sulphuret of sodium, carbonate of soda, ā ā ℥j., chloride of sodium, ℥½. 3. The treatment of prurigo symptomatic of other cutaneous affections, is subordinate to the

management of the latter. Still, there are cases in which before all things the terrible itching must be allayed. It is to be remembered, that often after the treatment of itch great pruriginous itching persists, and the patients, believing that they are not cured, request a repetition of the sulphur treatment, which would only increase their suffering. Simple baths are sufficient. Cleanliness and abstinence from stimulating and spicy foods, and from alcoholic drinks, must be insisted on.—*Presse Belge*, No. 9.

Dislocation of the Humerus in an Aged Person.—Dr. Benedikt relates this case, not because the accident was at all peculiar, but on account of its occurring at an age in which fracture happens so much more frequently. The patient was a thin, delicate woman, seventy years of age, who fell down upon her right arm, which she found herself unable to raise. Coming to the Hospital next day, when the head of the humerus was found in the axilla, no fracture whatever being detectible. The luxation was, under the influence of anæsthetics, easily reduced, and the patient did very well.—*Wien Spitals Zeitung*, 1859, No. 6.

A Condition of the Glans in Secondary Syphilis.—In some individuals, without there being any disease of the genitals, there is a great disposition to a detachment of the epithelium of the glans, prepuce, and even of the orifice of the urethra, accompanied by an increased sebaceous secretion in these parts. This is frequently observed in pale, delicate subjects, and especially in scrofulous, anæmic, or dyscrasic individnals. Professor Sigmund has observed this appearance with particular frequency in secondary syphilis, constituting sometimes the only sign that the abnormal crasis is not yet completely blotted out from the system. In all these cases, the general condition is that which requires treatment, the local inconvenience disappearing with its amendment. When there seems to be merely hypersecretion of the sebaceous glands, great attention to cleanliness by means of frequent tepid washing usually suffices to remove the evil; but if the smegmatorrhea persists, an astringent lotion should be applied.—*Ibid.* No. 8.

GENERAL CORRESPONDENCE.

PREVALENCE OF INSANITY.

CAN WE TAKE THE ANNUAL RETURNS OF LUNATICS AS A TRUE INDICATION OF THE LIABILITY TO INSANITY AMONG THE COMMUNITY?

[To the Editor of the Medical Times and Gazette.]

Sir,—I believe it to be not unusual with many, when estimating the chances of an attack of insanity, to shelter themselves under the idea that it is not by any means a prevalent disease. They may possibly have consulted the annual returns, and finding the proportion of the insane to the sane stands, say as one in 500, or thereabouts, they may have concluded such to be the proportion of cases likely to arise in a given population; and, like the railway passenger, who knows that out of so many millions of travellers only a very few suffer injury, they may have rested assured of their immunity.

It is important, however, to bear in mind that the returns in question only partially indicate the prevalence of insanity; for, the rate of mortality among the insane being in all probability nearly ten times as great as among the sane members of the community, a large number of the former are annually removed from the field of calculation by death.

Moreover, when we consider also the number of cures—amounting, it is said, to seventy-five per cent. in recent cases—we find additional reason for concluding that returns made at any given time, and not embracing those removed by death or recovery during the intervening period, do not truly represent the liability to attacks of the disease among a given population. Here, again, we find another reason in support of the statement already made—that conclusions drawn simply from standing numbers at the end of each year are fallacious. How many are annually swept off the list by death, how many by recovery, and how many are never recorded?

It is difficult to compute the number omitted, or cast out of the reckoning, by restoration to health, but we can estimate the effect produced by the death-rate alone. Say it stands at ten per cent.: accordingly, out of the 100 patients in last year's return, ten will have been removed by death, and other ten added. The new cases appear in the list at the end of the year, and form part of the general summary; but those removed by the high mortality are cast out of the account; and hence the erroneous views entertained by taking merely existing numbers as indicative of the occurring cases. With equally good reason might we give the proportion of living cases of phthisis as an estimate of the prevalence of the complaint; and yet we find authorities in various countries adopting this plan of determining the number of the insane.

From the foregoing statements, it is obvious that a much larger amount of mental disease arises among the community than is generally supposed; and the practical deduction from this fact is the necessity for increased means of succour and restoration. Wherever these have been provided, many cases which otherwise would have passed unnoticed have been recorded; and two results have followed, namely—an increased number of recoveries, and great prolongation of the lives of the unrecovered. Indeed the effect of the latter appears to have been so great, as to preponderate over the former to such an extent as to cause startling additions to the whole number of patients. The succour which has promoted recovery in many, has also been the means of rescuing the lives of still more, who, although not restored to sanity, remain inmates of the Institution, in which they find shelter, and those means of promoting physical health leading to a continuance of life, which, under other circumstances, would have been speedily cut off.

Many considerations arise out of the facts now detailed; and in one respect they serve especially to place in a true light questions which have sometimes perplexed both statisticians and social economists. For instance, it has been truly said, that in the most civilised communities we find the largest number of the insane; and it has been hastily concluded that high mental culture has produced the results. We may, however, have good reason for thinking that the existing number of the insane in various countries does not depend so much on this cause, or on climate, or on the constitution, physical condition, or habits of the people. as on the amount of care bestowed on those attacked. Civilisation and benevolence go hand in hand; with greater refinement, we have increased sympathy for the afflicted, leading to an abundant provision for them; and thus, by bringing them to light and under registration, as well as by rescuing and prolonging their lives, enormous additions are made to the catalogue of patients.

Sufficient reason has, I trust, been advanced, proving that we cannot take the annual returns as a true indication of the number of cases arising in each year, and also that the published statements showing a larger proportion in this and other civilised states do not indicate that high mental culture or peculiarity of constitution have produced the result.

I am, &c. G. H.

P.S.—Our brethren on the Continent, finding a larger proportion of the insane on this side the Channel, have presumed that we are more liable to the disease, the cause of which they assert to be the spleen pervading our systems.

TYPHUS AND TYPHOID.

Letter from Dr. Kennedy.

[To the Editor of the Medical Times and Gazette.]

Sir,—As bearing directly on the still vexed question of the identity or not of Typhus and Typhoid Fevers, the following case appears to me so important, that I would ask for its insertion in the pages of your valuable Journal.

I am, &c. Henry Kennedy.

Dublin, March 3.

Case of Typhoid Fever (?)—Fatal Result—State of Intestine.

H., a well-grown girl of eighteen, fine skin, and sanguineous temperament, was admitted into Sir P. Dun's Hospital on January 23, 1860. She had been nine days ill; nor did further inquiry show she had been previously ailing. She presented all the symptoms of typhoid fever; diarrhœa to the extent of being disturbed six to eight times in twenty-

four hours; discharges thin, and of a light yellow colour; some tympany, gargouillement, and pain on pressing right iliac region, and only here. The pulse was quick, skin hot, tongue fevered and reddish; the eyes slightly injected, while the brain was quite free. The next day the characteristic spots, to the number of six or seven, were visible on the abdomen; and from this day they continued to spread to an extent rarely seen in this type of fever. They reached the chest, arms, and finally the face, and were visible on all these parts at the same time. My colleague, Dr. A. Smith, saw the case at this period. Their number was quite beyond counting; while their character, as a whole, was very well marked; being well-defined, of a bright red, and disappearing on pressure. I say as a whole, for at the end of the fourth day from their first appearance, some few of them I could not distinguish from genuine petecchia. These were of a much larger size, darker colour, and irregular outline than the rest. The details of the case need not be given daily. It is enough to state that five days after admission—that is the fourteenth day of the fever—all the enteric symptoms seemed to have subsided. The diarrhœa had ceased and the tympany lessened. With this apparent improvement, however, there was not a corresponding state of the patient. Her nights became restless; she shortly lay on her back, with a tendency to sink in the bed; sordes of the darkest colour appeared about the nostrils, lips, and on the tongue. She got great tremor of the upper extremities, with picking of the bed-clothes; the pulse rose, eyes became injected, and finally the brain engorged, though not to a marked degree; for she put out her tongue to the last day. In this way she lived to the evening of the 21st day of her illness.

Post Mortem.—Abdomen only examined. Except in the ileum nothing abnormal was found; and here the signs of disease were of the very slightest. Peyer's patches were more developed than natural; the more so as they approached the cæcum. One in particular, of fourteen lines in length by six in breadth, appeared in strong relief; but there was no ulceration whatever, nor could the state of the intestine be described otherwise than as one where some irritation had been going on during life.

Wishing on this occasion to give the mere details of this single, but most interesting case, I shall only add that it appears to me next to impossible to reconcile it with the prevailing ideas of the day, as to the differences which exist, or are thought to exist, between typhus and typhoid fevers.

POOR-LAW MEDICAL REFORM.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you allow me through the medium of your columns, to ask my Professional brethren to endeavour to solicit wherever practicable the sympathy and active co-operation of the clergy, and especially the chaplains of our workhouses, on behalf of obtaining proper and efficiently-paid services to the sick poor? In my own case, I have found a willing hand to help. I am Surgeon to a district, and also to the union workhouse. The chaplain sent off a petition, of the second form recommended by Mr. Griffin; being also incumbent of the centre parish, he, as ratepayer, headed with his signature a similar one from the ratepayers of the parish. Another clergyman headed a petition from his parish, and was followed by the signature of the guardian! I believe where the Medical man does his duty, he will find no want of sympathy to bring to bear upon the House of Commons. The ratepayers' petition was numerously signed.

I am, &c.

A Poor-law Medical Officer.

The consent of the Académie to admit to consideration the system of philosophy enunciated by M. Pouchet, on the subject of spontaneous generation, has caused an immense sensation in the scientific world, as it opens the endless controversy of the immortality of matter—the reason wherefore the system has been so long rejected. Pouchet's researches and discoveries have been so entirely convincing to disciples of Hegel, with whom the Académie is filled, that they have decided to waive all human respect and allow the philosopher to speak out. The matter is giving rise to the most important preparations for combat, and will no doubt elicit the brightest arguments on either side.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, February 7, 1860.

Mr. Fergusson, President, in the Chair.

Mr. T. Holmes exhibited for Mr. Athol Johnson a specimen of

MALIGNANT DISEASE OF THE TESTIS.

Although he had given it this name, he felt some doubt as to its nature, and therefore brought it before the Society with a view to a further investigation. It was taken from a child, aged four or five years, and followed an injury. As it was increasing, Mr. Johnson removed it. Examined by the microscope, it showed fibrous tissue, with a softer material in the meshes, containing no very characteristic elements. Mr. Holmes referred to a case by Cruveilhier, in which a similar specimen is described by him as fibrous transformation. Mr. Holmes's specimen was the testis of the left side, and the only one descended. Mr. Adams and Mr. Hulke were appointed to report on it.

Mr. Price exhibited

THE HEAD AND NECK OF THE FEMUR REMOVED FOR DISEASE OF THE HIP-JOINT.

The patient, a boy, had suffered from disease of the hip-joint for four or five years, and had only been under Mr. Price's observation for a few months. The disease seemed to be progressing, and as the patient's general health was evidently failing, and as he suffered great pain, Mr. Price removed the parts. Before the operation the patient's hip presented the appearance usually considered to indicate dislocation. There was great prominence of the buttock, and the limb was tilted forward and crossed over its fellow. The capsular ligament, however, was found to be entire. The synovial membranes, the ligamentum teres, and the cartilages were nearly destroyed. The acetabulum was healthy, but the head of the femur was ulcerated.

Mr. Bryant exhibited a specimen of

NECROSIS OF THE OS HYOÏDES.

The patient, a woman, aged 23, was admitted for phagædenic ulceration of the soft palate and pharynx. It was not until the second day that symptoms of dyspnœa came on. She died with all the symptoms of laryngeal obstruction. She had denied all history of syphilis. The ulceration of the throat was found to have stopped at the rima glottidis.

Tuesday, February 21, 1860.

Mr. Fergusson, President, in the Chair.

Dr. Harley brought forward specimens of

DISEASED BONE FROM HORSES.

Dr. Sharpey had been requested by Mr. Barlow, of the Veterinary College, to examine bones removed from two horses which died recently with unusual symptoms. At Dr. Sharpey's request, the examination was undertaken by Dr. Harley. The circumstances of the case were these:—A gentleman in the country lost five horses, one after another, without any obvious cause. Mr. Barlow was unable to find any reason sufficient to account for this succession of deaths. The horses were all males, there was no defect in food or ventilation, there was no epidemic among horses in the neighbourhood—and, in fact, no cause could be found to account for the disease; and its attacking the males only was equally, of course, unaccountable. Two more horses, again males, were attacked with the same symptoms, and were sent to the Veterinary College. They both died. On examination after death, no morbid change was found, except in the bones. The bones of the head were enlarged, very soft, and could be cut with a knife. They were easily indented, and exuded blood by pressure. By microscopic examination, drawings of which Dr. Harley exhibited, the fibres were found to be branching, the canaliculi were almost destroyed, the laminæ

were indistinct; there were here and there small cavities. The ribs were also soft, and exuded blood. The bones of the limbs were hardened outside, but the medullary cavity was much enlarged. The ligaments were all loose (supposed to have been detached during life, when the animal was walking). The articular surfaces were ulcerated, as if pieces had been gouged out. The Haversian canals in the bones of the limbs were filled with fat. There were no circumstances unfavourable to the health of the animals traced. Both gelded and entire horses had been affected.

In reply to Mr. Henry Thompson,

Dr. Harley stated that the urine had not been examined. They were not cases of mollities ossium.

Dr. Harley also exhibited a specimen of

ATROPHY OF BONE

—a rib, after fracture. He also showed a

DISEASED SUPRA-RENAL CAPSULE, FROM A RAT.

In this animal—a black and white rat—there was encephaloid disease of the stomach, liver, and both supra-renal capsules. The colour of the animal was unaffected. He also exhibited

A KIDNEY ENLARGED, AND ONE ATROPHIED, FROM A RAT

which had had albuminous urine.

Mr. Price then exhibited

THREE CALCULI REMOVED AT THREE DIFFERENT TIMES BY LITHOTOMY DURING TWO YEARS.

In 1858 the patient first had symptoms of stone. A small one was detected, and Mr. Price performed lithotomy, and the first of the calculi was then removed. No other calculus remained, as was ascertained after the operation by Mr. Fergusson and several other Surgeons. The man got well again; but in the same year the symptoms returned. Lithotomy was again had recourse to, and another calculus was removed. No other could be detected in the bladder after the operation. The wound healed well. In five months the symptoms returned, and the operation was had recourse to for the third time, when another was removed. The wound healed well, and the man recovered. The symptoms are now once more developing themselves. Mr. Price alluded to a case in which Mr. Humphry, of Cambridge, had performed lithotomy three times and lithotrity twice in a similarly short period.

Mr. Partridge exhibited two specimens of

OBLIQUE FRACTURE OF THE LOWER END OF THE RADIUS.

The first was taken from a man, aged 50, who died lately in King's College Hospital from bronchitis. He had fractured his arm by falling on the palmar surface seven years ago, and was under Mr. Partridge's care. A cast was then taken, which Mr. Partridge exhibited. The radius in the bony specimen brought forward was seen to be broken, the anterior edge being split up, and the dytoid process separated. The next case was a more recent one. It was taken from a gentleman, aged 66, who had fallen on his hand. He was at first supposed to have received a sprain, and was not treated for fourteen days. He died suddenly from the rupture of a blood-vessel in the chest. The radius was found in a similar condition as in the last specimen.

Mr. Partridge also exhibited a specimen of

GANGRENE OF THE PENIS.

The man from whom it had been taken was a patient in King's College Hospital. He was forty years of age, single, and said to be temperate. A week before his admission he was at work as usual, when he became ill, languid, and feeble. He took to his bed, and ultimately became delirious. He was kept on low diet all this time. When received into King's College Hospital he looked like a man suffering from low fever. The penis was black and charred-looking nearly down to the scrotum; there was here a line of demarcation, and the urine spirted out at this point. The pulse was feeble and irregular. The penis ultimately dropped off. The parts healed, and the patient went out well. Mr. Partridge alluded to a case in which gangrene had attacked the external genitals of a woman. She was a servant of all work. It was supposed that she had been abused when intoxicated. She died delirious, with the symptoms of fever.

Mr. Henry Lee asked if in Mr. Partridge's case there was any history of syphilis. He narrated the case of a patient who was admitted into the Lock Hospital for a small superficial chancre, which at the time attracted no unusual attention. Slight mortification came on, increased, and ultimately the penis sloughed and the patient died. No other disease appeared elsewhere. He thought that in this case the sloughing depended on the state of the constitutional health at the time, and thought that the form of chancre called the "black lion" might have derived its virulence from the state of the health of the person attacked more than from a peculiar kind of infection.

Dr. O'Connor narrated a case in which sloughing of the penis occurred in a patient who suffered from disease of the cerebellum and spinal cord. In this case there was a good deal of bleeding on the separation of the gangrenous part. After death softening of the cerebellum and of one inch of the spinal cord was found.

Mr. Henry Thompson remembered seeing the patient to whose case Dr. O'Connor alluded, and thought that the patient was suffering from erysipelatous inflammation. There was no syphilis.

Mr. Partridge stated, in reply to Mr. Henry Thompson, that there was no suspicion of syphilis. He had at first thought the disease might have arisen from the patient's handling putrid skins in the course of his occupation, but inquiry did not strengthen this hypothesis.

Mr. Durham alluded to a case in Guy's Hospital. The patient had been an in-patient for typhoid fever. When he went out he went "on the spree," and caught gonorrhœa. He had a return of the fever, and died in a few days with gangrene of the penis. There was at the edge of the glans a spot which was doubtfully suggestive of having been a chancre.

Mr. Barwell related a case in which a child, aged 2½ years, had moist gangrene of the thigh, but no sore of the genitals; it was followed by bubo which suppurated. Stimulating treatment was adopted, and the child recovered.

Dr. Wilks stated that he had seen cases similar to that alluded to by Mr. Durham, occurring in typhoid fever, and thought that they were not generally connected with syphilis.

Dr. Bristowe stated that when fever occurred in patients who had gonorrhœa, sloughing of the penis generally occurred.

Mr. William Adams then brought forward

CASTS OF A FOOT ILLUSTRATING THE GROWTH OF CICATRICES.

It was, he said, formerly held that scars either remained always of the same size or that they became less. Mr. Paget had some time ago pointed out that they grew *pari passu* with the rest of the body. The cast exhibited was taken from a patient from whose leg some skin had been removed with the intention of curing club-foot, no tendon having been divided. At the time when the first cast was taken, the scar was two inches in length; three years afterwards, when the second was taken, it was three. Mr. Adams alluded to a case in which Mr. Green, eighteen years ago, had removed a small nævus occurring in a female patient, from the skin below the clavicle, by the knife, in order as he then expected, not to leave a scar. The young lady now had a large scar in that position, it having grown as she grew.

Mr. W. Adams also exhibited a specimen of

DISEASE OF THE TARSAL BONES.

Pirogoff's operation had been performed for its removal. The head of the astragalus was destroyed, and the navicular and tarsal bones were diseased. It began three or four years ago. Two years ago operative interference was declined, as a deposit of tubercle was detected in the lungs. As, however, the pulmonary affection had not since advanced, and as the patient was evidently suffering from the local disease, Mr. Adams removed the disease as stated. Dr. Simpson's method of acupressure was adopted instead of ligature of the arteries, and with a favourable result.

Dr. Fuller exhibited a specimen of

ANEURISM OF THE ASCENDING AORTA.

The patient from whom it had been taken was admitted into St. George's Hospital ten weeks before his death, which took place fourteen days ago. He had been in good health until

seven months before death. The first symptom noticed was fainting. He had subsequently a tumour projecting under the clavicle, attended with aphonia and slight cough. There was no inequality in the pulse. The symptoms were various, and were affected by his position. Later he had dysphagia, but no fixed pain in the back, and no hæmoptysis. He remained in the Hospital two months, and then went home. He was attacked suddenly with dyspnœa and cough; he coughed up a large quantity of fetid purulent matter, and continued to expectorate it until his death. At the autopsy it was found that the aneurism had burst into the pericardium, and that the upper lobe of the left lung was gangrenous. There was also some erosion of the bodies of the vertebræ.

Dr. Cholmeley showed a specimen of

ULCER OF THE STOMACH.

The history of the case was that the patient, a footman, aged 18, after a hearty supper, was seized with violent pain in the abdomen. Next morning he was better, but in the evening he grew worse and died. At the autopsy an ulcer was found to have perforated the stomach at its anterior inferior surface, towards the cardiac end. The intestines were glued together by adhesions. No symptoms referable to the stomach had ever been noticed before this attack.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, March 7, 1860.

Dr. Rigby, President, in the Chair.

Letters were read from Professor Scanzoni and Dr. Meigs, acknowledging the gratification which they felt at being elected Honorary Fellows.

A paper, by Mr. Henry Grace (communicated by Dr. Graily Hewitt), was read on

A CASE OF FALLOPIAN PREGNANCY.

The patient was six or seven weeks advanced in pregnancy, and died from rupture of the tube. At the post-mortem examination, about three pints of blood, partly coagulated, were found within the peritoneal sac. The source of this was a rupture of the left Fallopian tube, which was enlarged about its middle to the size of a walnut. On cutting into this enlargement, a layer, resembling the decidua, presented itself within the tube connected with the chorion; and on a deeper incision being made through the amnion, about a drachm of liquor amnii escaped, and an ovum of about six weeks was seen. The uterus was neither enlarged nor congested, and had no decidua. A corpus luteum was present in the left ovary.

A paper, by Dr. Braxton Hicks, was read on

CONCEALED ACCIDENTAL HÆMORRHAGE DURING THE LATTER MONTHS OF PREGNANCY AND LABOUR.

Although this class of accidents had been alluded to by various writers, it seems that few had witnessed it, for after an extended search only eight cases were found recorded—viz. by Albinus, one; Mr. Saumerez, one; Mr. Coley, one; Dr. Johnson (Dublin), two; Dr. Oldham, three (one private case, two of Guy's Hospital Charity). These were quoted nearly in full, and to them the ninth was added by the author. The details of all were analysed, from which it appeared only two recovered, and in them the condition occurred at seven months and a-half of pregnancy. The remaining seven, which died, were at full term, or in labour. The children were still-born in all, where mention was made. The symptoms were very similar in each. Severe pain was noticed in one case. If, at the period above mentioned, syncope supervene, the uterus very tense and enlarging, the outline of the fœtus indistinct, and the more especially if the liquor amnii have escaped, it may justly be concluded that this form of hæmorrhage is going on within the uterus. The reason that this accident is more appalling at this time than in the earlier months, was shown to be—1, from the more easy separation of the uterus at full term; 2, the capability of the placenta forming a larger bag, from its larger area, and the larger calibre of the blood-vessels; and 3, from the uterus being more expanded, the falciform pseudo-valves act less readily. The early recognition of this condition was urged as all-important with regard to this treatment, to which the modern plan for "accidental hæmorrhage" was applicable, should there be sufficient power; while in the cases where the patient was *in extremis* when first seen, it was held advisable that the emptying of the uterus should rather be deferred till some slight improvement appeared, as was recommended by some authors in placenta prævia, in the meanwhile supporting the system, employing firm pressure and cold on the fundus uteri, and endeavouring to excite the uterus to action by secale and galvanism, being ready on a slight rally to extract the fœtus. In the case of the author, the peritoneal coat of the uterus was rent in many places, some lines in depth, without any hæmorrhage; and references to some other cases were given of this form of ruptured uterus; the peculiarity in the above case being, that not a drop of blood had been effused into the peritoneum. This was accounted for by an alteration in the tissue of the whole anterior wall of the uterus.

Some discussion took place as to the proper treatment to adopt in similar cases, in which Drs. Rigby, Priestley, Tanner, Barnes, Tyler Smith, and Elkington (of Birmingham) joined. Dr. Barnes and the latter gentleman related interesting cases which had occurred in their own practices, and which were very similar to that recorded by the author.

A paper, by Mr. Robert Hardey, was read

ON SPECIAL POSITION AND THE OBSTETRIC BINDER AS AIDS IN THE TREATMENT OF IMPEDED PARTURITION.

The position advocated in this paper was the sedentary on chairs, to which the author's attention had been first directed in 1827, under the direction of the late R. M. Craven, Esq., sen., of Hull. From that period to the present he had adopted this mode of management (and had recommended the same to his obstetric class at the Hull and East Riding School of Medicine) in all cases where the difficulties to be overcome demanded more than ordinary efforts for the accomplishment of the delivery. The author observed that in our treatment of labour generally we were apt to ignore the important fact that the activities of parturition were dependent altogether on muscular power—*ergo*, all agents which sustained and increased motor force were real benefits to the parturient female, and *vice versâ*. Of these excitors of motor power, two of the most valuable were the sedentary posture and obstetric binder. Mr. Hardey next pointed out the advantages and disadvantages resulting from a variety of parturient positions,—viz. standing, reclining on the back, prone, and horizontal postures, and concluded this part of his subject by a strong recommendation of the sedentary posture on or between two chairs. The plan adopted was to secure the fronts of two chairs to each other, and separate their backs from one and a-half to two feet; to place the patient well over or between these, with her knees firmly pressed against the side of the bed, her chest fixed by holding on to the foot-post of the bed, and her feet placed firmly on the floor. The accoucheur sat or knelt behind his patient, who remained on the chairs till the difficulties in the case had been overcome, which was evidenced by the emerging of the ossa parietal from behind the perinæum. The woman was to be then removed to bed, and finally delivered in the ordinary position. Before seating the patient, her abdomen was to be carefully sustained by a broad binder, to which Mr. Hardey attaches far greater importance than is conceded to it generally. The views advanced were illustrated by diagrams and drawings. In every case, before adopting the sedentary posture, the part presenting should be somewhat within the pelvis, and the os uteri half dilated. The practice was contra-indicated by—1st, impending systemic exhaustion; 2ndly, inflammation in any vital organ or part more immediately associated with parturition, serious uterine hæmorrhage, previous puerperal convulsions, version presentations, a pulsating funis, and extreme pelvic obliquity. The agents named, the author maintained, secured to the parturient female in impeded labours—*a*, the very important aid derived from gravitation in the uterine ovum; *b*, the putting forth under the most favourable circumstances the highest amount of motor energy of which nature is capable; *c*, the bringing the abdominal and pelvic axes into the same obstetric plane; and *d*, the imparting great support to the fundus uteri in its contractions by the obstetric binder. He strongly recommended the use of the binder before delivery in a

variety of cases, independent of its connexion with the chairs, as an agent which usually accelerated the birth of the infant in a remarkable manner. The parturient conditions demanding the use of the chairs and binder were those arising from both mother and infant, in which unusual delay or difficulty presented themselves. The treatment of these was illustrated by cases, illustrative of the efficacy of the plans advocated. The period required for the delivery varied with the obstacles to be overcome, from one to two hours being ordinarily sufficient, with an interval of repose on the bed. In conclusion, Mr. Hardey commended the practice to his Professional brethren from the following considerations:—1st, its great simplicity; 2ndly, its entire freedom from danger *per se;* 3rdly, its very great potency; 4thly, its testing the ability of nature to accomplish the delivery at a period sufficiently early to enable the accoucheur to decide on the use of instruments before material damage had been sustained by the maternal tissues; 5thly, the conscious satisfaction experienced by the woman at feeling her labour is progressing towards completion; and lastly, its being a great economist of Professional time, which to Medical men is property of the most valuable description.

Dr. Granville said that he was not a sufficient adept in mathematics to understand clearly the diagrams which had been handed round. But the author by his description of cases had shown that a practice which it was the fashion to laugh at throughout a part of Europe, might be very usefully adopted. He believed that it was a most common custom for women to be delivered in a sedentary posture in Russia, Greece, Algeria, and some portion of Switzerland; and also in Germany when midwives were in attendance. Had, therefore, this practice, which was that adopted by the ancient Greeks and Romans, been found otherwise than useful, it would long since have been abandoned.

Dr. Druitt thought the paper was a valuable one; for although it advocated nothing new, yet it was advisable to remind the Fellows of the advantages to be derived from adopting the practice recommended by Mr. Hardey. The publication of the paper might also be useful in removing much of the pedantry by which the practice of midwifery was at present surrounded, as well as by showing that the British school was not altogether faultless. He believed that the instincts of most women would lead them voluntarily to adopt the sedentary position if they were allowed to do so; and certainly this would very often be the case in difficult labours.

Mr. Pollock said that he could speak from an experience of thirty years; and he believed that the occasional adoption of the sedentary posture often rendered the use of instruments unnecessary.

Dr. Graily Hewitt wished to know the number of cases in which the author had adopted the method now recommended.

Mr. Hardey was not prepared to give an exact answer.

Dr. Rigby remarked that the adoption of the sitting posture in labour was of the greatest antiquity. He need only remind the Fellows of the words of the King of Egypt as recorded in Exodus—"When ye do the office of a midwife to the Hebrew women, and see them upon the stools." In the present day he believed it was not an uncommon custom among the Irish poor for the husband to be called in to the lying-in room, so that the woman might sit upon his knees.

After some further observations by Dr. Tanner and Dr. Tyler Smith,

The Author replied to the various remarks which had been made; and at the same time impressed upon the meeting that he only recommended the sedentary posture in certain cases attended with difficulty, inasmuch as the ordinary position on the left side was admirably suited for the greater number of natural labours.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

ADMINISTERING OF POISONS BILL.

This bill was read a third time and passed.

MEDICAL ACTS AMENDMENT BILL.

In answer to the Earl of Carnarvon,

The Duke of Argyll said the object of the Bill was to supply a defect in the Medical Act of last year, which by mistake omitted licentiates of the Dublin University from the operation of the Act.

The Bill passed through committee.

HOUSE OF COMMONS.

VACCINATION.

Mr. Ker Seymer moved an address for return of the number of public vaccinators in the metropolis, with the extent and population of the districts for which they act, the days and hours in the week on which they vaccinate, and the number of cases vaccinated each day during the year 1859.

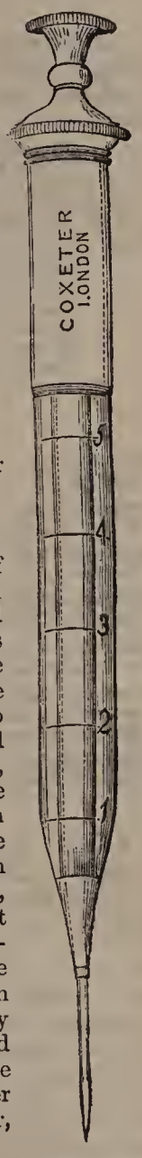
Agreed to.

ADULTERATION OF FOOD OR DRINK BILL.

The House on Wednesday last went into committee on the Adulteration of Food or Drink Bill, commencing at clause 4, which was agreed to, and also clauses 5 to 10.

NEW INSTRUMENTS.

SYRINGE FOR HYPODERMIC INJECTION.



The annexed cut represents a syringe which Mr. Coxeter has recently contrived for the hypodermic injection of narcotic solutions. The canula or nozzle is sharp-pointed, to penetrate the skin easily. The glass syringe is graduated by minims; and as the piston only works within the metallic part of the syringe, and a globule of air intervenes between the piston and the fluid to be injected, this fluid is unaltered by the piston. This is the most simple and convenient syringe we have yet tried for hypodermic injection.

EYE-DROP BOTTLE.

The want of some convenient means for applying drops of various solutions to the eye has long been felt. Camel's-hair brushes, quills, etc., have been in most common use, but they are open to serious objection. A solution of nitrate of silver is easily decomposed by a brush not thoroughly cleaned in distilled water; and even supposing it to be cleaned, the use implies first the pouring of the solution from a bottle to a watch-glass, or small glass cup; next, the dipping the brush; thirdly, the application to the eye; fourthly, cleansing the brush; and lastly, the waste of the superfluous solution, cleansing the watch-glass, and restopping the bottle. All this is a matter of importance in rapid Hospital practice. Besides, there are evident objections to the use of the same brush for a number of different patients in Hospital, and in private practice it certainly would not be liked. The use of the quill is also troublesome and wasteful. All these objections are met by the use of the drop-bottle shown in the annexed cut, which Mr. Coxeter has lately made after a pattern, for which he is indebted to Mr. Spencer Wells, who has used it for some years for applying solutions of nitrate of silver of different strengths, of the sulphate of copper, zinc, alumina, and of atropine to the eye.

A bent tube passes nearly to the bottom of the solution, and when, by pressure on an india-rubber cover fixed over a

small cup, the air above the fluid is compressed, one or more drops of the fluid at once pass through the tube. In this manner various fluids of different strengths may be kept perfectly pure and ready for immediate and rapid use without waste.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted Members of the College, at a meeting of the Court of Examiners on March 9:—

Castle, William Henry Baldwin, Islington
Coathupe, Charles, Clifton, near Bristol
Lundy, Louis Francis, Feltham, Middlesex
Miller, James, Edinburgh
O'Herlehy, Daniel Power, Southampton-street, Strand
Skoulding, Charles Hackett, Wymondham, Norfolk

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, March 8:—

Broadwater, William James, 3, New-road, St. George's East
Jones, Robert, Conway, North Wales
Lemon, Henry Morris, Welshpool, Montgomeryshire

The following gentlemen also on the same day passed their First Examination:—

Baker, William Morrant, St. Bartholomew's Hospital
Evans, Thomas Melancthon, ditto
Hartill, William Henry, Willenhall, Staffordshire
Hollister, George William, Newent, Gloucestershire
Morgan, John Albert, Clifton, near Bristol
Shorto, James Reeve, Southampton

DEATHS.

HILL.—March 2, Ninian Hill, M.D., of Osborne Villa, Lower Norwood, aged 28.

LOVELL.—March 8, at Harewood-square, Matthew Lovell, Esq., late of the H.E.I.C. Bengal Medical Establishment.

MEDHURST.—March 4, at Hurstbourne Tarrant, Hants, John Vincent Medhurst.

PATRICK.—February 29. James Forsyth Patrick, M.D., of Chatham-street, Piccadilly, Manchester.

PRITCHARD.—March 8, at Whitchurch Rectory, James Pritchard, formerly of Stratford-upon-Avon, aged 90.

TONNELE.—Recently, M. Tonnelé, of Tours, a practitioner of great provincial distinction, and for many years Director of the Tours Preparatory Medical School.

WOOD.—March 13, at Whiston, Richard Wood, late Senior Surgeon to the General Hospital, Birmingham, aged 81.

A NEW TEA.—"Dr. Hassall in his evidence before the committee described a kind of spurious tea called 'Lie Tea'—a very fit name for it, though it was given by the Chinese—used to adulterate other qualities; and it was found that much of what was sold to the poor as tea contained no tea whatever. One sample was brought before the committee, by which, though it excited a smile, they were much disgusted. Large quantities of tea were mixed with silkworms' dung; it was called and sold as 'gunpowder tea.' Of course the committee did not venture to taste it, but they were assured its flavour was very peculiar; yet it found a large market in the poor parts of the metropolis, as the silkworms' dung gave it the appearance of great strength."

ABSINTHE AND DELIRIUM TREMENS.—"In consequence of the death of Grassot, the comic actor, from the effects of absinthe, coming soon on that of Alfred de Musset from abuse of the same insidious beverage, the Committee of the Académie de Médecine has just ordered researches to be made upon the various results of absinthe-drinking, which has of late years assumed an importance unequalled by the gin-drinking of England or the schnaps of Holland. The consequences of this habit are proved upon examination to have become fearful all over France and Algeria. The most remarkable of these, and one which may be considered unique, is the frequency of hallucination, generally of the most horrible kind, which renders the poor victim liable to suicide, even when in apparent possession of every security and blessing. The catalogue of ills brought on by absinthe is painful in the extreme, when associated in one's mind with the memory of the joyous mirth-moving Grassot, or the sensitive Musset. The seventeen symptoms mentioned in the report of Dr. Legrand de Saulle, each one more horrible and hideous than the other, as following sure as the death which comes after all, to be characteristic of the indulgence in absinthe, should be sufficient to deter the young beginner from placing the 'emerald poison,' as poor Musset has poetically called it, to his lips, for any one of them seems to erase at once the poor patient from all the pleasures and enjoyments of the world, and even to deprive him of his place among his fellow-beings."

THE ROYAL ASYLUM FOR IDIOTS. — The thirteenth anniversary of this charity was held on the 9th inst. at the London Tavern, Bishopsgate-street, his Royal Highness the Duke of Cambridge presiding. The Chairman proceeded to direct attention to the necessity which existed for such a charity, and the melancholy interest attached to it from the character of the objects of the charity and the continuous care they required. The funds last year were in a very flourishing state, no less than 15,000*l.* having been raised in aid of the institution, which betokened the interest that the charity possessed with the public. The erection of a new house, wherein the patients to the number of 306 were now all collected together under an uniform superintendence, had been attended by a considerable outlay, so that the institution was still in debt. The charity, however, had several peculiar sources of income. His Royal Highness drew attention to the execution of admirable drawings by one of the unfortunate inmates of the establishment, framed in a very neat and elegant manner. None, indeed, of the patients led unprofitable lives; they were almost all engaged in the manufacture of useful articles, which might be seen exhibited in the windows of the asylum. The manner in which the whole business was conducted was as satisfactory and as agreeable as could be expected under the unfortunate circumstances. It was the fact that many of our charities were not well regulated in their financial matters. He had been requested to examine the books of the charity, and, though not very conversant with such matters, it appeared to him that great care had been taken to render everything clear and explicit. Such a charity was dependent year by year on public sympathy, and he cordially recommended it to the support of the public.

WHAT WE EAT AND DRINK. — "The leading articles that were more or less commonly adulterated; these are, arrowroot, adulterated with potatato and other starches; bread, with potatoes, plaster of Paris, alum, and sulphate of copper; bottled fruits and vegetables with certain salts of copper, coffee with chicory, roasted wheat, beans, and mangold wurzel; chicory with roasted wheat, carrots, sawdust, and Venetian red; cocoa with arrowroot, potato-flour, sugar, chicory, and some ferruginous red earths; Cayenne with ground rice, mustard husk, etc., coloured with red lead, Venetian red, and turmeric; gin with grains of paradise, sulphuric acid, and cayenne; lard with potato-flour, mutton suet, alum, carbonate of soda, and caustic lime; mustard with wheat-flour and turmeric; marmalade with apples or turnips; porter and stout (though sent out in a pure state from the brewers) with water, sugar, treacle, salt, alum, cocculus Indicus, grains of paradise, nux vomica, and sulphuric acid; pickles and preserves with salts of copper; snuff with various chromates, red lead, lime, and powdered glass; tobacco with water, sugar, rhubarb, and treacle; vinegar with water, sugar, and sulphuric acid; jalap with powdered wood; opium with poppy capsules, wheat-flour, powdered wood, and sand; scammony with wheat-flour, chalk, resin, and sand; confectionary with plaster of Paris, and other similar ingredients, coloured with various pigments of a highly poisonous nature, and acid drops, purporting to be compounded of Jargonelle pear, Ribston pippen, lemon, etc., with essential oils containing prussic acid or other dangerous ingredients. The adulteration of drugs is extensively practised; and when we remember that the correctness of a medical prescription rests on an assumed standard of strength and purity in the drugs or compounds employed, and how frequently life itself depends upon the efficacy of the medicines prescribed, it is difficult to exaggerate the evils arising from this prevalent fraud. The

adulteration of drinks deserves also special notice because your committee cannot but conclude that the intoxication so deplorably prevalent, is in many cases less due to the natural properties of the drinks themselves, than to the admixture of narcotics or other noxious substances intended to supply the properties lost by dilution."—*Report of Committee.*

THE LATE SIR JAMES M'GRIGOR.—An obelisk to the memory of the late Sir James M'Grigor has just been erected at Aberdeen, in the quadrangle of Marischal College, within the venerable walls of which building the deceased baronet was educated. This testimony of respect to his memory is of a local nature, having no connexion whatever with the memorial which owes its origin and much of its success to Sir James M'Grigor's admirers south of the Tweed. The Aberdeen obelisk is 72 feet high, and the material of which it is composed is highly-polished granite of a red colour, with the exception of a slab of gray-coloured granite, which has been introduced in the pedestal for the purpose of containing the following inscription:—"This obelisk is erected to the memory of Sir James M'Grigor, Bart., M.D., K.C.B., F.R.S., etc., for thirty-six years Director-General of the Army Medical Department, and several times Lord Rector of Marischal College, Aberdeen. He was born in Strathspey, North Britain, on the 9th of April, A.D. 1771. He entered the army as Surgeon of the Connaught Rangers in 1793, and served the two following years in the campaign of Holland. He was afterwards Medical chief in the expedition against the Island of Grenada; in the expedition under Sir David Baird, from Bombay through the deserts of Thebes and Suez to Alexandria; and also in the Walcheren expedition. He was chief of the Medical Department of the Army under the Duke of Wellington in the Peninsular war, from the siege of Ciudad Rodrigo in the year 1811 to the final battle of Toulouse in 1814. He was favourably mentioned in the despatches of all the Generals under whom he held these responsible posts, and was repeatedly noticed in those of the Duke of Wellington, who, on the 26th of July, 1814, referring to the manner in which Mr. M'Grigor had conducted the department under his direction wrote thus:—'I consider him one of the most industrious, able, and successful public servants I have ever met with.' In the course of fifty-seven years of active service he was exposed to the vicissitudes of war and climate, besides encountering shipwreck and other dangers at sea: yet he lived to attain a tranquil and happy old age. He died in London on the 2nd of April, A.D. 1858. This memorial is erected near the place of his education, and the scenes of his youth." The base of the obelisk is surrounded by a platform of gray-coloured granite from the neighbourhood of Aberdeen.

APOTHECARIES IN IRELAND.—We have been favoured with the following copy of the legal opinion of the Right Hon. Sir Richard Bethell, Attorney-General of England, relative to the right of the Company of the Apothecaries' Hall of Dublin to grant licences to practise Medicine:—"By the Act 31 Geo. III. c. 34, certificates are to be granted to persons who have been duly examined, entitling them 'to follow the Art and Mystery of an Apothecary in the Kingdom of Ireland.' What was meant or denoted by these words, 'Art or Mystery of an Apothecary,' must be ascertained from the usage existing at and before the time of passing the Statute, and thenceforth uninterruptedly to the present time. If we refer to that usage, it is clear that from time immemorial before the Act, and at the time of its passing, the Apothecary in Ireland was a Medical Practitioner, attending the sick, and prescribing as well as supplying medicines for their relief. This status of the Apothecary is recognised by many Statutes anterior to the Act of 31 Geo. III. c. 34; and it is therefore proved beyond a doubt, that the Irish Apothecary was, at the passing of the Act, *de facto et de jure* a Medical Practitioner. This universal habit and course of practice of the Apothecary is what the Statute denotes by the words 'Art or Mystery of an Apothecary;' and ever since the passing of the Act such has been the admitted recognised interpretation of these words. The title of the Licentiate of the Apothecaries' Hall in Dublin to practise Physic has been uniformly treated as a clearly existing right. It has been acknowledged by the Legislature in several subsequent Acts, and recognised in Courts of Law. It is most satisfactory to add, that the Rules adopted by the Apothecaries' Hall respecting the examination both of Apprentices and Licentiates are such as to entitle the Apothecaries of Ireland, in an eminent degree, to the confidence of the public, as a well-educated body of Practitioners. I have not the least doubt, therefore, of the Company of Apothecaries in Ireland being a body legally qualified and empowered to grant Licences to practise Medicine, or of its Licentiates being regularly qualified Medical Practitioners, within the true meaning and intent of 'The Medical Registration Act.' These considerations would, in my opinion, be sufficient for the maintenance of the right of Licentiates of Apothecaries' Hall, Dublin, as duly qualified Medical Practitioners, independently of the Medical Act (21 and 22 Vic. c. 90); but after the enactment of that Statute there can be no doubt of the right of existing and future Licentiates of Apothecaries' Hall, Dublin, to be registered under that Act, and when registered as such Licentiates, to practise Medicine; this is plainly enacted by the 15th Section and 31st Section of that Act. These provisions entirely supersede the necessity of any inquiry into the constitution or rights of the Company of Apothecaries' Hall, Dublin, or its Licentiates; for they (the Licentiates) are by the 15th Section expressly entitled to be registered on producing their Certificates from Apothecaries' Hall, Dublin, which are, by force of the Act, a statutory qualification for registration as Medical Practitioners. Should the Registrar refuse to register any Licentiate, a mandamus would lie to compel him to do so, and probably the applicant would be entitled to an action for damages. It is only necessary to observe in addition, that the fact of being registered under the Medical Act as a Medical Practitioner, is 'such a Certificate as qualifies a civilian to practise Medicine,' and that 'every person so registered has a good title to present himself at the Competitive Examination.'"

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 10, 1860.

BIRTHS.

Births of Boys, 919; Girls, 867; Total, 1786.
Average of 10 corresponding weeks, 1850–59, 1767·9.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	691	706	1397
Average of the ten years 1850–59	626·3	614·6	1240·9
Average corrected to increased population..	..	..	..
Deaths of people above 90	..	..	1
Deaths in 15 General Hospitals	42	27	69

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	3	2	7	..	5	1	..
North ..	490,396	10	3	9	1	12	12	2
Central ..	393,256	5	2	5	2	5	3	..
East	485,522	3	4	20	..	12	13	7
South ..	616,635	10	5	10	6	8	4	6
Total . ..	2,362,236	31	16	51	9	42	33	15

TO CORRESPONDENTS.

M. CLAUDE BERNARD'S Ninth Lecture, "On the Influence of the Nervous System on the Parotidian Secretion," is in type, but is accidentally delayed until next week.

Professor SIMPSON'S Thirtieth Lecture, "On Ovariotomy," will also appear next week.

Censor's letter shall appear next week.

F.R.C.S.—There is no vacancy at present for an Assistant-Surgeon to the London Hospital. Mr. Gowland has not resigned.

The Memorial of the Glasgow Faculty of Medicine arrived too late this week for such a notice as its importance merits.

Vaccinator.—We believe the appointments are filled up. Application should be made to the Secretary of the Board of Health.

Mr. A. Martin.—We have no recollection of the post-mark on the envelope alluded to.

A Surgeon.—It would do no good to direct more attention to the advertising Lecturer. The fault is with the College in granting a Diploma to such a person.

Dr. Meadows's Cases of Hysterotomy shall appear in an early number.

Dr. Anderson.—1. Yes. 2. No. 3. Yes; but it is not certain that he can recover charges for medicines supplied.

A Provincial Surgeon.—We should be sorry to find the sins of the Council revisited upon the individual members. It is only in their corporate capacity that we blame them, and it would be hard to punish a protesting minority for the faults of the majority.

Medical Morality.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The following bit of information, which I have taken great care to authenticate from several independent sources, I picked up the other day in a northern suburb of our "Little Village."

A. B. (M.D. Edin.), a most benevolent man, "sees the poor gratuitously at his own house, every morning from nine to ten." C. D. (M.R.C.S. and L.S.A.) keeps a little physic-shop hard by. A. B. writes prescriptions for his grateful patients in such a way that C. D., and C. D. alone, can understand them.

C. D. charges just double what an honest chemist would ask for benevolent A. B.'s mixtures and pills. I need scarcely say that C. D. and A. B. go halves in the profits thence derived; A. B. making thereby (*on dit*) £1,000 per annum.

I am, &c.

Loudon, March 12, 1860. Anti-Humbug.

Treatment of Pneumonia.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If you do not think me already too troublesome with my ill-digested matters, would you kindly permit me to point to an old "Annual Regimental Report" of mine, in the "Transactions of the Bombay Medical Society," No. 3, page 183 (1840), as containing some striking facts bearing upon Dr. Parkes' "Clinical Lecture on Sthenic Pneumonia," in your number for February 25, page 186;—"There are at present two views, etc." *Bombay Transactions—Epidemics*:—"In this section we shall only notice the pleuro-pneumoic fever, which commenced in the Gundava Pass. (The bed of a mountain torrent and stream, one hundred and twenty miles in length, bringing us down from the regions of ice (14° at six a.m.) to the low burning deserts of Cutch-Gundava and Scinde.) . . . We do not consider it a distinct fever, the complication only rendering it so. . . . The fever checked (use of quinine is alluded to) within the first two or three paroxysms, we found no difficulty with the pneumonia. . . . In short, that this previous residence (campaigning) in an extremely cold climate, with only the shelter of tents, with a very rapid change into a hot, were the predisposing causes of the pneumonia, and the endemic fever of the Pass and Scinde, the exciting," etc. Treated antiphlogistically as pneumonia, it will be seen the mortality was 1 in 3½; with quinine, as the fevers, 1 in 10. By the above, however, it will appear, as well as by the notice of a pleuro-pneumonia at Chatham and Canterbury in 1846 (*London Medical Gazette*, 1846, page 814), we looked upon these as distinct from *primary* pneumonia.

I am, &c.

R. H. W. Hunter,
First Class Staff-Surgeon, Half-Pay.

Moffat, Dumfriesshire, March 10.

Radical Cure of Hernia.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the excellent report, in the *Medical Times and Gazette* of last week, of my paper, on a "a new method of effecting a radical cure of hernia," read Feb. 28, at the meeting of the Medico-Chirurgical Society, occurs an inadvertent interpolation of the preposition "in," which has the effect of materially altering the sense of the passage. In reference to the six cases of radical cure of hernia, shown by me to the Fellows of the Society the sentence in which the mistake occurs reads thus:—"One had been cured in a year, three in nine months, and one in eight months." By leaving out the three "in's" it will read as it ought to do. "One had been cured a year; three, nine months; and one, eight months."

The real time occupied by the cure in these cases is mentioned in a preceding paragraph of the abstract. The difference of meaning thus produced is obvious and important, and might mislead the reader, to the prejudice of the operation, unless careful observation of the context were made. As this may not be done by all the numerous readers of your Journal, may I beg the favour of the insertion of this explanation in your next number?

I am, &c. John Wood.

4, Montagu-street, Russell-square, March 10, 1860.

Mr. Copp of Doncaster.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In justice to myself, and as an acknowledgment of the courtesy which nearly all the Members of the Profession here have shown to me, an utter stranger, allow me to offer some explanations in reply to the letters of a "Subscriber." It is stated by him that while Mr. Copp, "whose name does not appear in the Directory," advertises as M.R.C.S., he states that he was House-Physician and House-Surgeon to University College Hospital, and the inuendo here conveyed is sufficiently apparent. I took my diploma in November last, and my name does not appear in the Directory for the simple reason that I did not forward it owing to a recent illness, and to other affairs which occupied me; as to the other appointments, I hold testimonials as to the services which I performed at the Hospital, which I refrain from publishing, but which I shall be happy to show to everyone desirous to see them.

It is true that I have established here a private Dispensary, and many of the most eminent Practitioners in this country have done the same thing. In advertising it I had no eye to profit, but simply by publicity to make the institution more available to the public. I have no intention of closing the Dispensary, and if I have erred in advertising it, my error has been an act of indiscretion only. I desire to be on terms of cordiality with the Profession here, and the moment I found that a part of the advertisement was not approved of, I suppressed it. I could do no more than this, and I was not disposed to do less.

I am, &c. Burton Copp.

Physiological Cruelty.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I will thank you to insert in your next number, the following strange and unheard-of feat, performed by a zealous experimentalizer in the North of England. I cut the paragraph from a newspaper which I accidentally glanced at when visiting a patient; and I send it to you in the hope that it may meet the eyes of the officers of the Society for the Prevention of Cruelty to Animals, for it strikes me they cannot have recorded in their sad annals a more shocking case of senseless cruelty.

Is it not sickening to hear this ingenious tormentor saying, "I had them fed regularly every four hours, though for the first day the crow ate nothing"?

I am, &c.

March 13, 1860. Misericordia.

"Extraordinary Experiment and Medical Cruelty.—Mr. Waindc, Surgeon, of Kirby Moorside, writes to the *Scarboro' Mercury*:—'Having noticed the rapidity with which wounds grow up and heal in the lower classes of animals, I have often revolved in my mind the possibility of uniting, by keeping in strict approximation the raw surfaces of two animals not only of different species, but of totally different genera. With this view I have, at various times, endeavoured to produce adhesive inflammation between two animals, by removing the whole of the true skin on a part of each, equal in extent, and then keeping the denuded parts in approximation by means of bandages. In the last experiment of the kind that I made I was eminently successful. Having had some time in my possession a rat, which had not quite attained its full growth, and which was to a great extent tamed, as it would permit any one to approach and caress it without any signs of fear, I determined upon making a final attempt, and I was confident of success. My next step was to procure another animal with which to unite it; and for this purpose I obtained a full-grown crow. Having removed the skin from the back of the rat, I with a scalpel removed a slice of the subcutaneous tissue, about two lines in thickness, so that the mouths of the minute blood-vessels might be opened. I then took off the feathers from the breast of the bird, and performed precisely the same operation, with regard to the size and thickness of the piece of flesh removed, which was one of an oval form, and about two-and-a-half inches long, by one-five-eighths broad, or thereabouts. After sponging the parts with a little cold water, I placed the crow with its legs across the back of the rat, and, by means of a long narrow bandage, kept them in such a position that they could not retract the incised surface in the least. I had them fed regularly every four hours, though for the first day the crow ate nothing. At the end of sixteen days I removed the bandages, and was delighted to find that the whole surfaces were united, except at the extreme edges of the wound, the skin was beginning to unite. They now present a most peculiar appearance, and do not seem by any means disposed to part company. The crow scarcely possesses power of wing sufficient to lift its companion far from the ground, though it flutters along at the height of a foot or two, for several yards. Should any one be sceptical as to the facts, I should have great pleasure in showing them the subjects of the experiment, if they would make it convenient to pay me a visit.'"

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. Jenner; Dr. Lankester; Registrar-General; Mr. Baines; Dr. Gibb; Dr. Baines; Mr. Haynes Walton; Dr. Thomson; Mr. Copp; Mr. Cole; Registrar-General for Scotland; Dr. Miller; Mr. Vincent; Mr. Dale.

APPOINTMENTS FOR THE WEEK.

March 17. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. Dr. Lankester "On the Relations of the Animal Kingdom to the Industry of Man."

19. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Mr. Henry Smith "On the Pathology and Treatment of the Painful Ulcer of the Rectum."

20. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m. Council Meeting 7.

Royal Institution, 3 p.m. Professor Owen "On Fossil Reptiles."

21. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Meteorological Society, 7 p.m.

Ethnological Society, 8½ p.m.

Royal College of Physicians, 4 p.m. Lumleian Lecture by Dr. Barker, "Observations on some Diseases of the Heart."

22. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m., London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Society, 8½ p.m.

Royal Institution, 3 p.m. Professor Tyndall "On Light."

23. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal College of Physicians, 4 p.m. Lumleian Lecture by Dr. Barker, "Observations on some Diseases of the Heart."

Royal Institution, 8 p.m. Nevil Story Maskelyne, Esq., M.A. "On Diamonds."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—For Lithotomy; Fistula in Ano; Ulcer in Rectum.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXX.

ON OVARIOTOMY—*continued.*

Gentlemen,—In my last Lecture I endeavoured to prove to you that ovariotomy was a justifiable operation; and that, although it was very formidable in its character, and often fatal in its result, yet we were fairly entitled to place it in the rank of legitimate surgical operations. Let us proceed now to inquire under what circumstances we would be justified in having recourse to it; or study—in other words—the kind of

Cases Requiring the Operation.

From the remarks that I made in attempting to meet the objections which have been usually urged against the performance of ovariotomy (and perhaps I occupied more of your time in answering some of these objections than their weight really required), you may have been led to infer that I was inclined to have recourse to the frequent performance of the operation, or to recommend it in many cases of cystic disease of the ovary. But, so far am I from regarding this as the main or only means for the treatment of ovarian disease, that I believe we do right to have recourse to it only in rare and exceptional instances. But the question is—In what instances? Now, *First*, It is never to be dreamt of under any circumstances or in any case where the patient is at the same time suffering under organic disease or derangement of the kidneys, lungs, heart, or any other organ; never, in short, unless the constitution of the patient is in other respects healthy and favourable. *Secondly*, It is never to be thought of in any cases of cystic disease of the ovary, when that disease is mixed up, as it sometimes is, with carcinomatous or encephaloid deposits in the tumour. The co-existence, or the fear of the co-existence, of cancer with the cystic ovarian degeneration, is a complete barrier to the idea of ovariotomy. *Thirdly*, It is not to be had recourse to—at all events never in the first instance—in cases where the disease consists of a single ovarian cyst, or of a mass of ovarian cysts, with one cyst of such a preponderating and predominant size, as to make the diseased mass resemble a unilocular dropsy of the ovary. *Fourthly*, It is not to be had recourse to in these cases, because we have good hopes of often controlling and sometimes curing the disease by milder and safer measures; as by 1, paracentesis, and allowing the fluid, if bland, to escape into the peritoneal cavity; 2, by tapping through the roof of the vagina, and, if necessary, establishing a fistula between the cyst and the vaginal canal; or 3, by obliterating the cyst or cysts by the injection of iodine. The only cases of ovarian dropsy fit for ovariotomy, are cases of the common compound or multilocular form of the disease, in which these preceding measures have failed to restrain the onward growth and progress of the disease towards the inevitable destruction and death of the patient. But all cases of compound or multilocular ovarian disease do not belong to this category. In a few Nature herself, as we have seen, herself taps and relieves the patient from time to time. With these cases you would assuredly not intermeddle. In a few the course of the malady is very slow, and seems occasionally—but very, very rarely—to become as it were arrested in its march. With these cases you would not interfere in the way of any surgical treatment whatever. In some instances of multilocular ovarian dropsy the fistulous tapping of the largest and predominating cysts, or the injection of them with iodine, stays or retards, and occasionally so arrests the further development of the malady, that no more serious or severe Surgical measures are to be considered necessary. But, unfortunately, in a large number of multilocular ovarian dropsies, all these measures prove primarily or ultimately, totally ineffectual; palliative tappings come to be required more and more frequently; and it becomes a matter of almost mathematical certainty that the poor patient will ere long sink under their repetition, or under a continuance of the disease. Still, when the Practitioner is driven to bay in this manner, the remaining cases are not by any means all of them cases for ovariotomy. Already in many such firm adhesions exist between the surface of the ovarian tumour and the contiguous surfaces of the peritoneum, that if the operation were begun it could not be finished. It is this circumstance that has, perhaps more than most others that I alluded to in my last lecture, prevented ovariotomy from being adopted by some Surgeons into the class of legitimate operations. Out of the 292 cases of ovariotomy collected by Fock, in only 200 instances was the operation completed, with the result of 111 recoveries to 89 deaths. But out of his collection of 292 cases, there were no less than 92 instances in which the operation, after it was begun, was not completed; and in 71 out of these 92 the cause of failure was the extent or strength of the old inflammatory adhesions of the sac to the contiguous peritoneum. Those Practitioners that are in the habit of performing ovariotomy do not regard now a considerable amount or extent of adhesions as an insurmountable barrier to its completion; but where the adhesions are very great, the proper plan of Surgical proceeding—if any Surgical proceeding beside tapping is adopted — is, as I have already tried to show you, the establishment of a permanent or fistulous communication between the largest cyst or cysts and the cutaneous surface. The cases, then, fitted for the operation of ovariotomy are specially, if not entirely, those in which the tumour is multilocular; in which tapping and other milder Surgical measures have failed to stay the progress of the disease, or are inapplicable from the great number and small size of the component cysts; in which the disease is evidently going on steadily, and at no remote period to the destruction of the patient; and yet the tumour feels entirely or comparatively free from morbid adhesions, and the general constitution of the patient is such as to present no counter-indication to the performance of this formidable operation. Under such a painful combination of circumstances, the question comes to be, Are we to recommend our patient to linger on for a few months or weeks longer, and submit to the usual progress and fatal termination of the disease, and to die without any Surgical proceeding at all, or are we to counsel her rather to submit by ovariotomy to an operation that certainly may very probably inflict speedy death, but which, on the other hand, if it prove successful, gives her all the best chances of renovated health and prolonged life? I must here emphatically repeat what I have stated to you before, that in this, as in other capital and dangerous operations for chronic disease, the patient herself, or her friends, ought as much, or more than the Physician, to decide the question of Surgical interference or non-interference.

Supposing that you had made up your mind as to the possibility of removing the ovarian tumour, and that the propriety of the operation had been determined, it only remains to consider how the operation is to be effected. Let me therefore, as briefly as possible, explain to you

The Mode of Performing the Operation.

1. *Preliminary Measures.*—Before exposing your patient to the risks of this, as of any other serious operation, you are, of course, bound, in the first instance, to prepare your patient, as far as possible, by attempting to raise the standard of health, by means of tonics, and to diminish in some degree the chances of inflammation, by putting her for a time on antiphlogistic diet and regimen. Some have recommended that the heat of the room in which the patient is to be operated on should be raised some degrees above the average temperature, under the idea that the cold air might prove irritating to the exposed peritoneum. But such a precaution seems hardly to be necessary; for there is no direct proof that the peritoneum is more likely to be inflamed in consequence of being exposed to the atmosphere at a low temperature, than it is when exposed to heated air. If the room be heated, care must be taken to prevent the air from getting too dry, by impregnating it with the vapour of water. When the operation used first to be performed, indeed, the greatest care was taken to have heated cloths in readiness to apply to the peritoneal covering of the intestines, when by chance they

were protruded; but those who are in the habit of operating frequently apparently lose all such great fears in regard to the free exposure and rough handling of the peritoneum. Even where inflammation has existed, and adhesions have been formed between the surface of the tumour and the abdominal wall and viscera, these adhesions have in numerous cases now been freely torn up, and the peritoneum roughly sponged and wiped, without giving rise to any such dangerous consequences as the former prejudices of the professional mind would have led us to expect.

2. *Instruments Required.*—The instruments necessary for operation are but few, and easily enumerated; all that are required being a scalpel or bistoury for making the incision and dividing the neck of the tumour; a trocar and canula, for evacuating any large cyst; a clamp, for securing the pedicle, such as I show you (Fig. 1), or perhaps some

Fig. 1.

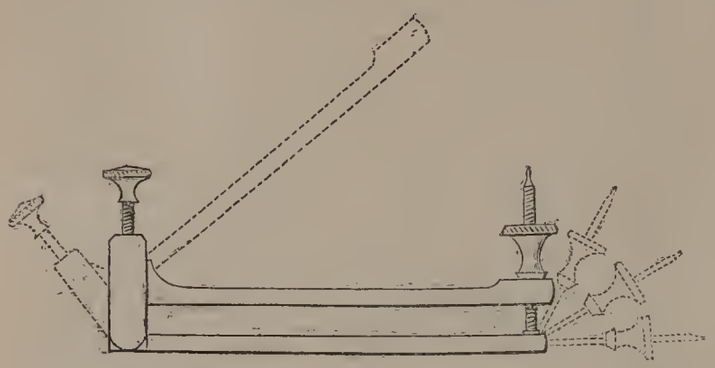


Fig. 1.—Mr. Wells's clamp, for securing the pedicle of the tumour, in cases of ovariotomy.

acupressure-needles, instead—which would be of use also for arresting the hæmorrhage from any vessels that might be divided in large adhesions—or you may prefer to use the artery forceps and ligature, or torsion; and, finally, a needle and iron wire will be required for sewing up the wound.

3. *Position of the Patient.*—It has been the common custom to place the patient near the foot of a bed, the thighs separated, and the feet supported by footstools, the Surgeon sitting or standing between the legs of the patient. But there are obvious disadvantages in such a position. The Surgeon is awkwardly placed, both for operating, and for seeing and securing bleeding vessels. So are the assistants. It is also a fatiguing position for a patient—one in which it is difficult to

Fig. 2.

keep her covered; and one in which fainting is more likely to occur than in the recumbent position. The latter is much to be preferred. In Hospitals the ordinary operating-table answers very well; but in private practice you are not likely to find in many houses the sort of bed or couch which is altogether suitable. You want a narrow table, which can be readily moved; and Mr. Spencer Wells tells me that he finds the table represented in this drawing (Fig. 2.) answer the purpose remarkably well. It is a couch which he keeps in his consulting-room, and it is so made that, by unscrewing the legs and folding up the frame, it can be readily taken to a patient's house, as the old lying-in chair still is in some parts of Europe. The pillows are so arranged that they can be fixed at either end, so that they cannot slip off; and there is a moveable tray beneath to hold the instruments. A woman is represented as placed on the table, in the position Mr. Wells prefers for ovariotomy. You will see that the table is brought to an angle of about 45° to the window, so that the light falls well both for operator and assistants. The gentleman who administers chloroform stands at the head of the bed. The operator is placed on the right side of the patient. An assistant may stand to the left of the operator, and two or three on the opposite side of the patient, all seeing well. The contents of the cyst are carried by the tube trocar to the pail below. The patient is carefully protected from cold by blankets folded round the feet and legs, and others round the chest, her own night-dress being pushed up under her arms, to keep it dry, so that there may be no necessity for changing it when she is lifted from the couch to her warm, dry bed.

4. *The Operation.*—There are several stages in the operation, each requiring our special attention. We begin with,

a. The Incision.—The operation is begun by making an incision with an ordinary scalpel or bistoury through the abdominal walls in the line of the linea alba, from the region of the umbilicus, downwards towards the pubes. Cases of ovariotomy were at one time divided into two classes, called respectively the operation by the short and by the long incision, according as this incison was small in extent, and begun below the level of the umbilicus, or was much longer, and stretched considerably above the umbilicus; and the relative dangers or advantages of the two modes of operation were at one time warmly discussed. It was very generally believed, at first, that the smaller the opening in the abdominal parietes, the safer the operation would be; but further experience has shown that the greater liability to peritonitis and displacement of the bowels which was supposed to attend the operation by the long incision, is more than counterbalanced by the greater liability to laceration of some of the tissues and escape of the cystic contents into the peritoneal cavity, and by the greater difficulties which present themselves in the course of the operation by the short incision. So that now most operators seem to prefer to open the abdomen freely, so as to be able more easily to separate adhesions and bring out the tumour, believing, at the same time, that the risk of peritonitis being set up is almost, if not altogether, as great when an opening is made barely sufficient to allow of the tumour being dragged through it. The incision is not made at once through all the thickness of the wall, but only down to the outer surface of the peritoneum, which is first punctured and then divided in the rest of its extent by means of a probe-pointed bistoury or a herniotomy-knife.

b. Evacuation of Cyst or Cysts.—The tumour will be found pressing forward in the opening, and tending to bulge through it; and if there be one or more cysts of large size, it is well at once to tap them, as by this means the bulk of the mass to be removed will be much diminished. In this case, perhaps, there is no better instrument for withdrawing the fluid than the trocar and canula I have already shown and described to you, with an india-rubber tube attached to it to carry away the fluid to a receptacle on the floor, without exposing the patient's person and clothes to the discomfort of being soaked by it in running off. Here, however, such an effectual emptying of the cyst need not be insisted on, and therefore the instrument I refer to may be used for the sake of the decided advantages which it offers in other respects.

c. Separation of Adhesions.—The tumour thus diminished in size is to be drawn out through the opening in the abdominal walls; and to be able to do so you will require sometimes to separate any adhesions the tumour has contracted with the neighbouring organs. These adhesions can usually be most safely separated with the fingers or the handle of the scalpel. Sometimes, however, they are too firm and

of old standing, and require the use of the blade for their division. Occasionally a vessel bleeds, or the inner surface of the abdominal wall on the severance of some well-established adhesion. In such a case you must endeavour at once to arrest the hæmorrhage, and I believe you will succeed in doing so with ease and success by means of an acupressure-needle (see Fig. 5) entered from the cutaneous surface, and passed through the thickness of the abdominal wall till its point is seen at the side of the injured vessel a line or two from the bleeding orifice, when the needle is turned straight across the artery, and pushed back through the abdominal wall till its point finally emerges in the cutaneous surface, at a distance of one and a-half or two inches from its point of entrance. The head and point of the needle will thus remain exposed on the surface of the abdomen (see Fig. 3, *a*,*a'*) while the vessel on the inner surface will be compressed between the resistant tissues of the wall and the short bridge of the needle that lies exposed towards the peritoneal cavity (see Fig. 6, *a*).

Fig. 3.

Fig. 3.—Sketch showing the manner in which a blood-vessel may be secured by means of an acupressure-needle, and the pedicle of the excised ovary may be fixed against the abdominal wall. *a*, *a'*, the head and point of a small needle securing a bleeding artery (see Fig. 6, *a*); *b*, *b'*, the head and point of a large acupressure-needle fixing the stump of the ovarian tumour against the interior of the abdominal wall (see Fig. 6, *b*); *c*, *c*, the extremities of the incision.

d. The tumour, then, having been brought out through the wound, you have next to proceed to cut across the pedicle, and use some means to prevent the flow of blood from its divided blood-vessels. And here, perhaps, we meet with the question of greatest importance in connexion with the operation. The earlier operators used to tie the pedicle tightly at its narrowest part with a piece of whip-cord, and then to divide it close to the tumour. But as it sometimes happened that the cord lost its hold and slipped off the cut extremity, thus giving rise to hæmorrhage internally, this means was speedily given up. Then, for a time, operators adopted the plan of passing stout threads or pieces of thin cord through the neck of the tumour at one or more points, and strangulating it in the same way as we do when operating for the cure of internal piles, or an erectile tumour of the skin by means of the ligature. By this means it was found possible to control the hæmorrhage most effectually, and when the threads had been duly tightened, their ends were brought out through the lower angle of the wound in the abdominal parietes. But as these threads acted the part of irritant substances in the peritoneal cavity, and lighted up in many cases inflammation of this membrane; and as the gangrenous and ulcerating stump of the pedicle within the grasp of the ligatures was also a further source of irritation and of danger, all who have thought much upon the subject have felt anxious that some other means should be devised by which these dangers might be avoided. Dr. Marion Sims has proposed to substitute metallic ligatures for cord and other organic ligatures for tying and securing the ovarian pedicle. He did so under the hope that the metallic would prove less irritating than the organic thread, and might be left lodged *in situ*. But the pedicle on the free side of the ligature would be sure to die and slough, if the ligature were drawn tight, whatever was its composition. Mr. Spencer Wells, some time ago, suggested the division of the pedicle by the *écraseur*—a plan which has been followed successfully by Drs. Atlee and Pope in America in some cases, but in others it has not afforded that complete immunity against hæmorrhage which is necessary for the safety of the operation. In London they now make use in most cases of a clamp (see Fig. 4) such as I

Fig. 4.

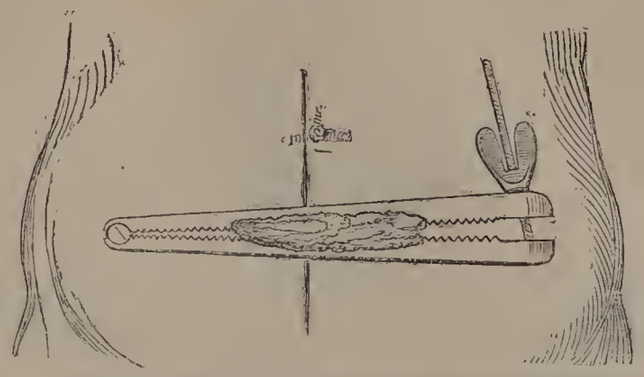


Fig. 4.—Sketch showing the manner in which the pedicle is secured with the clamp, and the position in which the clamp and pedicle are kept when the operation is completed. (Wells.)

have already shown you, which is screwed firmly across the pedicle, and after the tumour has been cut away, the stump, tightly embraced by the clamp, is brought out, and made to lie exposed on the surface of the abdomen transversely to the line of incision. You might not be able at once to conceive how the comparatively short stump of an ovarian tumour could thus be brought and kept on the surface of the abdomen, without producing an injurious straining on the organs and vessels with which it is connected. But if you will only bear in mind that the abdominal walls, so long and so much distended during the growth of the ovarian tumour, must now remain collapsed and yielding after that mass has been removed, like the loose and flaccid walls of the abdomen after parturition, the difficulty will disappear. That a certain degree of dragging, however, is still kept up—particularly in cases where the pedicle or stump happens, as sometimes occurs, to be very short—we can hardly doubt, and, although the clamp has in a number of cases been found to answer well, yet its use is attended with certain dangers and drawbacks, that render it still desirable to find out some simpler means of arresting the flow of blood from the cut ends of the vessels in the divided pedicle. I believe that by the application of acupressure we may yet be able to check the hæmorrhage effectually and more safely than by any of the methods hitherto employed for the purpose. A needle, or needles, such as I show you (Fig. 5),

Fig. 5.

Fig. 5.—Sketch of an acupressure-needle of small size.

might, before the pedicle is divided by the knife or *écraseur*, be passed through the abdominal wall, and through one margin of the pedicle from without; and after being made to cross nearly the whole breadth of the pedicle, it could be made to pass through its other margin, and then outwards again through the abdominal wall, so as to compress the pedicle between the exposed portion of the needle and the abdominal parietes with a degree of force sufficient to arrest the flow of blood from its injured vessels. (See Figs. 3, and 6, *b*.) The pedicle being thus pinned against the abdominal parietes in the iliac fossa, there would be no dragging or displacement of the pelvic organs, and no danger of incarceration of the bowel, as has just happened in one case in London, where the pedicle was fixed to the wound; and the risks attendant on the sloughing and ulceration of the stump would be avoided, for the acupressure-needle could be removed after fifty or sixty hours, or perhaps even less—after the vessels had become occluded, but before the pressure exerted by the needle had been kept up for such a length of time as to produce that ulceration which we know to be the necessary result of too long-continued pressure on any portion of the animal frame. Should the resistance offered by the abdominal walls not be found sufficient to enable the single acupressure-needle to produce efficient compression, a

Fig. 6.

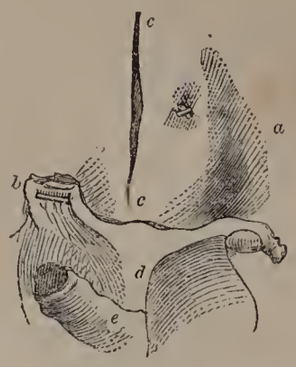


Fig. 6.—Diagram of an impossible view of the inner surface of the anterior abdominal wall, with the stem of a small acupressure needle crossing a wounded artery at *a* (see Fig. 3, *a*, *a'*), and the stem of a longer needle passing across the stump of an excised ovary, and compressing it against the abdominal parietes at *b* (see Fig. 3, *b*, *b*); *c*, *c*, the extremities of the incision through the parietes; *d*, the uterus; *e*, the rectum.

second or third could be introduced, either parallel with the first, or each embracing only a limited portion of the pedicle, or crossing the others as they enter and emerge from the pedicle. If we can succeed in restraining the bleeding from the divided neck of the tumour by some such means as this, we shall be able to do away with some of the greatest sources of danger in connexion with the operation, and so to perform it with better hopes of ultimate success.

e. Closing the Wound.—Having secured the pedicle of the tumour, all you have now to do is to wipe the peritoneum thoroughly clean, and then to proceed to close up the external wound. This you may do either by means of needles like those used in the operation for harelip, or, what is equally efficacious, by means of simple metallic stitches—either of silver or of iron. If you are operating on a wealthy patient, or on the happy inmate of some overflowingly wealthy Institution, you may, perhaps, prefer to use the suture of silver, which certainly has this superiority over the iron thread, that it is more expensive. But usually, I believe, you will rather employ the iron wire, which is at once cheaper and stronger, and as efficacious and manageable. A variety of needles have already been invented for stitching up wounds with metallic threads; but, however ingenious, they are all quite superfluous, for the instrument that you will find the most convenient and the best for sewing wounds with wire-threads is the common needle in a fixed handle, generally spoken of as a "tumour needle," or "pile-needle," and constantly used for passing ligatures through the base of hæmorrhoidal and erectile tumours which we desire to strangulate. By means of such a needle, with a considerable curve, you can easily take a deep hold of the abdominal wall; and in closing up wounds in the abdomen it is advisable always to pass the suture deeply, so as to keep the divided margins of peritoneum in perfect contact. The needle is passed unarmed through both sides of the wound—close down upon the peritoneum, but without wounding it. I should say, however, that Mr. Spencer Wells is strongly in favour of carrying the sutures through the peritoneum, as he thinks the cavity is then more effectually protected from the pus and secretions of the wound. When the point has protruded through the further side, the end of the wire is passed to the distance of half-an-inch or so through the eye of the needle, which, as you know, is situated near its point; and when the needle thus armed is withdrawn, it leaves in its track the wire-suture, which may then be twisted or tied across the line of incision, and which need not be removed till the whole wound has completely united.

5. *The After-treatment.*—When the operation has been completed, the patient is put back to bed, and kept thoroughly clean, quiet, and undisturbed. No special kind of dressing is required for the wound; and, indeed, you will find it best to keep it altogether undressed, and merely protected by means of an arched frame placed over the patient's body. Only in cases where the clamp is made use of and the sloughing stump of the pedicle is brought to the surface of the abdomen it is sometimes found necessary to apply a poultice of charcoal, or some other disinfectant, to counteract the disagreeable odour arising from the putrescent discharges. I would further enjoin on you the propriety of keeping the patient under the influence of opium, with the double view of dispelling the pain and depression which almost necessarily succeed such an operation, and of checking, in some degree, the action of the bowels,—an indication of paramount importance, when we remember how essential it is to the ultimate success of the operation to have all the parts concerned kept for some days at most perfect rest. At the same time the patient may be allowed to partake freely of ice, which is useful at once in counteracting the sickening effects of the operation, and of the opium, and in moderating the feverishness to which she is inclined. Where there is a tendency to sinking, the patient must have an allowance of wine or brandy. Peritonitis not unfrequently springs up; and, of course, you must be prepared to meet it, and to treat it by all appropriate measures. We may sometimes expect also to meet with other

Results of the Operation.

I have already spoken at sufficient length of the degree of mortality attendant on the operation; but I have said nothing as to the ordinary sources of danger. These are, however, so obvious, that I need not do more than name them now. Thus, for example, many patients die exhausted, from the shock of the operation. Sometimes hæmorrhage occurs from some of the pelvic vessels, which it is found impossible to control. A case occurred lately in London where hæmorrhage nearly proved fatal, which was found to be proceeding from an injured vein in the pelvis; and I have known a patient dying some hours after the operation, where there can be little doubt that the fatal issue was mainly due to the immense quantity of blood lost from a wound in some of these veins, which it was impossible to trace out and close. Fatal hæmorrhage, of a secondary nature, sometimes, though rarely, occurs from the vessels in the stump, and carries off the patient. Perhaps the most frequent cause of death in connexion with the operation is peritonitis. Occasionally, patients survive all the more immediate perils of the operation, to be wasted away and finally to succumb under the effects of prolonged discharges and chronic inflammations. But sometimes, also, we have the happiness of seeing patients survive all the dangers of the operation—both immediate and more remote—restored to the active duties of life and the full enjoyment of perfect health, and some of them even giving birth to families afterwards.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture IX.

EXPERIMENTAL PATHOLOGY.

ON THE INFLUENCE OF THE NERVOUS SYSTEM ON THE PAROTID SECRETION.—DISCOVERY OF THE MOTOR NERVE OF THE PAROTID GLAND.

Summary: Influence of the Nervous System upon the Parotidian Secretion—Glands of every Description provided with three distinct Orders of Nerves; Motor, Sensitive, and Ganglionic—Difference between the Sub-maxillary and Parotid Glands, when viewed in connexion with Ganglionic Influence—Galvanisation of the Sympathetic Nerve during the Process of Mastication; its Results—Motor Nerves evidently the Source from which the Parotid Glands are supplied with Nervous Power—Influence of the Seventh Pair on the Parotidian Secretion—Results of the Division of the Facial Nerve: 1. Below the Foramen Stylo-mastoïdeum; 2. Within the Petrous Process—The lesser Petrosal Nerve supposed to be the Branch from which the Motor Nerve of the Parotid is derived—Discovery of this Nerve; Description of the Experiment by which the Result has been attained—The Motor Nerve of the Parotid Gland is a Branch of the Auriculo-temporal Nerve—Accompanies the internal Maxillary Artery—Appears to be the Congener of the Chorda Tympani—Difference

between the Action of the Ganglionic System on Glands, and that exerted by the Motor Nerves—The Reasons for which the Sympathetic Nerve exerts no Action whatever on the Parotid Glands, explained.

GENTLEMEN,—The principal questions connected with the history of the parotidian secretion having been fully discussed in our previous Lectures, it now remains for us to investigate the part which, in that physiological act, devolves upon the nervous system.

That glands of every description are dependent upon nervous influence for the due performance of their functions, and that the impulse which originates with the great nervous centres is, in every case, the prime motor of secretion, is a perfectly well-known fact; and, without alluding to other secretions for the moment, has not an experimental demonstration of this great prineiple been laid before you, as far as the salivary glands are concerned? Have we not seen the various impressions made upon the organs of taste; the action of acids; and even the mere excitement created by the sight of food within the animal's reach, call forth instantaneously an abundant flow of this liquid? You have already witnessed, more than once, the successful performance of these experiments; we may, therefore, considering the fact as fully established, proeeed to seek for its explanation.

Glands of every description are invariably provided with three distinct orders of nerves, motor, sensitive, and ganglionic. Now, as secretion cannot, of course, be supposed to result from the action of sensitive nerves, the agent through which the process is accomplished must evidently be looked for in the two other classes. In the submaxillary glands the ganglionic system exerts an undeniable influence on the salivary seeretion. But, as far as the parotid is coneerned, the reverse appears to be the case. Whenever the ramifications of the sympathetic nerve, which extend to the latter gland, are galvanised, or otherwise excited, far from being increased, the secretion is constantly diminished. In order to convince you of this, we shall perform before you an entirely novel experiment; you will thereby be enabled to judge for yourselves. The sympathetic nerve being divided, we shall galvanise the extremity which remains connected with the gland, while the animal is engaged in the process of mastication; and you will then perceive that far from communicating an additional impulse to the physiological action of the gland, the excitation of the ganglionic system actually impedes it.

(A horse is now brought in; the ductus Stenonis having been previously opened on both sides in this animal, and a tube introduced, M. Bernard divides the sympathetic nerve on one side only. A bundle of hay being then placed before the animal, it begins to feed with great avidity; and the flow of saliva appears to be perfectly equal on both sides.)

You see, gentlemen, that the gland which has just been withdrawn from the influence of the ganglionic system continues to fulfil its functions with perfect regularity. Let us now galvanise the peripheric extremity of the divided nerve, without interrupting the animal's mastication.

(A powerful galvanic apparatus being brought to bear upon the nerve, the flow of saliva is slightly diminished; it is even completely suspended for a moment, at the beginning of the experiment. On the opposite side the amount of saliva produced appears to have slightly increased.)

You therefore perceive, gentlemen, that the influence of the ganglionic system, far from increasing the parotidian secretion, acts in direct opposition to it. There is, however, no room for astonishment in this; you are aware that the sympathetic nerve, when excited, produces contraction in the arteries, and thereby lessens the flow of blood to the part.

The motor nerves, therefore, exclusively possess the property of stimulating the action of these glands; but to what partieular branch is the parotid indebted for the impulsion it receives? As regards the submaxillary glands, we are aware that the chorda tympani fulfils the office, and analogy points to the existence of some similar branch in connexion with the parotid; but hitherto no physiologist had been able to fix upon the very nerve which regulates the functions of this glandular apparatus, and bring the action of galvanism to bear directly upon it.

After a long and tedious series of experiments, we had the satisfaction of discovering, yesterday (a), the motor nerve of the parotid glands; and, in one of our next lectures, we shall repeat, in your presenee, the decisive experiment.

(a) January 19, 1860.

The facial nerve, as far as analogies may be trusted, would appear to be the natural source of the motor branch connected with the parotidian secretion; anatomists have described, as you are well aware, a vast number of ramifications arising from its trunk, some of which merely pass through the gland, while others are exhausted within it. We had therefore been led to suppose, that to some of the divisions arising from this nerve the power of exciting this glandular secretion was to be attributed; but, two years ago, after having divided the facial nerve immediately after its passage through the foramen stylo-mastoïdeum, we ascertained that the properties of the gland remained exactly the same as before; in animals on which this operation had been performed (a tube having been previously passed into the Stenonian duct), the application of vinegar on the tongue constantly produced a flow of saliva; it therefore became evident that if the nervous influence, which presides over this secretion, was really derived from the seventh pair, the branch on which these functions devolve must have separated from its parent trunk before it emerged from the Fallopian canal. In accordanee with these views, we divided the facial nerve within the petrous process, as close as possible to its cerebral origin, the auditive nerve being, of course, simultaneously destroyed, and since, after this operation, the gland remains entirely paralysed, we were naturally led to suppose that one of the ramifications, derived from the seventh pair, during its passage through the Fallopian canal, enjoyed the property of supplying the parotid with the necessary stimulus; but all our attempts to divide separately this particular branch remained entirely fruitless.

A large number of branches arise from the facial nerve before it reaches the stylo-mastoïdeum foramen; but only three of these can be supposed to exercise an influence over the salivary secretion, viz. the great petrosal nerve, which falls into Meckel's ganglion; the lesser petrosal nerve, which reaches the otic ganglion; and, lastly, the chorda tympani, which unites with the fifth pair. This latter branch is known to preside over the functions of the submaxillary gland, and is, therefore, unconnected with the parotidian secretion; we were thus led by a strict logical process, to suppose that *one* of the two petrosal nerves was the motor branch of the parotid glands: now, the larger branch having been divided, without produeing the slightest change in the secretion, we found ourselves compelled to suppose that the lesser petrosal nerve enjoyed this physiological power; and analogy entirely confirms our hypothesis; for if a special ganglion is connected with the submaxillary secretion, why should not a similar ganglion exist in connexion with the parotid? Now, if the lesser petrosal nerve were indeed the channel selected for the passage of nervous influence into this gland, the otic ganglion would here fulfil the functions which, in the other case, devolve upon its congener. But analogy cannot be safely trusted to by the physiologist; and the imperfections of our theories render direct observation the only safe guide in practiee.

The slenderness of the nerve which, as you are aware, presides over the functions of the submaxillary gland, entitles us to suppose that in the case of the parotid, the motor nerve is equally of very small dimensions. We therefore determined, however tedious the process might appear, to dissect away the parotid gland, on a living animal, without injuring the large vessels which conneet it with the body; for as long as these remain uninjured, the functions of the gland equally remain unimpaired. In the course of this operation, we separately divided each nervous ramification which we discovered, in order to ascertain whether the functions of the gland were anywise impaired by this mutilation; after the section of each small nerve, a few drops of vinegar were poured into the animal's mouth, so as to excite the flow of saliva which in the normal state is invariably excited by this agent.

Our first experiments having been unsuccessful, we modified the operative process; we had at first attempted to dissect away the gland from before; we then resolved to attack it from behind; in this manner the nerves are laid bare with greater facility. This last attempt was finally crowned with success, after the operation had lasted five hours.

In the first place, a long incision was made behind the external ear; and the teguments being dissected, the facial nerve, emerging from the foramen stylo-mastoideum, was immediately discovered; the gland being then drawn for-

wards, all the ramifications arising from the facial trunk were separately divided, and then successively galvanised; a negative result having been obtained in every case, we arrived at last, after dividing all the branches of the facial nerve, upon a branch which arises from the fifth pair, viz. the superficial auriculo-temporal nerve. Several of its divisions were cut without producing any result on the secretion, although the animal, in each case, gave signs of acute suffering,—a fact easily accounted for by the highly-sensitive character of this nerve. At last, at the very moment when we were about to conclude the experiment, a small artery having been tied, and a slender nerve compressed in consequence, the secretion of the gland was arrested for a moment; we then divided this branch, and the glandular apparatus became immediately paralysed: the action of acids poured on the animal's tongue no longer elicited the usual flow of saliva; while the application of galvanism to the peripheric extremity of the divided nerve, instantly produced an abundant secretion.

We had, therefore, at last, discovered the motor nerve of the parotid gland; this branch, which is derived from the inferior maxillary division of the fifth pair, appears to be composed of four or five parallel, but perfectly distinct ramifications. Its dimensions are insignificant; it arises from the auriculo-temporal nerve, and may be easily discovered on dissecting these parts. It is, in fact, closely connected with the internal maxillary artery, which it closely pursues in its course, although not in the same sense as that in which the blood flows, but in the opposite direction. The precise anatomical disposition of this little branch will be the subject of our future investigations.

You perceive, gentlemen, that an important difference exists between the sub-maxillary and parotid glands, as far as the influence of the ganglionic system is concerned. In the first case, the powers of the great sympathetic nerve favour the physiological act, which they impede in the second; or to describe with greater precision the phenomena to which we allude, the sympathetic nerve, when excited, diminishes in a slight measure the secretion of the submaxillary glands, while it imparts a greater degree of viscosity to the liquid produced. As to the parotid, the only result produced is a notable diminution in the abundance of the secretion, the nature of which remains exactly the same. The chorda tympani, when galvanised, is known, on the contrary, to produce an abundant aqueous secretion; and, as the action of the newly-discovered motor nerve on the parotid gland is entirely similar, we may conclude that these two branches belong to the same class of special nerves, and hold the normal secretions of the salivary glands under their direct influence. It would, therefore, appear, that each gland is provided with two distinct classes of nerves; to the first belongs the property of stimulating the secretion, properly so called—that is to say, the production of a substance peculiar to the gland; to the second belongs the power of exciting the transudation of the aqueous principles contained in the blood,—for the water contained in various secretions is, as we have elsewhere shown, entirely derived from the blood. Let the action of a gland be excited, and let the blood which flows in the corresponding veins be analysed during the process of secretion, it will then be found to contain less water than arterial blood, the difference being exactly equivalent to the quantity of water contained in the secretion itself.

If, therefore, the sympathetic nerve does not communicate any special property to the liquids which the parotid produces, we may safely conclude that Nature never intended this apparatus to produce any characteristic substance, and that to deprive the blood of its water, to a certain amount, is the only power conferred upon these glands.

It now remains for us to examine the results of our recent discovery, whether considered with respect to its direct relations with the salivary secretion, or viewed in a totally different light, as connected with secretion in general; such, gentlemen, will be the subject of our next Lecture on Operative Physiology.

Velpeau tells the Academy of Sciences that many things have happened since the date of his first communication on hypnotism; but that up to the present time, nothing satisfactory has been arrived at in experiments on this subject, and he therefore begs to say, that the Academy will do well for the present not to demand anything from the Commission charged with the investigation of this subject.

ORIGINAL COMMUNICATIONS.

CASE OF ULCERATIVE STOMATITIS IN AN ADULT,

TERMINATING FATALLY IN SLOUGHING PHAGEDÆNA (CANCRUM ORIS), WITH REMARKS.

By W. F. CLEVELAND, M.R.C.S.E.

P. D., aged 54, of lymphatic temperament and sedentary occupation, has always been temperate, lived well, and, with the exception of being subject to occasional attacks of gastric and intestinal derangement, enjoyed fair health.

At the time I was called to him—March, 1859—he was living in the neighbourhood of Manchester-square. I learned that he had come home from his office in the City three days previously, complaining of cold and sore-throat. He was in bed: the right side of the neck and face was swollen, and he was feverish. I was struck with the fœtor of the breath, and inquired if he had been taking mercury; but he replied, that he had only had an aperient draught from the druggists. There was no ptyalism, and the teeth were firm. The gums generally were redder than natural, and spongy, and on them were several small aphthous-looking specks of ulceration.

A saline treatment was prescribed, with a borax and myrrh gargle, and wash for the mouth.

After a day or two, when the feverish symptoms had abated, he was ordered quinine; but as the ulceration of the gums was disposed to spread, a mixture, containing chlorate of potash and dilute hydrochloric acid, was substituted. A wash of similar composition was used for the mouth.

During the next five weeks the report, taken every two or three days, states that various remedies were tried, such as tonics, alteratives, combined with sedatives, cautiously administered at bed-time, and aperients. Several local applications, including nitrate of silver in solution, were made use of. The patient was well supported with light nutritious food, and stimulants. He was removed to St. John's-wood for a time for change of air; lemon-juice was freely administered, but no permanent benefit resulted from any of the means employed. On the contrary, he became gradually weaker, the ulceration of the gums deepened, and assumed a dirty greyish appearance, and on one portion of the lip there was an ulcer having a superficial slough.

He suffered much from the soreness of the mouth; and, as the disease progressed, it was with reluctance he partook of any solid food. Shortly before the case had arrived at this stage, it was seen with me by Dr. Sanderson, who recommended a stronger solution of nitrate of silver than had been previously used; and the patient certainly experienced great comfort for a time from the application of solid caustic to the painful surface.

At the suggestion of Dr. Watson, who considered the disease very obscure in regard to its etiology, full doses of the tincture of sesquichloride of iron were given three times a-day, and he was urged to go to the sea-side, but could only be prevailed on to take a lodging at Hampstead. Shortly after his removal thither, however, the sloughing rapidly progressed, and there was occasional slight bleeding. The fœtor of the mouth, which, from the commencement of the attack, had been exceedingly disagreeable, now became almost intolerable, and was scarcely, if at all, corrected by the various disinfectants that were employed. The general cachexia was extreme. An attempt was now made, with the sanction and assistance of Dr. Ridge, to arrest the phagedæna by applying strong nitric acid; and for a time all fœtor and pain were suspended; but on the following day they returned, and it was evident that the ulcer was larger.

At this time he was taking decoction of bark with dilute nitric acid, and sulphuric ether three times a-day, and opium at bed-time. His diet consisted of eggs beaten up with wine or brandy, beef-tea, arrowroot, etc. He continued to grow weaker, and take less and less nourishment, and about ten days before his death there was a thick gangrenous mass between the gum and cheek, extending from the canine tooth of the right side to the angle of the jaw. There was also a similar mass of

smaller dimensions on the left side—both cheeks being hard and much swollen. He was now a most pitiable object; there was a constant dribbling of a putrid ichorous discharge from the mouth; portions of slough were frequently coming away, besides those removed with the forceps at my visits. He could scarcely raise himself in bed, but lay picking the clothes, and muttering in low delirium. He, however, stated that he had now little or no pain.

Sir B. Brodie's opinion was sought, and he considered the case, in its then stage, allied to one of senile gangrene. He concurred in the opinion that the affection was not of a malignant character, and prescribed a draught containing tr. opii m x. in cinnamon-water, to be taken three times a-day; an alterative at bed-time, with an aperient draught on the following morning when required. The opium procured sleep, and general comfort for a time; but no improvement took place as regards the local disease, and he gradually sank, and died about three months after the commencement of his illness.

It should be here stated, that on several occasions the urine was carefully examined, and although found of uniform low specific gravity, it did not contain albumen. The stools for the most part presented a peculiar olive-green colour, were highly offensive, and very little affected by the remedies employed. The patient had been married many years, and was free from any syphilitic taint.

There was no examination of the body; but after death I passed an ordinary probe to its full extent into the gangrenous mass, but did not detect any exposed bone.

Remarks.—Stomatitis becoming ulcerative, and known as ulcerative sore mouth, or when becoming gangrenous, and termed water canker, noma, canerum oris, etc., is a disease almost exclusively met with in children. According to Dr. Churchill,—"Of twenty-nine cases recorded by Rilliet and Barthez, nineteen were from two to five years old, and the remainder from six to fifteen. Of Dr. West's six cases, the eldest occurred at eight years old." Under these circumstances the affection is rarely or never met with, but as a consequence of great debility induced by some previous disease, such as scarlatina, measles, etc. In the instance before us, we have a man who had never been confined to his bed through illness, but who was nevertheless of feeble constitution, and subject to gastric and intestinal derangement; and it is to such disorders of the *primæ viæ* predisposing his system, and to the feverish attack under which he suffered at the time of my being called to him, that we must chiefly ascribe the unhealthy state of the gums. It must be admitted that the symptoms resembled those of scurvy; but the patient had not been exposed to the usual causes of that disease, and no benefit was derived from treatment which rarely fails to cure scorbutic affections. It should be observed that the bed-room which he occupied overlooked an old graveyard, and there had been recently some levelling of the soil, etc., for the purpose of planting trees; but on repeated inquiries, I could find no evidence of malarious emanations. There is a circumstance of importance as bearing on the progress, if not the production, of the primary disease, viz. the great neglect on the part of the patient to brush or clean his teeth. In an affection accompanied with such fetor the necessity of scrupulous cleanliness, in order to remove as quickly as possible foul secretions, must be obvious to all. Nor is it improbable that inattention in this respect existed prior to his attack, and if so, it might have operated, in no small degree, as an exciting cause of the gingival inflammation. He had been under treatment six weeks before there was any appearance of sloughing; and I cannot but think it was in a great measure promoted by the application of nitrate of silver; certain it is that the strong nitric acid did more harm than good. And when we regard the fact, that very few cases of canerum oris recover, can we doubt that powerful escharoties, though recommended by some to be repeatedly applied, fail to arrest the diseased action on account of the atonic state of the system at the time of their employment? and it should be remembered that if they do not prove powerful for good, they will almost assuredly do so for evil. It is to be regretted that the patient would not go into the country or to the sea-side when the disease was in its infancy; for I am satisfied from experience, that a thorough change of air and scene, judiciously chosen, will sometimes give tone when tonic medicines have been found utterly inefficient.

23, Beaufoy-terrace, Maida-vale.

THREE CASES OF HYSTEROTOMY, WITH SUCCESSFUL RESULTS.

By A. MEADOWS, M.D.

Assistant-Physician for Diseases of Women and Children, at King's College Hospital.

I am induced to offer the following cases as illustrating some facts of great practical importance in the treatment of that most troublesome affection, obstructive dysmenorhœa; and as showing, what Dr. Simpson has so well insisted upon, the occasional relation which it bears to sterility.

Case 1.—M. R., aged 26, a thin, delicate-looking woman, states she has been married seven years, but has had no family; has suffered from painful menstruation all her life, and this has been greatly aggravated since marriage; the discharge is always very scanty, and the periods irregular. The pain begins a day or two before any discharge appears; is of a dragging, forcing character. The discharge is of pale colour, and bears an inverse proportion to the pain; sometimes it comes in a gush when it is followed by a brief cessation of the pain, but it soon stops, and the pain recurs. At the time she is quite unfitted for any employment, and is often obliged to keep her bed. She says she has been under various kinds of treatment for it. A year and a-half ago she was under the care of a Medical man, who passed an instrment every second or third day, for the purpose of producing dilatation of the uterine orifice; it does not appear, however, to have been followed by any good result, and she came under my notice in May, 1859.

On examination per vaginam, I found the whole of this canal very irritable and tender to the touch; the uterus was in the same state. At first I could not detect with the finger any os, but ultimately I found a small circular depression. Having subdued the irritable state of the parts, I endeavoured to introduce the uterine sound, which I had some difficulty in doing, especially at the internal os, the whole canal seeming just large enough to admit this instrument tightly. The uterus was of normal size.

On June 8 I divided the cervix uteri, with the instrument and in the manner, described by Dr. Simpson in the *Medical Times and Gazette*. After the operation I placed a piece of oiled lint between the divided parts; there was no hæmorrhage of any consequence, and the patient made a speedy recovery. The after-treatment consisted mainly of the injection of a little tepid water, the passing of the sound daily between the divided parts, and the application of a little oiled lint. In a week or ten days she was quite well, and there was a free passage to the uterine cavity. She menstruated three weeks after the operation, and comparatively *without any pain*. I saw her three months afterwards, and she expressed herself as "quite cured." About a month ago she came to say she had not been "unwell" for more than two months, and was very sick. I found that she was pregnant.

Case 2.—E. G., aged 40, married, and had one child eighteen years ago. The labour was tedious but no instruments were used, and she was some time recovering her strength. Before her pregnancy she menstruated quite regularly, and without any unusual pain; but since that time she has suffered more or less pain, and the last three or four years it has been so great as to make her dread the approaching period. The pains, she says, are "just like labour pains," lasting for some days; they are always relieved by the discharge, which, however, is scanty and light-coloured. She has been a long time under treatment by different Medical men, without deriving any benefit beyond slight temporary alleviation of the pain. She came under my care last September.

Judging from all the symptoms I concluded there was some obstruction at the uterine orifice, and on examination I found considerable difficulty in introducing the sound for more than half-an-inch—so much so, indeed, that I thought at first there was some tumour developed in the anterior wall of the uterus, obliterating the cavity; ultimately, however, by a little manœuvring, I succeeded in passing the sound further into the cavity, which it entered suddenly, having apparently overcome some obstruction. The sound remained so tightly gripped by the cervix that it required some slight force to extricate it.

Having now no doubt about the case, I advised the operation described above; consent was readily given, and I performed it on October 4. No untoward symptom occurred. There was much more bleeding than in the previous case, but still not enough to be of any importance. The after-treatment was the same in both cases. The patient menstruated six weeks after the operation, and both then and at two periods subsequently, she experienced no pain at all; the discharge has also considerably increased, and on the last occasion was very much coloured.

Case 3.—C. W., aged 32, unmarried, always menstruated regularly, though in very small quantity, and with a great deal of pain, of a forcing, bearing-down character; according to her description it is "as if there was something that wanted to come away." There is a great weight across the loins, and a heavy, aching pain behind the pubis. She is troubled with frequent micturition, and is very hysterical; says that her mother used to suffer in the same way, and she has two sisters married who are similarly affected. She was some months in a Hospital, where she was leeched and caustic frequently applied. This was about two years ago, and she has taken a great deal of medicine, but does not think anything has ever done her any good.

On examination I found just such a condition of the os and cervix uteri as in *Case* 1, and I resolved to use the same remedy. This I did in December last. All appeared to go on very well until about a week after the operation, when I was sent for in a hurry and found the patient suffering a very smart attack of pain in and about the uterus. There was great tenderness on pressure over the lower part of the body; she was feverish; pulse 120, and very nervous. I had not seen her the day before, and there had been no discharge for a day or two. I at once injected some warm water into the vagina, and applied hot fomentations; ordered an enema of castor-oil, a dose of opium afterwards, and a mixture of ammonia, chloric ether, henbane, and camphor-water every four hours. The pain soon left her, she had no return of it, and in a few days had quite recovered.

Her first menstrual act was very painful, and made me almost fear that the result would not be satisfactory; the second, however, was much less painful, and from that time she has suffered comparatively very little pain.

There is little call for remark on the preceding cases, as the facts pretty well speak for themselves; that the object sought for in each case was attained is evident at a glance; and looking at the particulars of each individual case, it may fairly be conceded, I think, that the end fully justified the means. The following propositions seem to me to be reasonably deduced from the foregoing:—

First. That narrowing of some portion of the canal of the cervix uteri does sometimes exist; and, by impeding the free exit of the menstrual discharge, gives rise to a very painful form of menstruation.

Secondly. That though as a rule this is a congenital defect, yet it may follow as the result of disease.

Thirdly. That this condition is sometimes a cause of sterility.

Fourthly. That medicines exert but little if any influence upon it—the most they can do being palliative not curative; and that mechanical means must be resorted to.

Fifthly. That of these latter dilatation is not always successful, and from the tediousness of its application, and other circumstances, it is not a convenient remedy.

Sixthly. That division of the two sides of the canal is not very difficult of performance, is much more expeditious, more certainly successful in its results, and with due care does not involve much risk.

9, Cavendish-place, Cavendish-square.

The plunder and robberies committed by the Austrian Commissariat have excited no little attention. Even the sick were not spared, it seems. "Many months ago," says the *Times*, "there were allusions in my correspondence to the strange doings of the Verona Commissariat during the war, but no Austrian paper ever dared to repeat after me that a part of the rags and lint sent to Italy for the use of the army was sold to certain paper manufacturers. The fact was known to some of the Medical men in the Hospitals at Verona, and by them communicated to their colleagues."

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

CANCER OF THE PALATE AND GLANDS OF THE NECK.

(Under the care of Mr. SKEY.)

The soft palate is one of the parts in which malignant disease begins less frequently than almost any other. We have seen it repeatedly originating in the tonsils and in various parts of the upper maxillæ, and not unfrequently in the structures composing the pharynx, but we scarcely ever recollect to have seen an example of it in the soft palate, excepting the one to which we are about to advert. The causes of the comparative exemption of any particular structure from malignant disease it is not difficult to assign. As irritation, whether functional, inflammatory, or mechanical, is well known to be the chief influencing force in the localisation of cancer, so freedom from irritation, quietude, and protection are the conditions under which exemption is obtained. The soft palate is not, like the lower lip, exposed to the mechanical irritation of the pipe, or like the scrotum in chimney-sweeps to that of the contact of soot. It is not like the os uteri and the female breast, an organ the functions of which are at one time actively exerted, and at another in abeyance. It is rarely the subject of chronic inflammation, whilst its neighbour the tonsil is often so. It is not, like many of the bones, liable to injury from external violence. Hence, if the constitutional tendency to cancer be ever so strong, whether the patient be male or female, there will, in a vast majority of instances, always be some other structure more predisposed by its local condition to become the site of outbreak than is the velum palati. As we have already observed, almost the only example of cancer beginning in the soft palate which we have seen was one to which Mr. Skey directed our attention a few days ago.

The patient, a man aged 43, was of dark complexion, with patchy colouring of the centre of his cheeks, and straw-coloured tinting of the surrounding parts—a condition indicative of advancing malignant cachexia. He said that, during the last two or three months, he had been rapidly losing flesh, although he had not suffered very much from pain, and had had no hæmorrhages. None of his relatives were known to have died of cancer. He had enjoyed perfect health until the present disease; had lived in the country, and had not been the subject of mental anxiety or depression. About six months ago he had first noticed a thickened spot on the roof of his mouth, far back, and it had since advanced rapidly forwards. During the last month he had had swelling under the right ramus of the jaw, and a small nodular induration over the right lachrymal sac. Since the glands had enlarged his pain at night had been much more than before. On looking into his mouth a disk of scirrhus was seen to involve the whole of the soft palate, encroaching on each side on the gum of the molar teeth. Anteriorly the disease extended a little over the bony palate, to which it adhered. The structures composing the palate were much thickened, and showed spots of ulceration at several places. Under the jaw was a cluster of enlarged and hard glands, some of them the size of half walnuts. Over the right lachrymal sac was a nodule the size of three peas, very hard, rounded externally, and slightly moveable, as if glandular. There was no evidence of involvement of either of the upper maxillæ, excepting on their palatine surfaces.

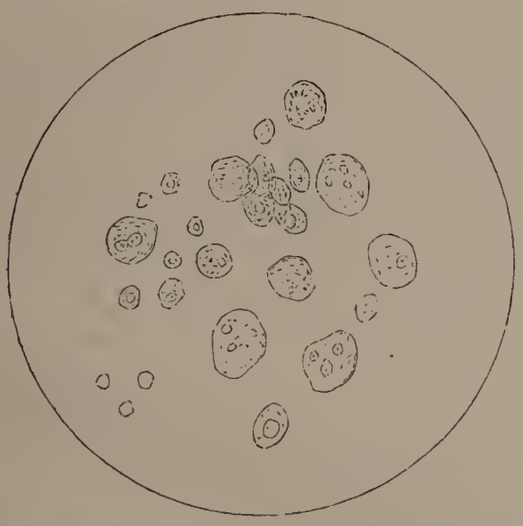
CASE IN WHICH MALIGNANT DISEASE OF THE TESTIS PRESENTED SOME PECULIAR FEATURES.

(Under the care of Mr. LAWRENCE.)

Among the cases brought into the operating theatre at St. Bartholomew's on Saturday last was one which illustrated some important points in the diagnosis of disease of the testicle. The patient was a healthy-looking man from the country, about 30 years of age. In his remarks previous to the operation, Mr. Lawrence directed the attention of those present to the even outline of the tumour, its pyriform shape exactly resembling that of hydrocele, and to the freedom from thickening both of the cord and of the integument. The

gland involved was the right, and the man stated that it had been gradually enlarging for five years. A trocar had been passed into the swelling by a Surgeon in the country, under whose care the man had been, and the report was that blood only had been obtained. On admission, however, it was quite clear that there was superficial fluctuation on the outer part, and Mr. Lawrence drew off, on puncture, about eight ounces of clear, transparent hydrocele fluid. The removal of this left the outline of the tumour much more distinct. It was firm and heavy, but not hard, of unequal density in different parts, and somewhat larger than a full-sized fist. The structures of the cord, taken *en masse*, presented a greater thickness than those of the opposite side, but the vas deferens could be easily isolated throughout its course and to the external ring, and there was no morbid deposit about it.

The operation was conducted in the usual way, the whole of the gland, together with a portion of scrotal integument, being excised. The spermatic vessels bled rather freely. On section of the diseased mass, it presented a specimen of medullary cancer, though with some unusual features. It was divided into lobes, some of which were much firmer than others. One or two of the firmer parts yielded scarcely any juice when scraped by the knife; but there were other of the softer ones which at once broke up into a diffluent, brain-like pulp. In two or three places, yellow masses resembling tubercle were seen, probably the result of fatty degeneration of the morbid structure. Mr. Lawrence demonstrated the points to which we have adverted to those present, and remarked that, as a whole, the specimen differed considerably from what was usually seen in encephaloid cancer. These differences consisted chiefly in the greater firmness and less succulent character of its structure; and they quite corresponded with the facts, that the tumour had been of slow growth, and that the man still retained fair health. The freedom from disease on the part of the cord made the future of the case more hopeful than it otherwise would have been. Under the microscope the juice scraped from the softer portions of the tumour showed the elements delineated in the accompanying sketch:—



The cells were large, mostly globular, some of them containing from two to three nuclei, but others containing merely granular matter and oil-globules. Mixed with them were a vast number of free nuclei and smaller cells. The cells cohered by a granular blastema, and there was no fibroid tissue. The blood-corpuscles which are placed to the right hand in the woodcut will give the reader a standard by which to estimate the relative size of the malignant cells. Portions cut from the firmer lobes of the tumour yielded but little juice, and could not be made to break down when mixed with water. When teazed out with needles, however, they showed, under the microscope, a fibroid connective tissue, containing nuclei and cells, very similar to those found in the softer part, though far less abundant in quantity. Both in the softer and firmer portions many cells were seen loaded with oil-globules in the commencing stage of fatty degeneration.

The microscope thus removed all remaining doubt as to the nature of the disease. There could be no hesitation in assigning it to the firmer variety of medullary cancer.

MALIGNANT DISEASE OF THE UPPER JAW.

(Under the care of Mr. SKEY.)

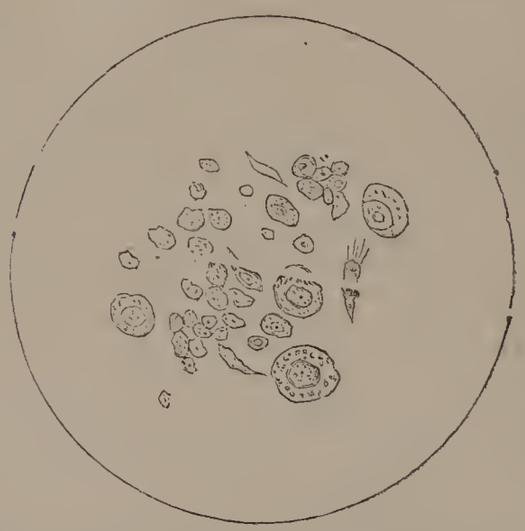
We have recently recorded not a few cases of malignant disease of the upper jaw, most of which have been instances in which operations have been performed either for the complete or partial removal of that bone. It would appear to be becoming the practice with some Surgeons, and particularly with Mr. Fergusson, at King's College, (who in his clinical remarks has repeatedly adverted to the fact) not to attempt a complete extirpation of the upper maxilla, but to remove only those portions of the bone actually involved in the disease. The diseases which require these operations vary very much, and with their difference in pathological nature, corresponding modifications in the operative procedures are necessitated. Although the extirpation of the upper maxilla has been shown by experience not to be so fatal an operation as might *à priori* have been expected, yet it cannot be denied that it is attended with considerable risk. Out of seventeen cases performed in various London and Provincial Hospitals during the last six years, three ended in death as the immediate result of the operation, or nearly eighteen per cent. In only one of the fatal cases was the disease true cancer, while it was so in eight of those which recovered. Even admitting, however, that the immediate fatality of the operation is not very great, it is still an open question whether it be advisable to adopt it when the disease has progressed rapidly, and when other circumstances in the case make it highly probable that it is of encephaloid character. In several of the cases comprising the series to which we have alluded, although the patient recovered from the immediate effects of the operation the disease returned before he left the Hospital, and of those who returned home well, it is probable that if we knew the final result, few, if any, are living now. We may illustrate the feeling prevalent among London Surgeons on this point, by reference to a case which came under our notice the other day at the London Hospital. In it the growth had developed rapidly, and the history extended back only a few months. The patient was, moreover, already becoming cachectic, and there was a history of cancer in his family. The disease was confined to the left upper maxilla, and there was little doubt that its starting-point was the antrum. The man had been seen by Mr. Luke and Mr. Critchett, at the London Hospital, and formerly by Mr. Paget at St. Bartholomew's Hospital, all of whom, considering the disease malignant, had dissuaded him from having any operation performed. One of the strongest arguments which can be adduced in favour of attacking such growths, so long as they are limited to the bone originally involved, and so long as their free extirpation can be effected without an unusual degree of risk, is that the Surgeon can never be quite certain before the operation as to the exact nature of the disease with which he has to deal. The myeloid tumours, the recurrent fibroids, and some forms of polypus of the antrum, present such features as render it impossible before operation to pronounce with certainty as to their true nature. It may be alleged, therefore, with some plausibility, that the patient ought to be allowed the benefit of the pathological doubt. We make these remarks as comments on a number of isolated facts to which we have recently called the reader's attention, and more especially as appropriate to the following case:—

A cachectic man, of middle age, was brought into the operating-theatre at St. Bartholomew's, a week ago, in order to have a tumour removed which involved the lower wall of the orbit and adjacent parts. Mr. Skey excised the eye-ball, and removed piecemeal portions of a large growth which had destroyed the floor of the orbit, and perforated into the antrum, nares, etc. Two months previously the same patient had submitted to an operation, in which a large polypoid mass was removed from the nose, the nostril having been laid freely open to allow of access to its base. Mr. Skey at that time expressed a hope that the disease was not malignant, and would not return, though he had, he said, some misgivings on the point. The parts healed, and the man remained without a sign of recurrence of the growth for about a month.

After the second operation, Mr. Skey stated that the very early return of the growth and its very rapid increase in size, left no doubt as to its true nature. The disease had originally begun in the nose, but even at the time of the first operation there was a perforation of the orbital plate of the ethmoid

bone. The edges of this perforation were, however, abrupt and definite; not broken down as if the bones were infiltrated with deposit. Mr. Skey, therefore, hoped that it had been caused by pressure only. At the second operation, however, both the floor and inner wall of the orbit were found wholly destroyed, and the diseased growth extended into the antrum, nose, and orbit. Mr. Skey remarked that he had, he feared, not accomplished much by the last operation. It was, however, an exploratory one; and, had he been aware before commencing it, of the extent to which the disease had advanced in all directions, he should, probably, not have undertaken it. To have excised the bones freely, would, however, have been, if not impracticable, at any rate attended with extreme risk.

The portions of tumour removed by Mr. Skey at the second operation were soft and vascular, but not so easily broken down as the structure of ordinary medullary cancer. They showed under the microscope, vast numbers of free nuclei, and comparatively few cells. The cells seen were nucleated, of large size and roundish form. Near the surface were many ciliated epithelium-cells. We give a woodcut illus-



trating the cell-forms alluded to, which is interesting in connexion with the two other illustrations of malignant histology which we give this week. The three together will exemplify the different forms of cells, nuclei, etc., met with in soft cancer.

THE LONDON HOSPITAL.

PROFUSE HÆMATURIA—DEATH—AUTOPSY—CANCER OF THE BLADDER.

(Under the care of Mr. LUKE.)

Hæmaturia, pain, and constitutional cachexia are the three important symptoms in cancer of the bladder. As the latter is, however, never present in the early stages, and as the exact appreciation of its degree and kind is not easy, while the two other symptoms are common to many other diseases of the bladder, the diagnosis of this rare affection is often difficult. Some writers have, indeed, made the observation, that in cancer of the bladder the constitutional state is usually much less marked than in malignant disease of the other organs. Pathology has, however, shown within the last few years that what had been called "villous cancers" are in reality not malignant, and as these occur not very unfrequently in the bladder, and had hitherto been classed as such, it is probably owing to them that the observation referred to has been made. It certainly does not apply to cases of true medullary cancer. Of the villous tumour the symptoms are simply those of hæmorrhage and those caused mechanically by the size or position of the tumour. (See a report on this subject, with four cases, at page 432 of the *Medical Times and Gazette* for May 2, 1857.) Beside the villous polypus there is also a fibrous polypus, occasionally, but only very rarely, met with in the bladder, which is not malignant. This latter, however, seldom causes any difficulty in the differential diagnosis of cancer of the bladder, since it occurs almost solely in children and does not often cause bleeding. Of this form of disease an example occurred under Mr. Stanley's care, in St. Bartholomew's, some years ago, and a second under that of Mr. Birkett in Guy's, in December, 1857, both of which have been recorded in this Journal. (See *Medical Times and Gazette* for May 25, 1858, page 642, and for May 9, 1857, page 434.)

The hæmaturia which attends cancer of the bladder is usually profuse, long continued, and but little influenced by remedies. The pain seldom occurs to any great extent early in the case, and when it comes on consists in aching about the hypogastric, perineal, and lumbar regions. The peculiar sharp pain in the glans penis, so often met with in cases of stone, is not complained of in those of cancer, and its absence is a feature of some importance. The chief means of diagnosis between cancer and calculus, is, however, the sound. As it is, however, quite possible that the two may coexist, a careful examination of the urine by the microscope should never be omitted before the performance of lithotomy in doubtful cases. In a case in which Mr. Coulson performed lithotomy in St. Mary's Hospital, about three years ago, the man had in addition to his calculus a large mass of fungating cancer in the bladder. Death occurred a few days after the operation.

We have made the above remarks on the diagnosis of malignant disease *apropos* of an interesting example of the disease which has lately occurred under Mr. Luke's care in the London Hospital.

A rather feeble old man was admitted, about three months ago, on account of hæmaturia. His age was seventy-eight, and he stated that for nine months he had frequently observed blood in his urine. For the two months preceding admission it had been almost constantly present, and often the fluid appeared to consist of almost pure blood. He said that he had at first had no pain whatever, but latterly there had been a good deal of aching about the pubes and perineum. He had never noticed the stream of urine to stop suddenly, nor had he ever had sharp pain in the last inch of the urethra. He was not aware that any of his relations had suffered from cancer. He had lost flesh, and was thin and of cachectic appearance, though there was nothing in his aspect which might not have been referable to his profuse and long-continued losses of blood. He was at once admitted as an in-patient, and Mr. Hutchinson, who was at the time attending for Mr. Luke, made a careful examination, by sounding, without detecting any stone. The instrument entered the bladder easily and did not cause more pain than usual. The bladder was felt to be fasiculated and was of small capacity.

The remedies prescribed consisted in astringents and opiates. During the first week tannic acid, in ten-grain doses, was given three times a-day, but subsequently Mr. Luke changed this for the dilute sulphuric acid, which latter appeared to exercise a much more decided influence in checking the bleeding. The urine subsequently became loaded with pus and mucus, and though, during the last few weeks of life, it never contained any large quantity of blood, it was never wholly free from it. The old man became gradually more and more feeble, and death, with symptoms of uræmic poisoning, finally occurred about two months after his admission.

At the autopsy, which was performed by Mr. Davey, one of the House-Surgeons, the following conditions were found:—The left kidney was dilated until it was little more than a cyst with but a thin wall of renal structure surrounding it. It contained a large quantity of urinary fluid mixed with pus. The ureter was greatly dilated. The ureter and kidney of the right side presented similar conditions, though in a less advanced stage. The right ureter would in parts have easily admitted the forefinger, and its lining membrane was ulcerated in places. It was clear that some source of obstruction to the escape of urine must have existed during life. The bladder was next removed and laid open. Its walls were thick, and strong fasciculi extended in all directions beneath its mucous membrane. It contained turbid urine, mixed with mucus and shreddy masses, which had evidently been broken from a soft malignant growth, which was developed from the trigone. The latter growth was about as large as an egg cut through in the middle, its exterior being broken, and in an almost sloughy state. Its structure was very soft, and exuded freely a creamy fluid, which latter, when mixed with water, and put under the microscope, showed in innumerable quantities cells of the character here delineated. Their large size, and the presence in many of them of from two to three large, well-defined nuclei, with distinct nucleoli, mark them, beyond all doubt, as those of medullary cancer. Had such been found

in the patient's urine before death, no one could have hesitated a moment to give a confident diagnosis as to the

nature of his disease. Unfortunately for the completeness of the case, no microscopic examination of the urine had been made. No malignant deposits were found in the lumbar glands, or in any other organs of the body.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE LIVERPOOL NORTHERN INFIRMARY.

INGUINAL HERNIA—OPERATION—THROMBUS IN THE MESENTERY.

(Under the care of Mr. HAKES.)

[Communicated by Mr. H. EARNSHAW, House-Surgeon.]

W. D., a coloured sailor, aged 34, was admitted on February 12, with an irreducible inguinal hernia of the right side. He had been the subject of hernia for the last four years, for which he had worn a truss. Until the present occasion the hernia seldom descended, was very small, and readily reducible. On Feb. 10 (two days before admission), it came down, and to a much greater extent than he had ever seen it; being unable to reduce it, he was seen by a Surgeon on board ship. According to the man's own account, the trial of the taxis appeared to have been both excessive and prolonged; it was again repeated on the following day, but still without avail. He vomited once or twice during the day.

On examination, there was a large scrotal tumour on the right side: tympanitic in front, and of an elastic resistance generally. There was a good deal of tenderness about the swelling. He was put into a warm bath and reduction attempted; the tumour very much diminished in size, its diminution being accompanied by a gurgling sound and the sensation of something slipping into the abdomen. The character of the remainder was much altered, the tympanitic sound was gone, the elasticity replaced by a feeling of fluctuation; and along the back part of the swelling, in the position of the cord, a hard elongated mass could be felt of the size of a pigeon's egg. The testicle was below the tumour, and the cord could not be clearly traced separate from it. Not long afterwards, however, the tumour returned in all respects to its previous condition.

13th.—Complains of heat and pain in lower part of abdomen. Pulse 104, rather sharp. The tumour much the same as on admission. At a consultation it was considered that an operation should be resorted to at once. Chloroform was administered. When the sac was reached the finger passed easily along the whole course of the inguinal canal, but reduction could not be accomplished; the sac was then opened, and in doing so several ounces of serum escaped. The hernia consisted of a loop of small intestines presenting quite a natural appearance; in the mesentery close to and parallel with the intestines was a tumour of about the size of a pigeon's egg, or rather larger, dark coloured, and elastic on pressure; around the base were smaller elevations, having very much the appearance of patches of ecchymosis. This was manifestly the impediment to the return of the hernia, for though the finger passed freely into the abdomen by the side of the intestines without any division of the ring, the mesenteric tumour could not be returned till the fibres of the ring were divided, and the tumour placed in the direction of the canal, the long axes of each corresponding. The wound was adjusted with iron-wire sutures, and a dose of opium given. Two days after the operation he complained of abdominal pain, which quickly abated under the use of opium, and he made a speedy recovery without a bad symptom.

The foregoing case is interesting, chiefly in two points: first, the peculiar nature of the impediment to the return of the hernia; and, secondly, as to the nature of the tumour. The latter was rather doubtful. In its appearance it resembled an effusion of blood. Was it to be regarded of old origin, formed in the abdomen, and escaping through the inguinal canal, preventing the return of the intestine to which it was attached, or as a formation which had taken place during the two days previous to his admission into the Hospital, that is to say, since the hernia had been irreducible? If the latter, the non-return of the intestine was in the first instance due either to a larger quantity or some other cause, which would probably have succumbed to careful manipulations. But, on the contrary, prolonged, and even violent, efforts at reduction appeared to have been used; the result of which had been rupture of a vessel, a consequent effusion of blood, and an effectual and final impediment to the return of the intestine.

If this view be correct, not only does the case show the damage that may be done by a too energetic trial of the taxis, but also that a state of parts may be produced which will render all further attempts at reduction futile, and resort to an operation imperative.

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Medical Times and Gazette.

SATURDAY, MARCH 24.

GRANVILLE v. BRIGHT AND TODD.

"THE art of holding one's tongue" has been held to be one of the secrets of success in Medical life. Dr. Granville certainly does not owe any of the success he has achieved to the practice of this art. Throughout his life he has been noted for a certain chatty garrulity, which has not diminished as he has approached the octogenarian epoch. He is a great talker, and what is more dangerous, a writer whose thoughts are very often embalmed in printer's ink. Men who talk and write a great deal are sure, however good their intentions, to say and do much that had better be left unsaid or undone; and Dr. Granville has just furnished us with a convincing proof of the danger those of us run who are not satisfied with the reputation to be acquired by what has been well termed "a masterly inactivity." He has published a letter animadverting on the practice of two deceased Physicians in a Medical paper—the only Medical journal which would have admitted such a document to its pages—and then, like the Frenchman at Wiesbaden, becoming *amoureux de soi-meme*, he scatters it broadcast to the public in the form of a pamphlet of fifteen pages, which is at once taken up by country newspapers:—

"Medical Murder"—"Extraordinary Statements"—"Illness and Death of Hindley"—and similar startling announcements, in every variety of type, attracting attention to a painful subject, which certainly ought not to have been thus thrust upon public notice, to the delight of applauding Homœo-quacks, and the sorrow of every man of proper feeling.

Dr. Granville publicly arraigns the practice and assaults the character of two leading men of our Profession, both of whom lie silent in the grave; and, like a bold and ingenious man, knowing that he is safe from all reply, he appeals to the members of clubs, and the stars of fashion and politics, to decide upon a rule in Medical practice.

His pamphlet is clearly shot at a particular object, for its title is, "Dr. Todd and the late Member for Ashton; Fatal Effect of the Stimulating Treatment of Disease." If this production were not lying before us, we could have hardly supposed it possible that any member of our Profession could have written such a statement: most assuredly, we should have scarcely thought fit to comment on it if it had been solely addressed to the Medical Profession. When such men as Drs. Bright and Todd stand on one side of a Medical question, and when Dr. Granville stands on the other, the Profession will merely laugh and pass on. But it becomes our duty to denounce the proceeding, because it disgraces our Profession in the eyes of the public, and because the public are called in to the consultation.

Let us see how Dr. Granville shines in this business, judging him solely from the way in which he has written himself down. In the first place, he drags before the public the private family affairs of one of his patients. The late Member for Ashton dies from a rapidly fatal disorder, and to console his friends and gratify the world, Dr. Granville proclaims that Mr. Hindley died, not naturally of the disease under which he suffered, but from the effects of the treatment administered by Drs. Bright and Todd. Dr. Granville boldly accuses Dr. Todd of administering fatal doses of alcohol to his patient, and Dr. Bright of standing by, without possessing the courage to stay the murdering hand of his colleague. All this occurs in November, 1857, upwards of two years ago; and now for the first time, when, to use the words of the eloquent Doctor, "two of the principal actors in the drama have gone before me, who was their senior in age," he boldly brings this tale into print. We are not going to commit the folly of criticising the treatment adopted in this case, especially as we have only Dr. Granville's poetical description of it to guide us. As we have said before, it is enough for our satisfaction that a treatment which is pronounced something akin to murder by Dr. Granville received the sanction of Drs. Bright and Todd.

But what is the purpose of all this scandal? Why are the secrets of family life betrayed by the Physician? Why is Professional decency outraged by this fraternal posthumous attack? Why has the secret been so long preserved? Why did not Dr. Granville denounce this murdering system while Dr. Todd was yet alive, and in the full vigour of a large practice? Let any one, reflecting on these questions, turn to the Doctor's pamphlet for an answer; and he will find but one in it, and that one which we cannot say reflects any great credit either on the moral courage or the philanthropy of Dr. Granville. If he had acted from a noble love of his species, he would not have waited these two years to denounce this destructive practice; and if he had been possessed of courage, he would not have waited for a time to attack his opponents when they were both in the grave. The key to all this unseemly tirade is to be found in his own words, which we here quote, and, having quoted, must leave this gentleman and his pamphlet to the consideration of his Professional brethren. They shall judge whether it was high philanthropy which guided the Doctor's pen. He says:—

"Experience has convinced me that Dr. Todd's popularity was but another of the many illustrations I have met with, in the course of a long Professional life, of good Dr. Baillie's remark to me, 'that mere luck, rather than science and skill, oftener places a London Physician at the top of the tree.'"

And again—

"Two of the principal actors in the drama, alas! have gone before me, who was their senior in age and in length of practice, though far below their elevated station in public estimation."

And once more—

"The death of a most excellent man, twelve years at least before his natural time; the loss to society of a well-known and enlightened philanthropist, and to Parliament of one of its most assiduous Members, who had served twenty-two years; the sudden removal of a kind master and benefactor to hundreds of workmen and their families: these were the immediate and sad results of an obstinate adherence to one of the most pernicious practices ever palmed upon an ignorant public."

It is quite clear that a discerning public has hitherto overlooked a merit which, however, cannot be said to have the virtue of the modest "flower born to blush unseen." It now only remains for the public, thus tickled and enlightened, to take the hint thrown out, and bestow their more extended patronage on one who has evidently, according to his own view of things, been sadly overlooked. Todd is gone! Vivat Granville!

Since writing the above we have seen a leading article in the *Ashton Reporter*, a letter by Mr. Armstrong Todd, and another by Mr. Lavies, from which we make a few extracts, appending neither note nor comment, in order that our readers may see how far our view of the case accords with that of the general Press, of the relations of the deceased Physician, and of the only other surviving Practitioner who was concerned in the treatment of Mr. Hindley.

The *Ashton Reporter* says:—

"It appears to us that, as the accuser of a dead man, at the time when many members of the same Profession are declaring their high esteem for his abilities, Dr. Granville has placed himself in a most invidious position. Granting all that he wishes to establish—that Dr. Todd was merely a lucky pretender, without merit or genius; the man is dead now and can do no more harm, and it would have been small kindness to have suffered him to rest in an undisturbed grave. But if Dr. Todd was the man Dr. Granville believes him to have been, and if Dr. Granville had proofs of his incompetency so damning, it was not a right action to keep them secret till the end of Dr. Todd's career. Great events spring from hidden causes, and if Dr. Granville is correct, the overthrow of the monarchy, the ruin of the church, and the destruction of the aristocracy, which are all to spring from the introduction of 'pure democracy,' will hereafter be traced to Dr. Todd's mistake. Surely a prophet denouncing woes so terrible as these would have been listened to, and might have averted, or, at least, postponed the catastrophe; but Dr. Granville kept silence till Dr. Bright, who evidently approved of Dr. Todd's treatment, was gone, and till Dr. Todd himself was no longer living to defend his own character. Dr. Granville has certainly not made an anonymous attack, but he has made a posthumous one, in some respects much worse than if the charge had been brought in the worst form during the accused Physician's lifetime;"

Adding at the conclusion of a long and able article:—

"There is no proof that Dr. Todd was mistaken: and, even if that could be proved, it was neither wise nor kind to make statements which could do nothing but injury to the memory of the dead and the feelings of the living."

Mr. Armstrong Todd, writing under the influence of personal feeling, and therefore using terms which we should not otherwise reproduce, says:—

"Dr. Granville states, in his elaborate report, that Mr. Hindley died on the 30th of November, 1857, or rather was killed by Dr. Todd, which to my mind is a very serious accusation, very broadly laid down. Dr. Todd died on the 31st of

January, 1860; therefore, Dr. Granville had two years and two months to make an *honourable* attack upon the late Dr. Todd, which he evidently feared to do; but in less than two months after his death, Dr. Granville, with some want of decency, but with no want of cowardice, makes this dastardly assault upon the professional reputation of one whom every one else is praising and deploring."

Then comes Mr. Lavies, who has been appealed to by Dr. Granville as a witness to the correctness of his version of the tragic tale of alcoholic poisoning, and says:—

"In Mr. Hindley's case, I entirely agreed with Dr. Todd in the course he recommended. . . . . I believed, and still entirely think, that the treatment advised by Dr. Todd was the one most likely to save the valuable life of our patient, and I am firmly persuaded that the symptoms from day to day were met by the treatment adopted, and that all was done that sound Medical science and experience could accomplish. . . . ."

And the lesson Mr. Lavies would impress upon *his* readers we may leave with *ours* as a useful moral from a sad story:—

"A conceited, self-sufficient spirit is not that which should actuate those whose duty it is to observe Medical facts, and who have the anxious responsibility of treating disease while they observe it: rather let Medical men be humble in their own esteem, charitable towards those who may conscientiously differ from them, and especially careful in their dealings with anything so sacred as the memory of those who are departed."

THE WEEK.

We last year announced to our readers that the College of Physicians of London had decided to appoint a deputation to confer with a deputation of the College of Surgeons of England—in order, if possible, to make arrangements and agreements such as would enable these bodies to form a joint Board for the examination of General Practitioners. We congratulated the Profession on the prospect thus opened of obtaining for those who practise Medicine and Surgery a highly honourable and satisfactory diploma; one obtained from the highest authorities of the country in the two departments of our art. The thing was in itself so reasonable, and so much desired by the Profession, that we firmly believed the result required would be obtained through the conference above spoken of. We sincerely regret, therefore, to inform our readers that the deputations have met and parted, and done nothing towards promoting the combination; but, on the contrary, have only shown by their proceedings the impracticability of the scheme—at least so long as the present spirit which guides its councils rules paramount in the College of Surgeons. We believe we are perfectly justified in throwing the whole blame and burthen of this failure upon the nature of the terms sought by the College of Surgeons. The College of Physicians, anxious only to act in accordance with the spirit of the age, and to meet the wishes of the Profession, was ready to stand upon its own ground as regards fees. It was on quite another affair that dispute arose. We understand that the Surgeons proposed to dictate to the Physicians the course which they should pursue in their examination of Candidates for their Medical diploma; to prescribe the subjects upon which the Medical Board should and should not test their competence as *Practitioners of Medicine*. We believe this to be the exact and sole cause of the breaking up of the conference. The College of Physicians, of course refused, as it was in honour bound to do, to listen to any dictation on such a subject. So much has been said of late of the illiberality of the College of Physicians, that we consider it only just that the facts of this case should be known to the Profession at large. The Profession must be the judge of the conduct of the College of Surgeons in this matter, and of the conduct of the College of Physicians.

We have this week to announce the opening of a new Hospital—a special Hospital—an Hospital for the Paralytic and Epileptic, at No. 24, Queen-square, Bloomsbury.

"The chair was taken by Mr. Alderman Wire. The proceedings having been opened by prayer, the chairman, after explaining the objects of the meeting, stated that the subscriptions received amounted to £1300, and the Board of Management had consequently taken spacious and airy premises, which met fully the approval of their Medical officers, and were exactly the place they required. From the vast number of persons attacked by these fearful maladies there would be an ample field for their labours. The report read by Mr. J. Parker gave a statement of the donations, receipts, and expenditure, and stated that £300 had been placed out at interest. The chairman announced that Miss Burdett Coutts had become an annual subscriber of £50. The report was adopted, as were the rules of the institution. On the motion of Mr. Clarke, the Hospital was formally opened for the reception of patients. A resolution to form a ladies' committee, under the auspices of Miss Chandler, the real founder of the Hospital, was then proposed and carried, after which a vote of thanks was passed to the chairman and the proceedings terminated."

This document gives us no list of the Medical staff of the institution, but we believe Dr. Brown-Séquard and Dr. Ramskill are the Physicians.

We copy from a Liverpool paper the following deplorable account of the grossest mismanagement:—

"The *Great Tasmania* has arrived in the Mersey from Calcutta, bringing about 1000 troops, being men who were discharged on the termination of the Indian campaign. Of the 1000 who were shipped, about sixty died on the voyage; and about 100 of the survivors were last evening transferred from the ship, in cars and spring carts, to the Liverpool workhouse, many in a most distressing condition, and some of them not expected to live over the night. Their emaciated state contrasted strangely with the condition in which troops arrived in Liverpool from the Crimea. They were suffering chiefly from dysentery and scurvy, apparently induced to a great extent by the want of provisions and proper accommodation during the voyage; and as soon as some of the men were able and felt at liberty to speak they were severe and unanimous in their complaints of the treatment which they, as the saviours of India, had received at the hands of the British Government. Even the emaciated and dying invalids lying at the workhouse, some of whom are almost reduced to skeletons, have not long since possessed fine physical frames, and are also endowed with considerable intelligence; and, taking them as a fair sample of the human freight of the ship, one may credit their statement that when she left Calcutta the 1000 soldiers were as fine a body of able young men as could possibly be collected under the circumstances."

All this misery appears to have been caused by an absence of proper food, and overcrowding.

"The result of all this and much more was that the ship became a floating hospital, and had 400 or 500 sick men on board, among whom the Doctor, who did his best with the means at his disposal, was of course almost helpless. One man was found dead in a car on its arrival at the workhouse."

We shall hear more of this doubtless; for now that the men are dead, the Government has, of course, proceeded to inquire why they were thus permitted to die. The Coroner also is at his dire work.

The letter of "Emeritus," inserted in the *Medical Times and Gazette* of November 26, 1859, has elicited numerous rejoinders from gentlemen engaged in the Medical Department of the Indian Army. Between the conflicting opinions held by opposite parties in this matter, it is difficult to come to any satisfactory conclusion on the subject. One of the great points of difficulty at the present moment seems to be connected with the rise in value of the necessaries and luxuries of life in India. This, no doubt, must try the pay of the Assistant-Surgeon. Of course, when a young man enters the Indian Medical Service, he must still exercise the circumspec-

tion which is requisite in all positions of life. He must not for instance, expect that he can commence his Indian career—at the age of 22 or 23—satisfactorily if he commence it with the luxury of a wife on his hands. His pay, at all events, is equal to that of a Lieutenant, and it is considerably greater than that of an Ensign, and if the latter can live on his pay, why not the Assistant-Surgeon? We confess that we do not feel capable of entering fully into the *pros* and *cons* of this case; but we must say, that when we look around us in this mother country, and see the life of labour led by many of our Professional brethren, and the bare subsistence which they obtain thereby, and when we consult the facts told us by the records of the Medical Benevolent College of the misery and poverty in which so many of the children of Medical men are often left, we feel bound to conclude, that for a young Medical man, who has no well-defined prospect of success in England, the Indian is not an undesirable Service. We know friends who have gone through the period of Service, and have returned active, still young, and vigorous, with their retiring pension, and with money in their pockets, and who find their old acquaintances only at the threshold of a commencing a practice. That our readers may fully know what the pay of the Indian Medical Service really is, we printed last week an official document, and now merely add that to convert rupees into pounds sterling, the two first of the three figures may be taken as representing pounds. Thus, 364 rupees may be reckoned as £36, and so on.

The report of the French Ministers of Finance and Foreign Affairs to the Emperor, states that the consumption of wine for one person in one year is in

France	100 litres
Portugal	100 ,,
Austria	57 ,,
Switzerland	56 ,,
Spain	33 ,,
England	1 and a small fraction.

We learn from the annual circular of the Messrs. Gilbey, that

"The importation of wines from all countries during 1859 amounted to 8,196,026 gallons, and though presenting an aspect steadier than that of previous years (for instance, the quantity of wines imported in 1857 having nearly doubled that of 1858), is scarcely a good average, and barely sufficient to meet the demands of this country.

"For exportation, the quantity entered at the Custom House was 2,132,640 gallons, being very nearly the same as in 1858.

"For home consumption, duty was paid on 7,262,965 gallons, contributed by the following countries, the aggregate quantity having exceeded the returns of 1858 by 565,819 gallons:—

"Spain	2,876,578 gallons.
Portugal	2,017,338 ,,
Cape of Good Hope	781,581 ,,
France	695,911 ,,
Marsala and Sicily	224,411 ,,
Madeira	29,565 ,,
Other Countries	637,581 ,,
	7,262,965"

Messrs. Gilbey add the following curious calculation:—

"It is rather surprising that with the continuing accumulation of wealth in this country, no proportionate increase is observable in the consumption of wines (taking into consideration of course the increase of population); and it will doubtless appear startling when we state that, on the average, only fourteen persons in every thousand of our population in the United Kingdom, have their three dozen of wine annually, or what is equivalent to a glass of wine per diem."

The Memorial issued to the Profession by the College of Dentists, to which we referred last week, has met with a response which is a clear indication of the opinion of the Profession against the recent issue of Special Diplomas in Dentistry by the College of Surgeons. At the time we write upwards of five hundred Medical men, including many of the best names in London and the provinces, have sent in their adherence to the principle of an independent institution for Dental Practitioners. Those of our brethren who have not as yet made known their disapproval of the recent annexation of the Dentists to the College of Surgeons, and of the principle of Special Diplomas, should remember that every name strengthens the force of this protest. It is not very likely that the movement will have any influence on the Council of the Royal College of Surgeons at this moment; but it must have its due effect on the Medical Council, and in future even on the College of Surgeons. It is one of those waves of opinion lashing up to the College walls, against which those who are the most regardless of the general opinion of the great mass of their Professional brethren resist in vain.

Sir William Dunbar's Bill, now before the House of Commons, has given rise to a general feeling of dissatisfaction which is expressed explicitly in the following petition—recently presented by Mr. Dunlop. We think it would be well if similar petitions were sent in from all parts of the country, for it is decidedly unfair to subject us to fine for not doing *gratuitous* work. We do not believe the feeling that payment should be demanded for giving certificates of death is very general, for we all feel the necessity for an accurate system of mortality registration; but it is quite clear that Registrars who are paid for their work should be bound to supply us with immediate intimation of the death, the cause of which is to be certified:—

To the Honourable the Commons of Great Britain and Ireland in Parliament assembled.

The Petition of the undersigned Practitioners of Medicine in Greenock, Port Glasgow, and Gourock, humbly showeth that,—

Whereas, by Section 41 of an Act intituled "An Act for the Registration of Births, Deaths, and Marriages," (17th and 18th Victoria, cap. 80) it is enacted that in every case of death the Medical man said to have been the last in attendance, shall transmit to the Registrar a certificate of the cause of death within fourteen days after the event, and under a penalty of £2.

And, whereas, by Section 25 of a Bill now before your honourable House, and intituled "An Act to amend the Act for the Registration of Births, Deaths, and Marriages," it is proposed to be enacted that in every case of death the Medical man shall transmit as formerly a certificate of the cause of death, but within *five* days after the event, and under a penalty of £2.

Your petitioners humbly submit that they are placed under great hardship,—1. In being made liable to a fine for failing to perform a gratuitous work.

2. In being compelled to certify in cases of death without any information being tendered them on the part of registrars or relatives, etc.

3. In being placed entirely at the mercy of the registrars.

In support of this your petitioners have to state,—

1st. That they frequently see patients once only, and are really expected not to continue in attendance.

2nd. That many patients die weeks after they have been seen by a Medical man, and that no intimation of the death is given by the relatives or the persons in whose house the death occurred; and,

3rd. That in very many cases information as to the death is given merely through the courtesy of the Registrars, who are not bound to furnish it.

It is therefore plain, that but for this courtesy, Medical men would be often brought unwittingly under the penalty imposed by the Statute.

For these reasons your petitioners pray your Honourable House not to pass the clause of the amended Bill now before Parliament; but to enact,—

1st. That in every case of death reported to the Registrars, the latter shall give to the Medical man said to have seen the patient during his last illness immediate intimation thereof.

2nd. That the Medical man shall be bound to certify as to the causes of death within seven days after receipt of this intimation; and,

3rd. That in no other case shall he be held liable to a penalty.

And your petitioners shall ever pray.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

On Monday, the 19th instant, a meeting of the above College was held, pursuant to a requisition signed by twelve Fellows, for the purpose of recommending to the Council such steps as might appear necessary to meet Mr. Cardwell's views, as expressed by him in the House of Commons, and published in our Parliamentary Intelligence on the 3rd of March. Several letters and telegrams were laid upon the table, which, after some demur on the part of the President, were read aloud by the Secretary of the College, their general purport being to the effect that Mr. Whiteside had consented to abandon his Medical Acts Amendment Bill, on condition that the College, by giving up its Medical School, should cease to be an educating as well as a licensing body. Mr. Clarke having said that the question at issue was whether, by giving up their Medical School, they would preserve to the College its exclusive right of giving surgical licences in Ireland, and having admitted that the School had formerly been a necessary appendage to the College, stated that the numerous well-conducted schools which now exist in Dublin had done away with that necessity; in proof of which he adduced the fact, that Sir Philip Crampton, Sir Henry Marsh, Mr. Cusack, and Mr. Kirby, by instituting and teaching in private Medical Schools, had shown that they were of this opinion. He then considered in detail the statement of accounts of the College, laid before the Fellows last year, from which, though it was most ambiguously and obscurely drawn up, it appeared that the annual cost of the School to the College exceeded 700*l.* He put it to the College whether they derived a corresponding advantage from this outlay, or whether the funds might not be more legitimately employed in extending the museum and library, or in paying for public courses of lectures to be delivered before the College. Taking last year's expenditure as an average, and assuming that there was in Dublin ample provision for educating Medical Students in private schools since 1825, he showed that 30,000*l.* had been needlessly expended upon the school. The College was now called upon by the Government of the day to submit to an alteration in its charter as regards the Medical School. It might be argued that Government had no right to interfere in such a question, but he held in his hand the report of the Dublin Hospitals Commissioners, in which it was stated that the College, when being built, had received from Parliament a sum of no less than 40,000*l.* Under these circumstances, how could they refuse to receive a suggestion from the Crown? Mr. Clarke, after some further observations, concluded by moving the following proposition:—

"That the Council of this College is recommended to attach the seal of the Corporation to the following petition, and to forward it without delay to Mr. Cardwell, to be presented to the House of Lords, with a request that in consideration of the College having offered to adopt his views regarding it, he will use his influence to have the support of the Government withdrawn from the Medical Acts Amendment Act, about to be read a third time in the House of Lords:—

"To the Right Honourable the Lords Spiritual and Temporal of the United Kingdom of Great Britain and Ireland in Parliament assembled.

"The humble Petition of the Royal College of Surgeons in Ireland,

"Sheweth—That a Bill has very lately been read for the first and second time in your right Honourable House, entitled 'The Medical Acts Amendment Bill.' That the effect of such Bill, if allowed to pass into law, will be to give to Trinity College, Dublin, a power which it does not now possess, of conferring a Diploma or Licence in Surgery, which may be registered under the Medical Act of 1858.

"That your petitioners respectfully submit, that on becoming aware, from reading the debates of the House of Commons on the 27th ult., that Her Majesty's Ministers had given their support to this Bill, on the grounds that the College of Surgeons in Ireland is differently constituted from those of London and Edinburgh in having a Medical School attached to it, your petitioners took steps to assemble the College to consider whether it would be possible to remove this objection.

"That your petitioners, feeling very strongly that the existence of rival diploma-giving bodies in Dublin will have an injurious effect on the Surgical Profession at large, hereby express their willingness to place their Charter in the hands of Government, to be so modified that their College may be no longer open to the objection which has been urged against it.

"Your petitioners therefore humbly pray that the said Bill may not pass into law.

"And your petitioners will ever pray," etc.

The President, however, considering the question before the College to be of such gravity, as to require fuller deliberation, and that it was right to give every Fellow in Ireland an opportunity of expressing his opinion upon it, determined to receive Mr. Clarke's proposition only as a notice of motion, to be discussed at an early meeting, and thereupon the College was adjourned.

REVIEWS.

The Anatomy of the Human Lung; an Essay, etc. By A. T. Houghton Waters, M.R.C.P. London; Lecturer on Anatomy and Physiology in the Liverpool School of Medicine, etc. Pp. 233.

This Essay obtained for Mr. Waters the Fothergillian Gold Medal of the Medical Society of London. We are happy to be able to endorse the opinion of the Society as to its merits. The work bears throughout clear marks of the author's own personal investigations and dissections in this still somewhat obscure field of anatomy. As he truly observes, our language has been hitherto singularly deficient in treatises on the anatomy of the lungs; and, no doubt, this fact is in chief part to be attributed to the very difficult nature of the investigation of the structure of these organs.

In the first part of his work Mr. Waters gives us a very interesting sketch of the historical part of this subject, bringing us down from the times of Hippocrates to our own; and, as a *resumé* of what had been previously done by different observers in advancing our knowledge of the anatomy of the lungs, this chapter is very valuable. The author then proceeds to give a general and particular description of the anatomy of the respiratory organs; and, as we have already said, we meet distinct proofs of his having seen and touched all these things himself, and of his not trusting to the dicta of his predecessors. For instance, Cruveilhier Quain, and Harrison state that the trachea extends from the fifth cervical to the third dorsal vertebra; but Mr. Waters tells us that he never found it terminate earlier than the fifth dorsal, and frequently found it bifurcate at the middle of the sixth dorsal. Again, he differs from the routine opinion that the tracheal cartilages show no disposition to ossify; he has, he says, rarely examined the trachea of an elderly man without finding the cartilages considerably ossified.

The most interesting part of his work is that which treats of the ultimate structure of the lungs. What there is of novelty in his researches, however, has already been given to the readers of this Journal in a full summary of a paper which was last year read by him to the Royal Society. It will be found in this Journal for July 16, 1859. We will therefore only say of this account of the ultimate pulmonary tissue, that it is the most complete of any given in the English language, and has the advantage of being liberally illustrated, by those necessary helps to learning—well-executed microscopic cuts. These microscopic views of the lung-tissue, it is also fair to observe, have a merit which is somewhat rare at the present moment,—they are many of them *original*. Every one who is much accustomed to peruse the anatomical, physiological and pathological works of the day, must have been often struck by the repetition of the same microscopic views, copied and passed on from book to book, which so continually

meets his eye; and, in this particular case of the lungs, there is no great exception to be found to the fact. These novel representations, copied from Nature, are truly refreshing to look at. We often wonder, that those who thus pass on microscopic views from hand to hand are not a little doubtful as to the propriety, lest they be, in fact, propagating erroneous views. For these reasons we give especial credit to Mr. Waters for his carefully-revised specimens of views of the lung-tissue.

Mr. Waters gives, at the end of his work, a summary of his conclusions regarding the structure of the lungs; and we cannot do better, in concluding our notice of this excellent Essay, than give his views thus summed up. Our readers will learn therefrom the points on which Mr. Waters holds opinions different from his predecessors in this field of anatomy and physiology:—

"The lungs consist of two portions—

"1. That which constitutes the *convective channels*, by means of which the air is carried to and from the true respiratory portion.

"2. *The true Respiratory Portion*—that in which the process of respiration is carried on.

"The first portion is formed of the trachea, the bronchi, and the bronchial tubes.

"The second portion is formed of the terminal dilatations of the bronchial tubes, together with a number of tubes given off from them, to which the name of air-sacs has been given, to each assemblage of which the term lobulette has been applied; the terminal dilatation of the bronchial tube is, in fact, but the commencement of the lobulette, or the *point de reunion* of the various air-sacs.

"The convective channels consist of cartilaginous rings, muscular and fibrous tissue, and a mucous membrane which is lined by a columnar ciliated epithelium.

"The respiratory portion presents on the parietes of the parts of which it is composed a number of depressions to which the term alveoli has been given; these alveoli exist in the air-sacs, and in the terminal dilatation of the bronchial tubes, and in some animals in the ultimate bronchial tubes, previous to their dilatation.

"The air-sacs and the alveolated portion of the bronchial tubes are lined by a variety of the pavement epithelium.

"The pulmonary artery distributes its blood to the respiratory portion of the lungs.

"The pulmonary veins return the blood which has been distributed by the pulmonary artery.

"The ultimate branches of the pulmonary artery in the air-sacs form the nutritious vessels of the respiratory portion of the lungs.

"The bronchial arteries distribute their blood to the bronchi, the bronchial tubes, the vessels and areolar tissue of the lungs; the branches that enter the lungs pour their contents into the pulmonary veins.

"The bronchial veins return the blood which is distributed to the structures about the roots of the lungs.

"The lymphatic vessels of the lungs form two sets, a superficial and deep. The former are found at the surface of the lungs; the latter chiefly accompany the bronchial tubes.

"The nerves of the lungs are derived from the pneumogastric and sympathetic; branches are distributed chiefly to the bronchial tubes, but some pass to the blood-vessels and to the surface of the lungs; some apparently are lost in the pulmonary tissue.

"The air-sacs exist fully developed in the fœtal lung before birth."—Pp. 232, 233.

Hæmorrhoids and Prolapsus of the Rectum: their Pathology and Treatment; with Especial Reference to the Application of Nitric Acid. By Henry Smith, F.R.C.S., Surgeon to the Westminster General Dispensary. Second Edition. London: 1860. 8vo. Pp. 108.

The pages of the former edition of this useful little work were devoted entirely to the consideration of the advantages to be derived by the treatment of certain diseased conditions of the rectum, by the local application of nitric acid; but the present edition contains many valuable Pathological observations as well as practical remarks on the use of the ligature. When describing the Pathological conditions to which internal piles give rise, the author includes one which is of extreme importance:—

"There is one point of importance connected with the seat of internal hæmorrhoids, which must not be overlooked, but which, as far as I am aware, has not been mentioned by any writer on this subject. The circumstance I refer to is this: that occasionally instances are met with where the hæmorrhoidal tumours are placed as it were in separate rows, so that two or three distinct masses exist near the anus, and about half-an-inch or more above. Other tumours of a similar nature are disposed just in the same way. There are one or two specimens indicating this in the Museum of the Royal College of Surgeons. This is a condition of practical importance, for it shows how necessary it is to make a most thorough examination of a person suffering from internal piles. Cases every now and then occur where the ligature has been applied to one or more internal tumours presenting themselves at the anus; and as the operator is thinking his proceedings are satisfactorily terminated, the patient makes some violent straining effort, and another tumour or series of tumours which have escaped notice hitherto, are forced into view. These are formed higher up in the bowel, and do not generally protrude; but, if a satisfactory cure is expected, they must not be left alone."—Pp. 19, 20.

In discussing the treatment of internal piles, the author judiciously discountenances excision without the ligature.

Although Mr. Smith is one of the most strenuous advocates for the use of nitric acid in the treatment of hæmorrhoidal affections, still he readily admits that there are numerous cases of severe internal piles, in which no other plan save that of the ligature will avail.

"I hope I shall not be looked upon, from the previous remarks, as an opponent of the ligature; on the contrary, I believe that this proceeding is indispensable in certain cases; that when properly applied, and followed by proper treatment, it is an admirable remedy, and, generally speaking, productive of a perfect cure; and, as regards danger to life, although there is some risk, with which the patient should be made acquainted, it is undoubtedly small; and this may be lessened by taking care not to operate on persons who are much broken down in health, or suffering from any organic disease of the intestines, liver, or kidneys."—P. 30.

In re-considering the value of the local application of nitric acid to internal hæmorrhoids, Mr. Smith most judiciously points out such cases as have appeared to him, during a period of ten years in which he has used the remedy, to be well adapted for the method of treatment.

"I have endeavoured to point those cases to which the operation of the ligature is applicable, and have stated that this practice is necessary and justifiable in those instances where the tumours are large, mainly composed of tissues in which the veins predominate, and have become indurated. There are, however, other instances where the hæmorrhoidal tumours are small, or moderate in size, and where they are evidently composed of morbid texture, in which the small arteries rather than the veins are interested, as shown by their bright, florid aspect, and their tendency to pour out arterial blood whenever the patient is at the closet, or when the tumours are handled. These tumours are generally not very prominent. They produce exceeding annoyance, and, indeed, prove more destructive to health, as they generally yield a great deal of blood. Now, in such cases, the ligature will undoubtedly be as effective as in the other instances before described; but this proceeding is not necessary, as the local use of the nitric acid is so eminently suited to them. The relief which one single application of the acid gives in these cases is remarkable, and an excellent cure may be effected, if the whole of the diseased texture be subject to its action."—P. 38.

On the subject of Prolapsus of the Rectum and its Management by Nitric Acid Applications, the author shows the great advantages which quickly and painlessly ensued in many cases which he had treated most successfully in this way; and, moreover, clearly points out the varying and distressing symptoms which render this affection so distressing, especially in elderly people.

The volume is illustrated with many interesting cases, and will, no doubt, assist in establishing the author's right to be considered a most painstaking and practical Surgeon, and one well versed in the subject which he has so ably treated. In the next edition we shall hope to hear what he has to say of the use of the *écraseur*, which certainly is not so much used as it might be and ought to be in the removal of piles, and of

growths from, or altered conditions of, the mucous membrane of the rectum.

Palæontology; or, a Systematic Summary of Extinct Animals and their Geological Relations. By Richard Owen, F.R.S. Edinburgh: 1860. 8vo. Pp. 420.

The Prince of Palæontologists has here presented us with a most comprehensive survey of the characters, succession, geological position, and geographical distribution of the various forms of life that have passed away. He has demonstrated the adaptation of various structures to the "exigencies, habits, and well-being of the species;" and thus set forth "the beneficence and intelligence of the Creative Power." He proves that "the different epochs of the earth were attended with corresponding changes of organic structure; and that, in all these instances of change, the organs, still illustrating the unchanging fundamental types, were, as far as we could comprehend their use, exactly those best suited to the functions of the being. Hence we not only show intelligence evoking means adapted to the end; but, at successive times and periods, producing a change of mechanism adapted to a change in external conditions." It is quite unnecessary to say a single word in commendation of such a work by such a writer.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

REPORT ON CASES OF OVARIOTOMY OCCURRING IN THE STATE OF OHIO.

By Professor HAMILTON.

This report relates to 51 cases; and the following facts are condensed from it:—1. The *age* of the patient is given in 25 instances—the average being 34 years, and the extremes 16 and 56. The operation has been more successful in the younger than in the older, in the proportion of 8 to 5—*i. e.*, of 12 patients whose age averaged 26½ years, 8 were cured; while of 12 of the average age of 45⅔, only 5 were cured. 2. *Tapping* does not appear to have compromised the chance of success, having been performed in 9 cases from 1 to 10 times. Subsequent extirpation resulted favourably in six of these. 3. *Adhesions* are specified in 34 cases; being slight in 12 cases, of which 9 were cured, and strong or extreme in 23, and of these more than ⅘ were fatal. 4. The *Length of the Incision* is given in 29 instances, in 2 of which the minor operation was performed. It ranged from 6 to 20 inches in 37 cases. 5. *Separation of the Ligatures* took place in 18 cases in from 14 to 29 days—the average period being 24 days. 6. The *Time of Death* is specified in 23 instances. In 2 it occurred in 1 year; in one case in 4½ months; in 3 cases in from 20 to 45 days; in 5 from 7 to 17 days; in 2 from 5 to 6 days; in 6 on the third day; in 3 within 2 days; and 1 patient died on the table. 7. The *Cause of Death* in 14 cases is attributed in 1 to pneumonia; in 2 to gangrene of the sac; in 1 to congestion of the brain; in 1 to inanition; in 1 to shock; in 1 to exhaustion; in 3 to hæmorrhage; and in 4 to peritonitis. 8. *Extirpation was Impracticable* in 13 instances. Of these, 7 died from the attempt within 45 days; 2 lived 1 year; 1 was cured permanently; and in 3 the patient was rendered no better or worse. 9. *Extirpation was Practicable* in 37 cases, 16 dying from the operation. 10. *Cures.*—In 21 cases recovery took place after the removal of the tumour; and, so far as has been ascertained, the patients are in good health, and there has been no return of the disease. In 3 the belly was opened, but, on account of extensive adhesions, the operation was abandoned. These cases recovered from the incision. Thus we have 24 surviving and 27 perishing from the operation. Of the former, at least 16 are now living, in good health. 11. The *Size of the Tumour* is specified in 29 instances. The smallest two weighed 5 and 7 pounds, the largest two 106 and 136 pounds. The average weight was 34 and 32 pounds. The extirpation of the larger tumours has been more favourable than that of the smaller, in the proportion of nearly 3 to 1. 12. The *Pathological Characters* of 43 tumours are specified. 32 were cystic, the majority being compound, 6 were solid or fibrous, 2 omental, 2 uterine, and 1 a tubal fœtation.

In respect to the propriety of receiving ovariotomy as an accredited operation, Professor Hamilton says:—"The Surgeon, ordinarily, has no right, till a less hazardous or more successful treatment is presented, to withhold the operation, when the diagnosis of cystic disease is clear; if, after a candid and full statement of its hazards, the patient is desirous to assume them." This remark is especially applicable to the proliferous cyst, on account of its rapid growth, and its not admitting of cure by other means. Moreover, the author has shown that the compound cyst constitutes more than two-fifths of the 43 specified tumours; the simple cysts amounting only to two-sevenths. Of the former eleven-sixteenths of the extirpations resulted in a cure; of the latter only one-third. Removal of the compound cysts is therefore a more successful procedure. — *North American Medico-Chirurgical Review* (from the *Ohio Journal*), January. P. 127.

EXCERPTA MINORA.

Eczema of the Hands.—M. N. Guillot, of the Necker, employs the following ointment with success in the treatment of eczema of the hands:—Lard 30 parts, subcarbonate of soda, oil of cade, tar, of each from 2 to 4 parts.—*Gaz. des Hôp.* No. 27.

Syphilitic Panaris.—M. Nélaton, in a recent clinical lecture, called attention to the fact that obstinately recurring panaris, or ulcers which result from it manifesting great repugnance to healing, and sometimes supposed to be due to scrofulous diathesis, is occasionally a syphilitic symptom, speedily curable by the employment of appropriate remedies.—*Ibid.*

Psoriasis only a Disease of the Robust.—Professor Hebra observes that a remarkable peculiarity of psoriasis is that it is well nigh exclusively an affection of very strong and robust individuals, who though the disease may last for years, do not in the least suffer therefrom. He has met with it in only one single instance occurring in a subject of a dyscrasis, viz. in a man suffering from phthisis. Moreover, when individuals suffering from phthisis are the subjects of some other severe and prolonged affection which reduces their strength, the psoriasis subsides as long as this condition continues, to reappear immediately on the occurrence of convalescence and recovery of strength. The most frequent age at which it is met with is between 20 and 30; and although it may also occur in the very young and old, Hebra has never met with it below 6, or above 50 years of age. It is undoubtedly hereditary in several families.—*Wien Spitals Zeitung*, 1859, No. 14.

Death from Bursting of Varices of the Vagina during Labour.—A powerful woman, aged 23, in labour with her first child, was seized with most violent pains during the passage of the head (which was in a normal position), the perineum being so suddenly distended that the greatest efforts failed to prevent its rupture. Very soon after the birth of the child, a large one, considerable hæmorrhage occurred, which was followed by fainting and convulsions, and in ten minutes by death. The autopsy exhibited several varices of the vagina bursten, the perineum ruptured, and the uterus well contracted and void of blood.—*Berlin Zeitung*, 1859, No. 23.

Treatment of Diphtheria.—Professor Cooper, of San Francisco, states that after having almost given up the treatment of diphtheria in despair, he has hit upon a method which has been attended with most encouraging success. ℞ Chloroform ʒiij., ol jecor. asell. ʒxij., spt. tereb. ʒij. This is applied freely all over the neck, breast, and abdomen upon flannels covered with oiled silk. It is kept on constantly, and for eight or ten days after the patient is able to walk about. Internally, he gives a wine-glassful of the following mixture every two hours to a child two years old: ℞ Ext. glycyrrh. ʒiij., acaciæ gum. ʒj., ant. tart. gr. j., sacchar. ʒij., aquæ ʒxviij. M. He has tried the same course of treatment with equal success in scarlatina.—*Boston Journal*, January, p. 456.

Treatment of Itch.—Professor Hebra has for several years employed in his wards the following modification of Wilkinson's ointment:—Sulph. depurat. ol fagi, āā. ʒvj.; sapon. viridis (*Schmier-seife*) axung, āā, lb.j. cretæ, ʒiv.; the mean duration of treatment being five days for men and six for women. The ointment is well rubbed in night and morning for two days, and on the third a bath is taken, repeating the process then if the cure is not complete. Of all applications this is the one which least gives rise to

artificial eczema; but it smells badly, and it is a great inconvenience to a patient to remain enveloped in sulphured wrappings for two or three days. To meet such objections he employs the following:—Flor. sulph., bitum. fagi, cretæ, āā, ʒiij.; sapon. virid., alcohol, āā, ʒvj. This does not confine the patient, being applied morning and evening, and soon evaporating. The treatment, however, is more prolonged under its use, and relapse is far more probable than after the use of the ointment. Another preparation recently tried in Hebra's wards is a modification of Vleminckx' solution, viz. calcis vivæ, lb.j.; aquæ q. s. ut fiat pulv. æquabil. sulf. citrin., lb.ij.; aquæ, lb.xx.; coque ad lb.xij. A half-hour tepid bath is first taken, and then the solution is rubbed in either with the hand or with a rag for a quarter or half-an-hour, a bath being again taken. On the second day the process is repeated, and in most cases the cure is completed. Where the rubbing in has been too slight, it has to be repeated. It is a much cheaper preparation than the ointment, and does not soil the linen since it is washed off by the bath. There is, too, no continuous disagreeable smell and confinement, as with the ointment. On the other hand, the solution is very apt to give rise to eczema and œdema of the genitals if rubbed in too hard; and on this account it is less suited to the tenderer skin of women, as also to old cases of itch, accompanied by pustules and excoriations. The eczema may, however, be always avoided by care in the application.—*Wien Spitals Zeitung*, 1859, No. 21.

Protoiodide of Mercury in Syphilis.—Professor Sigmund, of Vienna, states that he uses this preparation less and less, for as the result of his employment of it he finds,—1. That its reputed peculiarity of not inducing salivation, whether given alone or with opium, is groundless. 2. It gives rise to diarrhœa, even when combined with opium. 3. It is only applicable to certain forms of syphilis, the papular and pustular, and even in these it requires more time to take effect than do other mercurial preparations. 4. In obstinate forms of the disease it is of little or no use, while in anæmia it is positively injurious. 5. It by no means deserves the preference given to it in the treatment of children, and if these are anæmic or inclined to diarrhœa, it is hurtful. 6. It only deserves a trial when combined with iodide of potassium in some obstinate forms, but not in subjects disposed to catarrh of the lungs, stomach, or intestines.—*Wien Wochenschrift*, 1859, No. 39.

GENERAL CORRESPONDENCE.

INCIDENTS OF MEDICAL LIFE.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the list of deaths in the number of the *Medical Times and Gazette* of the 17th inst., I observe that of the late Mr. Pritchard, of Stratford-upon-Avon, at the advanced age of ninety years. Nearly forty years ago I became acquainted with that highly respectable and most kind-hearted man, who was then—and had for some time been—engaged in an extensive practice, and leading the ordinary life of a General Practitioner in the country; that is to say, leading a life without rest, riding and driving about the neighbourhood from morning to night, and often half the night also. The scene of his labours was that district of Warwickshire, around Stratford-upon-Avon, which is associated with memories and traditions of our greatest poet. Along the skirts of the forest of Arden, through the fertile valleys of the Avon, down the long Vale of the Red Horse, and round the old estates of Clopton, Welcombe, and Charlecote, might good Mr. Pritchard be met every day, and many a night, travelling and toiling to and fro, in the service of the sick; and this for some fifty consecutive years: and wherever he went he carried comfort and help, and gained the confidence and friendship of his patients. By this constant industry he was enabled to bring up a large family of sons and daughters, and to give to his sons the education likely to fit them for maintaining themselves. It may easily be supposed that he could not do more. Country practitioners rarely make fortunes. The early years of a Medical man's life are commonly full of difficulties; and as soon as he can afford to keep house he usually marries, and usually, also, is blessed in time with a houseful of children. The usual calamities of nature overtake many of them before they have been able to provide for these objects of affection; and sometimes calamities which have not been expected or foreseen. As years advanced, although Mr. Pritchard preserved his bodily activity, the mind gradually gave way, and his latter days were passed in "second childishness and mere oblivion." They would have been passed in want also, but for the filial piety of his sons, and especially of Mr. Frederick Pritchard, who carried on and extended his father's practice. But more calamity followed. This estimable son was interrupted in his unintermitting exertions by an illness so severe as, in a few short weeks, to end fatally. The aged father, unconscious of his loss, lived on; and the son, the prop of his age, was removed. And this son, with all the unavoidable family claims that had hung upon him, died without having been able to provide for his own young children, ten in number.

Among those who give this brief record a moment's attention, there may perhaps be some who may have the means, as Governors or Subscribers to the admirable Medical Benevolent College at Epsom, of promoting the election of the eldest boy, among these ten bereaved children, to a Foundation Scholarship in the School attached to it, for which he is a candidate. The comfort which would thus be imparted to his widowed mother, a lady deserving of all respect and consideration, and the benefit which would be conferred on a fine youth who greatly needs a helping hand from members of the Profession so honourably followed by his much regretted father, do not require to be dwelt upon. Appeals founded on incidents of this kind are unfortunately many in number; but they are of a nature to find a thoughtful and kind response in every Medical man's heart. Feeling assured, Mr. Editor, of your generous sympathy, I have thus ventured to intrude upon your pages.

I am, &c.

J. C.

COLLEGE OF SURGEONS IN IRELAND.

Letter from Mr. Cusack.

[To the Editor of the Medical Times and Gazette.]

Sir,—A meeting of the Fellows of the Royal College of Surgeons in Ireland was held yesterday, for the purpose of recommending to their Council such steps as might appear desirable for preserving to the Dublin College the exclusive right of granting Surgical Diplomas in Ireland. This meeting was called by myself and certain other Fellows, after having read Mr. Cardwell's speech in the House of Commons on the 27th ult., which your readers have already seen in your number of March 3. The letters which I now enclose, and which were laid on the table at the meeting yesterday, will put them in possession of the other circumstances of the present emergency, and, moreover, will show a fact which I am proud to be able to state, that to my humble exertions, assisted by some of the other Fellows who signed the requisition, the College is indebted for thus having an opportunity given it of discussing a question affecting its very existence as a College; and that to my letter to Mr. Cardwell, asking for a postponement of the third reading of the Bill in the House of Lords, the College owes it that it still possesses the title of *The* Royal College of Surgeons in Ireland, and is not merely *A* College having, in common with other bodies, a power of giving Surgical Licences. Sir, this is an important emergency; for who can tell but that the Irish College, in its fall, may drag that of London after it? You will naturally ask, how comes it that a humble, comparatively junior Fellow like myself should thus come forward on behalf of the College merely on the grounds of having seen a statement of Mr. Cardwell's published in the journals? Where were the President and Vice-President of your College—must *they* not have known what was going on in London a month ago—and why did not *they* assemble the College to deliberate on this grave emergency? Did they receive this and other information from London, saying, "If you give up your Medical School you may save your College;" and by neglecting to assemble the Fellows (as they are empowered by Clause 6 of the Charter to do) to deliberate upon the alternative put to them, have they not been forgetful of their duty? Have they not betrayed their College?

These are grave questions. I regret that I cannot answer

them; our President was absent in London on College business, and is free from suspicion; the Vice-President alone can answer these questions. I call upon him publicly to answer them if he would place himself beyond suspicion.

At yesterday's meeting these letters and telegrams were, for the first time, placed before the Fellows. We were told at first that they were private (though the telegrams were, I presume, paid for out of College money) and that they might be laid on the table but not read aloud. This was a subtle distinction which the Fellows could not understand, and after some demur on the part of the President, they were read aloud. Now every one knows that hearing half-a-dozen letters and telegrams read, one after the other, is imperfect information, the only idea anyone could carry away in this instance was, that the Fellows were now for the first time aware—and when, but for my exertions, the Medical Acts Amendment Bill would have been passed—that for weeks past letter after letter and telegram after telegram had been received all stating the same fact, "If you would save your College you must give up your Medical School."

In conclusion, I have only to tell you that the President of the College wisely decided that a question of such vital importance as the adoption of the only alternative left us for saving to our College its present rights, could not be settled until time was given to every Fellow in the remotest part of Ireland to come up and express his opinion on the matter. By this decision, in which the College unanimously concurred, Dr. Fleming condemned the acts of those with whom he had left the reins of power in his absence, and who took upon themselves to let slip the opportunity of having the bill withdrawn without consulting or giving any information to the Fellows whose privileges they were thus surrendering.

With the Vice-President it now remains to have every one of these letters and telegrams carefully arranged and printed, and placed in the hands of every Fellow, with information as to whom they were received by, and at what meetings they were discussed, whether of the Council, or of the different sub-committees which meet during the intervals of its session; and then, the Fellows having this information before them, while they absolve the Vice-President, as I trust they will be able to do, from the grave suspicions which in the meantime rest upon him, will be able to answer for themselves the solemn question, Who betrayed the College?

I am, &c. Samuel A. Cusack.

7, Upper Merrion-street, Dublin, March 20.

P.S.—Since posting my letter I have had an interview with the Vice-President, who assures me that in the hurry of professional business he placed the letters in the hands of the Council, thinking that those members of it who had more leisure than himself would do all that the emergency required. On the other hand, the President informs me that he expeced that, during his absence in London, the Fellows would have been assembled to deliberate on the intelligence sent by him to the Council. Under these circumstances it is evident that the Vice-President, whom we all regard as a man of honour, and a chief ornament of our College, was guilty of an act of inadvertence only. The Medical Acts Amendment Bill which, but for my exertions, would have been read a third time in the House of Lords on Friday last, is now fixed for its third reading to-morrow, and consequently the proposition to be discussed at the adjourned meeting of the College will be too late in its present form, and must be amended to suit the altered circumstances of the case. The Vice-President stated to me this morning, before the President and other Fellows, as his opinion that this Bill, if passed, will destroy the *prestige* of our College, and of the Surgical Profession in Ireland, and that the only thing which can save the one or the other, is a Parliamentary commission of inquiry on our College. If, then, he would make amends for this act of inadvertence, which has had the effect of allowing our College to lose its chief privilege, without giving to the Fellows an opportunity of attempting to save it, let him manfully come forward, and, by moving as an amendment to Dr. Clarke's resolution, "That the petition be sent to the House of Commons praying that a Parliamentary commission may be instituted to inquire into the present state of the College and its charter," give public expression to the opinion which he has already offered to me in private; and thus, while by publishing the letters and information which I have indicated, he puts himself beyond suspicion, he may also be the means of preserving the honour of the College, and the *prestige* of the Surgical Profession in Ireland.

March 21. S. A. C.

ACUPRESSURE.

Letter from Mr. Taylor.

To the Editor of the Medical Times and Gazette.]

Sir,—Having observed with much interest the success of Dr. Simpson's plan of acupressure in securing the vessels in amputations, I am led to think that the same principle might be applied to the deligation of arteries for aneurism or secondary hæmorrhage, some modification being made in the form of the compressor, so that it should act exclusively on the vessel, and admit of easy withdrawal. The following simple means have occurred to me as likely to effect this purpose.

Having laid bare the carotid of a sheep, I passed under it a common bodkin of the kind used by sempstresses; into the long eye of this I inserted a hare-lip pin, having first removed the point, and bending it down over the artery, I tied the ends of the pin and bodkin firmly together with a few turns of waxed thread. The pressure thus made arrested all pulsation in the vessel above the point included. After forty-eight hours I removed the compressor easily, cutting the thread and drawing the pin out first. On the next day, when the animal was killed, I found the artery firmly plugged with a coagulum of the usual form.

This operation will remind many of your readers of old attempts to obtain closure of the arterial tube by means of Assalini's compressor and the *presse-artère* of Dessault and Deschamps; but it is less open to the objections urged against the use of those instruments, as it can be performed with less disturbance of the vessel, while the presence of so small a foreign body excites so much less irritation in the wound. It is worthy of consideration whether these plans were not too hastily abandoned, which possessed this advantage over the ligature—security from the dangers of secondary hæmorrhage, where the coats of the vessel are unsound, or where the proximity of a collateral branch prevents the formation of a clot on the distal side of the ligature.

I am, &c. Henry T. Taylor.

Guildford, March 19.

POOR-LAW MEDICAL REFORM.

[To the Editor of the Medical Times and Gazette.]

Sir,—I shall feel obliged if you will permit a copy of the accompanying circular to appear in your Journal.

If Poor-law Medical Officers really suffer a grievance, from hard work and poor pay, it seems to me that now is the time for increased energy and some little sacrifice. Let no man live for himself. Let him strive by his countenance and support to aid in obtaining a meed of justice. Let those who will not work actively themselves, support those who do. For once, throw away all supineness and indifference, and with right hearty good-will stand forward and make the cause your own.

Many have given their time and money in order to benefit all, and on what plea can any man stand aloof and listlessly watch the struggle? If success should crown the efforts that have been made, let every man have the inward satisfaction of knowing that he has contributed to obtain that success, seeing that he must necessarily share in any benefit that may ultimately accrue.

I, therefore, commend these few words to the serious judgment of every Medical officer in the service, and sincerely trust that he may be disposed to act with promptitude and spirit. The sacrifice individually is small, but the stakes are great. I am, &c.

A Poor-law Medical Officer.

"Poor-law Medical Reform Association.

"Sir,—It is proposed that every Medical officer of the Union should subscribe a further sum of ten shillings in support of the above Association.

"If you should accede to this proposal, and will favour

me with your subscription, I will undertake to forward it to the Chairman, who has laboured most energetically for the advancement of our interests.

"I would further suggest that each Medical officer should immediately petition the House of Commons to pass such Resolutions or Laws as shall have the effect of ameliorating his position. I have the honour to be, Sir,

"Your obedient Servant,

"March 7, 1860."

EDINBURGH SURGERY.

Letter from Mr. Lister.

[To the Editor of the Medical Times and Gazette.]

Sir,—With reference to your leading article of Saturday last, I have to request that you will insert the enclosed letters. Having no obstetric tendencies, I was happy to avail myself of Dr. Keiller's assistance in a purely obstetric case.

I am, &c. Joseph Lister.

Professor of Surgery in the University of Glasgow.

Edinburgh, March 21, 1860.

"11, Rutland-street, March 19.

"My dear Sir,—You may recollect that on the 25th ult. I asked you to see, at the Hospital, a case which seemed to be more in your line than mine. I understand that Dr. Simpson has in his public lectures, as well as on other occasions, made statements of an offensive character with reference to this case; and I see that similar statements, probably from the same source (a), have found their way into the *Medical Times and Gazette*. I therefore beg that you will kindly, in reply to this, relate what really took place on the occasion referred to.

"Believe me, yours truly,

"To Dr. Keiller." "Joseph Lister.

"21, Queen-street, March 20.

"My dear Sir,—In reply to your note of yesterday's date, I beg to state that I perfectly recollect your calling me on the 25th ult. to see a woman in the Surgical Hospital on whom you had operated for strangulated hernia, and in whom premature labour was progressing. You told me that while I might probably find the case a simple one, yet you were yourself in doubt as to the actual state of matters, in consequence of its being quite out of your line of practice. On making an examination, I found the breech of a dead child presenting, and proceeded to facilitate its expulsion. I did not at the time, nor since, regard this case as indicating more than the want of familiarity with obstetric manipulation, which naturally arises from your having devoted yourself so exclusively, since your studentship, to Surgical practice.

"Believe me, yours sincerely,

"Alexander Keiller.

"To Joseph Lister, Esq."

M. Le Verrier lately made an accusation against the Board of Longitude at Paris. The cudgels were taken up by M. Mathieu and M. Lionville, who showed themselves model Physicians in politeness of discussion. "M. Le Verrier," we are told, "despite his apparent calmness, must have been sitting on hot iron. During one hour he was obliged to listen to the most serious accusations, expressed in turn by the solemn language of M. Mathieu, and the witty remarks of M. Lionville, both equally indignant, and equally convinced. All this shows another example of the fact, that a man may be a savant of the first order, without being either amiable or beloved; and that a man who knows the road to the stars, does not therefore necessarily know the road to our hearts."

Births and Deaths in St. Petersburg and Moscow during 1858.—In St. Petersburg there were born 17,685 (9174 male, and 8511 female) children, while there died 19,077 individuals. This is but the repetition of an annually recurring fact that the deaths so considerably exceed the births, that the population of the capital is only kept up by immigration. The proportion of illegitimate children, too, is on the increase, and the number of marriages on the decrease. In Moscow there occurred 11,267 (5822 male, and 5445 female) births, and 11,703 deaths.

(a) Mr. Lister is mistaken here.—Ed.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 13, 1860.

F. C. Skey, Esq., President, in the Chair.

A paper, by Dr. Robert Lee, was read on

OVARIAN CYSTS WHICH CONTAIN TEETH, HAIR, AND FATTY MATTER.

We had not received the abstract at the hour of going to press. The following discussion ensued:—

Mr. Charles Hawkins said he had laid upon the table some small calculi, passed by a lady, of a similar description to those mentioned by Dr. Lee. The preparations mentioned by Sir Benjamin Brodie as having been deposited in the Museum of St. George's Hospital, were not to be found there. Portions of hair had been found in other parts than the ovaries. A preparation in St. George's Hospital showed a quantity of hair found in the dura mater, mixed with fatty matter. The patient was under the care of Mr. Cæsar Hawkins. In that case the tumour was congenital. In an early volume of the *Transactions of the Pathological Society* he had described a tumour that he had removed from the sacrum after death, containing pieces of bone resembling fœtal bones.

Mr. Evans said he had had under his care for the last six years a young lady suffering from ovarian disease. The principal symptom was the passing of blood with the urine, and a communication was supposed to exist between the cyst and the bladder. The discharge of blood was not connected with menstruation. The practical bearing of the subject was in relation to ovariotomy. If a communication existed between the cyst and the bladder, ovariotomy would be out of the question.

Mr. Cæsar Hawkins said, that in the case referred to by Mr. Charles Hawkins the hairs were exceedingly fine, and about three-quarters of an inch in length. In one case that he had seen, there was a very large mass of fat and hairs, the latter being of considerable length. Dr. Lee had not reasoned on the origin of the tumours he had described. Of course they must be looked upon in connexion with similar tumours in other parts of the body in both sexes. A case of Dr. Gordon's had been recorded, in which a considerable mass of imperfect bones had been found in the mediastinum; the same thing had also been found in the scrotum and other parts. There was no doubt, however, that for one case occurring in other organs, ten or twenty occurred in the ovarium; and there must be some cause leading to their greater frequency in that part.

Dr. Dickson said, he was requested some years ago to see a man at Mortlake, and upon examining him he could perceive scarcely any pulse where the heart is usually found. He came to the conclusion that there was effusion, and that the patient would not recover. Shortly afterwards the man died, and at the post-mortem examination, on removing the sternum, nothing of the lungs could be perceived. A large tumour was found filling nearly the whole cavity of the chest, so that it was with the greatest difficulty the hand could be passed between it and the ribs on the other side. The lungs behind were in a very contracted state. The tumour was filled with a large quantity of pus, some solid matter, transverse bands, and portions of hair. The heart was found behind this large mass, and the wonder was how the patient was able to carry on circulation or respiration. The patient had not been out of health till about six months before his death.

Dr. Hare referred, in connexion with Dr. Lee's suggestion as to the origin of the tumours under consideration from Graafian vesicles, to a case which he had met with, in which a tumour, weighing nearly three pounds, and evidently developed from one of the ovaries of a patient aged about 28, consisted of four distinct cysts, each containing fat and hair. In one of these cysts, the entire cavity was completely filled

with hair, the fat being comparatively small in amount. The other cysts contained fat chiefly, with hair in much less quantity. The hairs were fine in quality, cylindrical, light coloured, and measured in length from a line or so to about eight inches. Some presented distinct bulbs; others were pointed at both extremities. There were no traces of skin, bone, or teeth; but if, as suggested by the author of the paper, the presence of hair, etc., in such tumours be considered as any proof of a tendency to a germinative process in the Graafian vesicles, that tendency must have been very strong in the case in question, as it appeared to have been presented by four of the vesicles instead of one, as in most other cases recorded. The fat was found to become quite liquid above the temperature of 98°, and, therefore, during the life of the patient, must have been in a fluid condition.

Mr. Spencer Wells said, an important practical question had been raised by Mr. Evans, as to the propriety of performing the operation of ovariotomy in cases where the cyst adhered to, and emptied itself through, the bladder or bowel. He thought no Surgeon would be mad enough to undertake the operation under those circumstances. It might, however, be possible to prevent the cyst from refilling, by injecting iodine. Probably there would be no great difficulty in introducing an elastic catheter through the bladder or wall of the vagina into the interior of the cyst, so as to throw iodine into it, thus destroying the secreting lining membrane, and preventing the re-formation of fluid. He had been in the habit of seeing a patient for the last two or three years, who has an ovarian cyst which is doubtless adhering to intestine, as it empties itself every three or four months, a large quantity of fluid passing by the anus. When emptied it becomes full of air, so that the tumour is one day dull on percussion, and the next day perfectly clear. There had been a question as to the propriety of injecting iodine in this case. It had not hitherto been done, as the general health of the patient did not appear to be much affected. He had seen great distress caused in a family by the fact of portions of bone and teeth coming away from an ovarian cyst, and being discharged by the anus; the supposition being that it was a case of extra-uterine fœtation, and that the young lady must have been imprudent. As such things might arise from congenital disease of the ovaries, Medical men should be very cautious in expressing an opinion calculated to damage the honour of a family.

Mr. Fergusson regretted that the author had not given a definite opinion as to the possible origin of the tumours described. He had seen many such tumours occurring in the female pelvis, as well as in different parts of the body in both sexes, with hairs and teeth growing within them. In the upper jaw it was not unusual to meet with teeth that could not be accounted for, but in that locality a supernumerary tooth or two might naturally be expected. It appeared to him a remarkable fact, that in tumours about the eyelids and eyebrows the caseous kind of fluid referred to was often found, and occasionally hairs were found growing from the inner surface of the sac. Such hairs had been spoken of as eyelashes or eyebrows growing inward instead of outward; that, however, appeared to be a very indifferent explanation, because in tumours of the scalp, where hairs might be expected to be found in great quantity, they were scarcely ever seen; neither were hairs met with in any of the external tumours about the pelvis in the male or female. The case mentioned by Mr. Hawkins, of a tumour connected with the sacrum, had little bearing on the present question. In that case the tumour was developed at birth, but in the case referred to by Dr. Lee, the tumour had evidently been developed much later. No hairs had been found in the tumour at any period. It was not until long after manhood that any annoyance was experienced by the patient from the tumour; latterly the tumour became inflamed and suppurated, and the vital powers of the patient were diminished. In the latter part of the history of the case an opinion was given that the tumour was analogous to some of those rare instances in which the partial development of a fœtus had been seen in other parts of the body. His (Mr. Fergusson's) opinion was, that it was one of those cases in which in the early fœtal existence there was an attempt on the part of nature to form two; there being an arrest of one, while the other was fully developed.

Mr. Charles Hawkins said, the tumour was very inconvenient to the patient when young, and he was unable to wear the ordinary costume of boys. He had himself expressed the opinion that it was referrible to another fœtus, and he believed the same view was taken by all the senior Surgeons who saw the patient.

Dr. Barclay regretted that Dr. Lee was not present. He believed his view to be that this growth was an abnormal development taking place from the interior of the Graafian vesicle. He thought it differed so from ordinary ovarian disease that it was not so much the usual abnormal product as a different condition of growth, and he had the idea that the tendency to that growth in after life was what might be called a congenital peculiarity. He (Dr. Barclay) thought that Mr. Fergusson's distinction was a very just one between cases such as that referred to by Mr. Charles Hawkins, and those cysts in which hair and fatty matter were developed in later life. In one of Dr. Lee's cases there were portions of hair ten or twelve inches long; in another case the hair was matted into a solid mass, so that its length could not be ascertained. It was very fine, and probably rather short.

Mr. Hulke said that he had removed many small cysts about the brow, and had never failed to find hair in them. The hairs always had bulbs, and each its distinct follicle.

Dr. John Ogle stated that he was well acquainted with the preparation which Mr. Charles Hawkins had exhibited, showing the presence of hair in the cranial cavity, as he had minutely examined it and exhibited it, by the kind permission of Mr. Cæsar Hawkins, to the Pathological Society, in Vol. VI. of whose *Transactions* it was fully described. The specimen did not illustrate, in Dr. Ogle's opinion, the formation of hair in the cranial cavity, but was an instance—he believed unique—of an inclusion within the cranium of a part of the integument of the scalp, the dermal apparatus of which had produced eventually the sac in connexion with the dura mater filled with beautifully outlined and indented epidermal scales, and containing a cluster of hair. It appeared that at a very early period of life, and before the due approximation of the four chief elements of bone which finally meet and form the principal part of the occipital bone, the membranous structures within, and those external to the cranial bones, had become adherent, and that as ossification advanced, the four portions of bone closing together, trapped in, as it were, a portion of the outer membranes, which were drawn inwards along with the retiring intra-cranial ones, and thus became included. The occiput itself, in this case, showed a fossa which corresponded with the growth inside the skull, and also an aperture of a slanting direction through the bone, by means of which the communication between the parts external to and those within the skull had been maintained. Dr. Ogle did not understand how the existence of hair in such cases as Dr. Lee's could be accounted for, unless by supposing that it had been produced by the erratic activity of an ovum called out by some impulse or other. In his belief, if hair, skin, and such like substances are found in cysts about the body, it must either be owing to the presence of some aborted ovum, which during fœtation may have been emitted with the embryo, or be the result of an irregular growth of some pre-existing dermal tissue, as in the case of the epidermal cyst of Mr. Cæsar Hawkins above alluded to.

Mr. Henry Lee said that Professor Owen was of opinion that in some of the lower animals the impregnation of a parent was effective through three or four generations—which he called "metagenesis." He should like to ask Dr. Barclay whether Dr. Lee was of opinion that the growths to which reference had been made were anything in the nature of an abortive attempt to bring about the same result?

Dr. Dickson stated that Professor Huxley explained the rapid generation of aphides infesting plants in the same way.

The Society then adjourned.

New Gas for Lighting.—The obnoxious monopoly of the gas companies is likely to meet with a corrective agent in superheated steam, which, being charged with coal-tar, produces with marvellous rapidity, and at an excessively low price, and quantity of very rich gas for lighting. Careful analysis has shown it to be composed of free oxygen, 1·8; oxide of carbon, 3; carbonic acid, 5·8; bi-carburetted hydrogen, 17·8; and proto-carburetted hydrogen, 71·9. Compared with ordinary coal gas, this artificial gas is found to contain nearly one-half less oxide of carbon, and twice as much bi-carburetted hydrogen; its intrinsic value is therefore twice as great.

OBITUARY.

DR. MACGOWAN, OF JERUSALEM.

At Jerusalem, Syria, on February 6, Edward Macgowan, M.D., died, aged 65. He formerly practised for some years in Exeter, but in 1841 he relinquished a flourishing practice in that city, and attached himself to the "London Society for Promoting Christianity among the Jews," on being appointed by them to Jerusalem, as Physician to their mission there. He accompanied Bishop Alexander (then going out as the first Protestant Bishop of Jerusalem), and arrived in the Holy City on January 21, 1842. He immediately set about the organisation of a Hospital for Sick Jews. After long and patient perseverance, he succeeded in establishing at first a Dispensary, then a few beds attached to the same, and finally a complete and well-organised Hospital with thirty beds. The numerous discouragements, the deeply-rooted prejudices, and the active opposition, on the part of both Jews and Moslems, against which he had to contend, can only be understood by those who knew the state of Jerusalem at that time, when the bigoted ignorance of the inhabitants had not begun to be influenced by the residence of so many Europeans in their city, as it has been of late years. Dr. Macgowan's laborious and unremitting exertions, however, prevailed to overcome alike the opposition of the Turks and the prejudices of the Jews; and the present flourishing condition of the Hospital, whose wards, kept with all the neatness and cleanliness of an English institution, receive upwards of 600 patients annually, is sufficient evidence of the progress it has made. Nearly 4000 out-patients are registered every year on the Hospital books, and between 6000 and 7000 more are visited at their own homes, and supplied with medicines from the dispensary of the institution. These results from such beginnings, form no slight testimony to the personal energy and self-denying exertions of a man, who, after the prime of life was passed, left a lucrative practice, a comfortable home, and the society of scientific and highly-intellectual friends, to spend the remainder of his days in an obscure corner of the world. He may be said to have died "in harness;" for, though suffering from much weakness, he continued to attend the Hospital until within a month of his death. And thus, after eighteen years of hard work in his adopted home, he ended his useful life in the scene of his labours.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

MEDICAL OFFICERS IN INDIA.

Mr. Bazley asked the Secretary of State for India whether the Medical officers of Her Majesty's Indian Army had had all the privileges conceded to them which the Royal Warrant of Ocober 1, 1858, entitled them to receive?

Sir C. Wood: The Warrant of 1858 cannot apply in all respects to the Medical officers of the Indian army, inasmuch as the pay and pensions of the Queen's service differ from those of the Indian service; but the rank, pay, and position of the Indian Medical officers and those of the Medical officers in India are on a footing of perfect equality.

Births and Deaths in Berlin during 1859.—There were born 17,648 children,—viz. 9088 males, and 8560 females. There were 13,049 deaths, 6912 taking place among males, and 6137 among females; the births, therefore, exceeding the deaths by 4599. Among the births, 2671 (1385 male, and 1286 female) were illegitimate; and 806 children (446 male, and 360 female) were born dead, 197 of these (113 male, and 84 female) being illegitimate. Twin births occurred in 222 instances, and triplets five times. There were 4402 marriages. In comparison with 1858 there were 1060 more children born, and 323 more deaths took place. The population increased in 1859 by an excess of births over deaths by 4599, and by an excess of immigration over emigration by 1680, therefore, by 6279 souls; so that, from 450,867 at the end of 1858, it rose to 457,146 at the end of 1859.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora held on Saturday, March 17, the following gentlemen, having been previously elected, were *admitted* Members of the College:—

Althaus, Julius, M.D., Manchester-street
Beddoe, John, M.D., Clifton
Cannon, Henry Mills, M.B., Cheltenham
Clarke, Vans Christian, M.D., Royal Naval Rendezvous, Tower-hill
Crothers, Robert, M.D., Moy, County Tyrone
Chawner, Darwin, M.D., Lincoln
Davidson, John, M.D., Royal Hospital, Haslar
Davies, William St. George, M.D., Brighton
Dowson, John, M.D., Whitby
Faircloth, John M. C., M.D., Northampton
Giles, Richard, M.D., Oxford
Goodeve, Henry Harry, M.D., Stoke Bishop, near Bristol
Hammond, Joseph Hutchinson, M.D., Preston
Harvey, Joseph Alfred Radcliffe, M.D., Southsea
Hunter, Thomas, M.D., Edinburgh
Kilgour, John Stewart, M.D., Isle of Man
Laxon, William, M.D., Coventry
Leack, Richard, M.D., Blackburn
Leckie, Thomas, M.D., Torquay
Logan, David Duncan, M.D., Leinster-square
Lucas, Henry John, M.D., Crickhowel, South Wales
Martin, George Anne, M.D., Ventnor, Isle of Wight
Miller, Robert, M.D., Somers-place, Hyde-park
Mort, William, M.D., Southport
Parsons, Samuel, Clarges-street
Pearce, Ravenhill, M.D., Brighton
Scott, John, M.D., Boulogne
Seaton, Edward Cator, M.D., Sloane-street
Seymour, Almeric Walter, M.D., Brighton
Shortland, Edward, Plymouth
Stevenson, John Frederick, M.D., Birkenhead
Stirling, John, M.D., Royal Navy
Stocker, Alonzo Henry, M.D., Bow
Sylvester, Charles, M.D., Bath
Tuke, Daniel Hack, M.D., Falmouth
Wright, Henry G., M.D., Somerset-street

Royal Colleges of Physicians and Surgeons of Edinburgh.—The following gentlemen, having completed the course of study and undergone the examinations, prescribed for obtaining the double qualification in Medicine and Surgery, were *admitted*, on March 16, 1860, as Licentiates of the Royal College of Physicians and also of the Royal College of Surgeons of Edinburgh, viz.:—

Duncan, George, Dumfries
Maclaglan, Robert Craig, Edinburgh
Wyllie, Andrew, Ayrshire

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinatiens for the Diploma, were *admitted* Members of the College, at a meeting of the Court of Examiners on March 16:—

Ashley, Jacob, Wick and Abson, near Bath, L.S.A., July 5, 1838
Barham, Frederic, Maidstone, L.S.A., April 25, 1839
Bryant, James, Northampton-street, Clerkenwell, L.S.A., November 11, 1824
Cochrane, George, Wickham-market, Suffolk, L.S.A., October 17, 1833
Edmunds, Messrs. John, Toddington, near Dunstable, L.S.A., May 2, 1816
Fisher, William Paine, Dartford, L.S.A., March 5, 1846
Griffith, James, Biddenden, Kent, L.S.A., December 21, 1826
Hill, William Byron, Carter-street, Walworth, L.S.A., July 5, 1849
Howard, Francis Charles, Linton, Cambridgeshire, L.S.A., June 7 1832
Hurd, James, Frome, Somerset, L.S.A., June 3, 1830
Hurd, John, Yatton, near Bristol, L.S.A., May 8, 1845
Kirby, Christopher, Halifax, Yorkshire, L.S.A., May 6, 1852
Knaggs, Henry, Kentish-town, L.S.A., February 23, 1826
Lambden, James, Grimsby, Lincolnshire, L.S.A., April 12, 1827
Linton, Ralph, Chester-le-street, L.S.A., June 10, 1830
Mais, John Ivy, Thorner, near Leeds, L.S.A., May 26, 1853
Moger, Frederic Slade, Highgate
Scotchburn, Alfred, Driffield, Yorkshire, L.S.A., November 8, 1849
Skegg, Robert, St. Martin's-place Trafalgar-square, L.S.A., Decembe 22, 1825
Stiles, Thomas, Pinchbeck, Spalding, Lincolnshire, L.S.A., February 1, 1821
Swales, Edward, Helmsly, Yorkshire, L.S.A., April 28, 1853
Walters, Edward Smith, Leek, Staffordshire, L.S.A., November 3, 1836
Watkins, Charles Stuart, Chandos-street, Covent-garden, L.S.A., April 20, 1854

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, March 15:—

Franks, John, Sevenoaks, Kent
Parker, John, Hemmer, Flintshire

Scholefield, Joseph, King-street, Dukinfield, Cheshire
Shuttleworth, Robert, Great Bowden, Leicestershire
Ward, Henry, Diss, Norfolk

Names of gentlemen who passed the Preliminary Examination in Classies and Mathematics, on Tuesday the 20th and Wednesday the 21st March:—

Allinson, John James, Kings-Lynn, Norfolk
Bateman, Francis, Canterbury
Beeby, Walter Thomas, Carlton House, Enfield
Bennett, Franciss Graham, Brighton
Blewitt, Byron, 16, Castlegate, York.
Burnham, Ralph, Grimsby
Butcher, Henry Osborn Fawcett, Bedford Infirmary
Child, Edwin, Richmond
Churchill, John Foot, Poole, Dorsetshire
Dod, Harry Davenport, Sutton, Cheshire
Eager, Reginald, Guildford, Surrey
Eversbed, Arthur, Billinghursh, Sussex
Fernie, James, Ashby de la Zouch
Hawkins, Edmund Woods, 36, Colet-place, E.
Hampshire, Frederick Knowlton, Bedford Infirmary
Henderson, Roderick William, Upper Clapton, N.E.
Hughes, David, Castle-street, Ruthin
Linton, Charles Robert, Oundle, Northamptonshire
Lucas, Herbert, Hitchin
Maturin, Henry, Lymington, Hants
Maundrell, Edward, Calne, Wiltshire
Packer, Edwin Morton, Brooke, near Norwich
Parrott, John Charles, Clapham-common
Phillips, John Jones, Hackney
Royds, William Alexander Slater, Bedford
Scott, Robert John, St. Mary's Hospital
Smith, Charles James Hardy, 1, Upper Craven-place, Kentish-town
Vickers, William, John William-street, Huddersfield
Wells, James, Nailsworth
Worger, Thomas Hewlett, Chiswell-street, Finsbury
William, John, Duffryn, Merionethshire
Wright, Edward Seymour, March

APPOINTMENT.

Cooper.—March 12, Mr. Geoffrey V. Cooper was appointed House-Surgeon to the Bristol Royal Infirmary.

DEATHS.

Adcock.—March 17, at Brentford, George Robert Adcock, M.R.C.S.

Fearon.—March 5, at Gilcrux, Henry Hall Fearon, M.D.

Ivimy.—March 11, Thomas Ivimy, of Portsmouth, aged 70.

Milson.—March 19, R. O. Milson, Esq., formerly of Swineshead, Lincolnshire, aged 75.

McDonald.— March 8, at 1, Union-place, Aberdeen, Dr. Alexander McDonald, R.A.

Murray. — March 17, at Enniskerry Lodge, County Wicklow, Dennis Murray, M.D., late of the 10th Hussars, aged 66.

Paxton.—March 12, at Leadwell House, Oxon, James Paxton, M.D., late of Rugby, and many years resident in Oxford: he was the author of "Illustrations to Paley's Natural Theolgy," a valuable work on "Anatomy, with a Treatise on the Blood," "Advice to my Patients," etc.

Saner.—March 20, at Tottenham-green, James Saner, M.D., late of Finsbury-square, aged 81.

Small.—January 7, at Richmond, Australia, William Small, formerly of Boston, Lincolnshire, aged 59.

Stone.—March 14, Thomas Westcott Gale Stone, M.R.C.S., aged 22.

Taylor.—March 11, at 40, Green-park, Bath-road, Richard Taylor, M.D., aged 89.

In the middle of the seventeenth century 5 in 100,000 of the population of London were executed annually; now only one in the whole population. To keep on a par with those barbarous days, we ought to exeeute about 140 per annum.

M. Van Eden advises that in performing the operation of turning the child in the womb, the woman should be placed on her hands and knees, or as he calls it *en vache*, and for two reasons: the movement of the hand is not impeded by the arch of pubes, and the feet of the child are more readily grasped.

King and Queen's College of Physicians in Ireland.—Dr. David Mark Williams, M.R.C.S. Eng., of Liverpool, having been duly examined for the Diploma in Medicine, and approved of, has been admitted as a Licentiate, and received authority to practise as a Physician.

An Ancient Female Doctor.—"A famous young woman at Venice, of the noble family of Cornaras, that spoke five tongues well, of which the Latin and Greek were two. She passed Doctour of Physick at Padua, according to the ordinary forms, and was a person of extraordinary virtue and piety."

The Registrar-General, speaking of the increase of mortality caused by the masons' strike among their families, relates the following anecdote:—"The wives evidently thought their husbands in the right and suffered with them the pangs of hunger. A relieving officer thus writes on September 1st: 'I visited this man's lodging. He was out, but his wife was in bed, with scarcely a rag to cover her, evidently gradually sinking from want. The room contained scarcely an article of furniture, and presented a most destitute, neglected, and dirty appearance. She said "We are starving, sir; we have neither fire nor food.' Why, I replied, does not your husband go to work? 'What,' she exclaimed with considerable energy, 'to become worse than a slave!'"

Mrs. Jameson, the well-known authoress, expired on the 17th inst. This lady took a deep interest in all social and moral questions, as evidenced in her printed lectures on "Sisters of Charity at Home and Abroad" and the "Communion of Labour," prefaced by an earnest and eloquent introduction. In this late and small volume she considers the practical side of English life—treating of labour, of charity, of education, of the condition of her own sex, of our criminal laws and reformatory institutions.

Poor-Law Medical Reform Association.—University College, London, March 16, 1860. — The Medical Students to-day held a meeting for the purpose of assisting the efforts of the above Association. Dr. Edwyn Andrew, Resident Medical Officer to the Hospital, in the chair. The Chairman briefly explained the objects of the meeting, after which the following resolutions were unanimously carried:— 1. Proposed by Mr. Bastian, seconded by Mr. Hill,—That the Medical Students of University College, London, heartily approve of the efforts of the Poor-law Medical Reform Association, and determine to lend their aid in furthering its objects. 2. Proposed by Mr. Hickman, seconded by Mr. Hill,—That the Medical Students of University College, London, petition Parliament in favour of the amendment of the laws relating to the administration of Medical relief to the poor. 3. Proposed by Mr. Dawson, seconded by Mr. Case, —That this meeting deeply sympathises with Mr. Griffin in his unceasing efforts in behalf of Poor-law Medical Reform. 4. Proposed by Mr. Winterbotham, seconded by Mr. Wilkinson,—That a subscription be raised in order to form a fund for defraying the expenses of the Students' branch of the Association. With a vote of thanks to the Chairman the meeting dissolved.

Hospital Economics.—The following tables may be consulted with advantage by those who are interested in Hospital expenditure. The first is a comparative statement of expenditure, etc., of the Nottingham General Hospital during the last twenty years:—

Hospital Year from March to February.	No. of In-Patients.	No. of Out-Patients.	Average Cost of each In-Patient.			Average Cost of each Out-Patient.		Average No. of days each In-Patient was in the House.	Cost per day of each In-Patient.		Total Cost of Apothecary's Department.			Total Cost of Wine, Spirits, and Porter.			Contract Price of Meat per stone.		Contract Price of Bread per stone.	
			£	s.	d.	s.	d.		s.	d.	£	s.	d.	£	s.	d.	s.	d.	s.	d.
1831	636	1794	3	11	0	4	3	46½	1	6½	519	11	3	24	1	0	7	0	2	8
1832	666	1559	3	7	8	4	8	43	1	6½	359	9	1	47	2	10	6	9	2	2
1833	662	1643	3	13	2	3	9	45	1	7½	432	2	7	48	19	0	7	0	2	6
1834	753	1810	4	5	10	4	10	39	2	2	505	6	4	51	14	2	6	6	1	10
1835	790	1643	3	16	7½	4	8	47	1	7	569	3	11	97	0	0	5	7½	1	5½
1836	683	1156	4	2	0	5	10	50	1	7½	764	2	1	120	17	6	6	4	1	10
1837	650	1881	4	14	11	3	6	48½	2	0	448	4	6	84	4	6	6	7½	2	0½
1838	805	2090	3	5	3	3	9	47	1	6	628	14	7	38	17	3	6	3½	2	5
1839	829	2186	3	8	6½	2	11	46½	1	6½	454	3	0	64	6	6	6	3½	2	7½
1840	815	2126	3	6	7	2	6	46½	1	6	414	14	0	43	4	0	6	9	2	6¾
1841	861	2018	3	2	10	2	6	43½	1	6	397	18	1	45	15	4	6	11½	2	6
1842	985	2793	2	18	7	2	5	41½	1	6	485	13	4	77	4	2	6	10	2	3
1843	1029	2866	2	15	8	1	11	42	1	5¼	427	2	0	71	15	1	5	9	1	11½
1844	1102	2911	2	14	4	2	4	40	1	5	503	2	9	102	15	6	5	11	1	11½
1845	1214	3069	2	12	8	1	8½	36½	1	5	420	11	1	82	16	0	6	6	2	1½
1846	1232	4142	3	1	11	2	1	38	1	6½	608	5	6	142	17	6	7	2	2	3
1847	1131	3843	3	0	6	1	7½	41½	1	6	428	19	2	94	1	0	7	5	2	4
1848	1037	4295	2	17	9	1	10	44	1	4½	480	4	6	101	13	6	7	7	2	0
1849	1107	5864	2	13	10	1	5¼	39	1	4½	461	17	1	82	0	6	6	3½	1	11
1850	1144	6788	2	10	8¼	1	4¼	38¼	1	4	482	14	11	91	10	0	5	10	1	10

The following table gives a comparative statement of expenditure, etc., of twenty provincial Hospitals :—

Name of Hospital.	Annual No. of In-Patients.	Daily Average No. in the House.	Average No. of days each remained in the House.	Actual Cost of each In-Patient.	Cost of each In-Patient per day.	Cost of each In-Patient as compared with Nottingham Hospital—*i. e.* 38¾ days.	Annual No. of Out-Patients.	Cost of each Out-Patient.
				£ s. d.	s. d.	£ s. d.		s. d.
Sussex County Hospital, Brighton	895	110	44½	4 16 1	2 2	4 3 1	2127	3 8
Staffordshire General Infirmary	590	52	32	3 8 0	2 1½	4 1 5½	1100	1 10
Liverpool General Infirmary (a)	2625	200	27¼	2 13 10	1 11	3 14 5	..	..
Norfolk and Norwich Hospital	689	89	45	4 6 2	1 11	3 14 5	733	3 5
Worcester Infirmary ..	912	95	38	3 14 2	1 11	3 14 5	1736	3 2
York County Hospital	397	37½	34	3 4 3	1 10½	3 12 8	1087	2 3
Bristol Infirmary ..	2344	229	35½	3 6 0	1 10¼	3 11 9	9211	1 11
Carlisle Infirmary ..	338	30	40	3 15 0	1 10	3 10 2	1234	3 5
Addenbrooke's Hospital, Cambridge ..	760	79	38	3 6 2	1 8¾	3 6 6	1150	4 4
Salisbury Infirmary ..	956	93	35½	3 2 3	1 8¾	3 6 6	1195	4 4
Bedford General Infirmary	782	81	37½	3 4 3	1 8½	3 5 8	1265	4 3
Gloucester Infirmary ..	685	102	54	4 8 2	1 7½	3 2 6	532	4 9
Hants County Hospital	912	118	47	3 16 8	1 7½	3 2 6	949	4 7
Radcliffe Infirmary, Oxford	1009	107	39¼	3 3 0	1 7	3 0 11	1403	2 9
Leicester Infirmary ..	874	91	35	2 8 10	1 7	3 0 11	1991	2 3
Derbyshire General Infirmary	728	68	33½	2 11 9	1 7	3 0 11	1620	2 8
Leeds General Infirmary	1546	135	29	2 0 9	1 7	3 0 11	2532	3 8
Hull General Infirmary	870	79	33	2 6 6	1 5¾	2 16 8	1356	3 7
Birmingham General Hospital	2460	193	28¼	2 1 0	1 5½	2 16 0	10928	1 4
Nottingham General Hospital	1144	120	38½	2 10 8¼	1 4	2 10 8¼	6788	1 4¼

(a) Out-Patients are not admitted at this Infirmary.

BOOKS RECEIVED.

Palæontology. By R. Owen, F.R.S. Edinburgh: 1860.

Diseases of the Rectum. By T. J. Ashton. Third Edition. London: 1860.

Conservative Surgery. By J. G. Beancy, M.R.C.S. Melbourne: 1859.

Two Months in Arrah. By J. J. Halls, F.R.C.S. London: 1860,

Hæmorrhoids and Prolapsus of the Rectum. By H. Smith, F.R.C.S. Second Edition. London: 1860.

Cure of the Sick. By J. Spurgin, M.D. London: 1860.

Searchings after Truth. By a Physician. London: 1860.

On Eruptions. By T. Hunt, F.R.C.S. London: 1860.

Human and Animal Milks. By M. A. Baines. London: 1860.

Races of Oxen in Ireland. Ancient Animals of Ireland. By W. R. Wilde, M.R.I.A. Dublin: 1860.

The Organs of the Senses. By W. E. C. Nourse. Brighton: 1860.

Die Elektricikät in der Medizin, von Dr. J. Althaus. Berlin: 1860.

Clinical Notes. By W. T. Gairdner, M.D. Edinburgh: 1860. (A reprint of a valuable practical paper, entitled "Five Years' Hospital Experience of Pneumonia.")

The Radical Cure of Varicocele. By Henry Lee, F.R.C.S. London: 1860.

Diseases Peculiar to Infants and Mothers. By Thomas Ballard, M.R.C.S. London: 1860.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 17, 1860.

BIRTHS.

Births of Boys, 1046; Girls, 977; Total, 2023.
Average of 10 corresponding weeks, 1850-59, 1723·7.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	771	792	1563
Average of the ten years 1850-59	638·2	600·0	1238·2
Average corrected to increased population ..	..	..	1362
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	47	29	76

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	4	..	6	..	8	10	..
North ..	490,396	7	3	8	2	6	7	1
Central ..	393,256	4	3	3	..	7	5	1
East	485,522	1	9	10	3	10	11	..
South ..	616,635	13	9	6	5	14	8	3
Total . ..	2,362,236	29	24	33	10	45	41	5

TO CORRESPONDENTS.

M. E. D.—Strong sulphur ointment might by tried.

Dr. Carter's paper shall be inserted.

Eger.—Dr. Althaus, 2, Manchester-street.

Mr. Dale.—The work has not been received.

M. B. should apply to the Secretary of the Peninsular and Oriental Company, London, E.C.

Mr. Bremridge.—Many thanks, but our Pass-lists occupy so much space that we are unable to insert those of the Pharmaceutical Society.

Mr. Robertson.—The same answer must apply to the Pass-lists of the Edinburgh College of Surgeons.

M. B. G.—There can be no difficulty in the matter if both fœtal and maternal pulsations be counted. It is only when the maternal pulsations are very rapid, say 120, that error is probable. Remembering this, there is no discrepancy in the statements of Drs. Simpson and Williamson.

Dr. Cregeen. — The Members of the College of Physicians are *elected* by the votes of the Fellows assembled in Comitia Majora. When thus elected, Members are summoned to appear at the College, and are then formally *admitted* Members of the College by the President in Comitia Majora.

Salus Populi very naturally asks whether the "Manhood and Silent Friend" class, who advertise themselves all over the country as *Registered*, cannot be brought under the notice of the Medical Council and expunged from among the list of honourable names, among which they figure in the Register. If the Council has not the power to expunge such names, it undoubtedly ought to have it.

Vaccinator, a Surgeon and Subscriber, an Old Subscriber, and other correspondents who have asked questions as to the recent regulations of the Privy Council respecting Public Vaccination, are informed that they will find a copy in full of these regulations in our numbers for Dec. 10 and 17, 1859.

A Foreign Subscriber.—1. The particulars of the case could be obtained from Mr. Hancock, 37, Harley-street. 2. Hare-lip pins answer well for acupressure; but in many cases they are required to be longer and stronger. Any instrument-maker could supply them.

Gen. Pract.—The following is Liebig's description of the mode of preparing Invalid Soup :—"Take half a pound of newly-killed beef or fowl, chop it fine, add 1⅛ lb. of distilled water, with four drops of pure muriatic acid, and 34 to 67 grains of common salt, and stir well together. After an hour the whole is to be thrown on a conical hair sieve and the fluid allowed to flow through without any pressure. The first thick portions which pass through are to be returned to the sieve, until the fluid runs off quite clear. Half a pound of distilled water is to be poured in small portions at a time on the flesh residue in the sieve. There will be obtained in this way about a pound of fluid (cold extract of flesh), of a red colour, and having a pleasant taste of soup. The invalid is allowed to take it cold, a cupful at a time at pleasure. It must not be heated, as it becomes muddy by heat, and deposits a thick coagulum of albumen and colouring matter of blood. In soup prepared in the usual way by boiling, all those constituents of flesh are wanting which are necessary for the formation of blood albumen; and the yolk of egg which is added is poor in those substances, for it contains in all 82½ per cent. of water and fat, and only 17½ per cent. of a substance the same or very similar to albumen of egg. But whether it is equal in its power of nutrition to the albumen of flesh, is at least doubtful from the experiments of Magendie. Besides the albumen of flesh, the new soup contains a certain quantity of colouring matter of blood, and with it a much larger quantity of the necessary iron for the formation of the blood corpuscles, and finally the muriatic acid to assist digestion. A great obstacle to the use of this soup in summer is its liability to change in warm weather. It enters into fermentation, like sugar with yeast, but without acquiring a bad odour. What may be the substance which gives rise to this fermentation is a question well worthy of being investigated. The extraction of the flesh must consequently be made with very cold water, and in a cool place. Iced water, and external cooling with ice, completely remove this difficulty. But the most important point to be attended to, is to employ meat quite recently killed, and not several days old."

The Breath of Life.

Several Correspondents have sent us a number of *All the Year Round* containing an article under the above title. We do not see that the remarks on Dr. Inman are deserved, unless it be known that he had a share in the authorship of the article, which is not very likely.

Registration of Deaths.

After a second perusal of the circular of the "Glasgow Faculty of Medicine to the Profession," we are quite at a loss to understand it. The Glasgow Faculty are not at all singular in having to send certificates of the cause of death to the Registrar free of charge. There is no such "invidious distinction between him and his co-practitioners in England,' as the Society called the "Glasgow Faculty of Medicine" seem to imagine.

Mr. Copp of Doncaster.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have read what Mr. Copp calls a reply to my letters, but as I cannot see that he in the least degree impugns any of the statements which I made, it is quite unnecessary that I should offer any further observations upon that part of the subject. I cannot, however, allow Mr. Copp to escape altogether without further notice.

Mr. Copp commenced by advertising himself as "late House-Physician and Surgeon to University College Hospital," appointments which, if he had held would have been a guarantee both to the public and the Profession, of his ability and experience.

The Medical Officers of that Institution in their letter to you of the 5th, declare that they have no such post as House-Physician, that Mr. Copp never held the office of House-Surgeon, but that he only performed certain duties for a few weeks under sufferance as a substitute for others, during their temporary absence, and was never appointed by the Council of the College, (although, they continue, he intimates as much in his advertisement), that he underwent no examinations, as he must necessarily have done, if he had held the appointments with the responsibilities in the usual manner. Mr. Copp has had an opportunity of contradicting this statement of the Medical Officers of University College Hospital, if by any chance they had been in error, but as he has not done so, I offer no comments but leave Mr. Copp to the judgment of his professional brethren.

I am, &c.

A Subscriber.

Physicians and Doctors.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As another instance of the injustice done to the Medical Profession by the recent bye-laws of the Edinburgh College of Physicians, I beg to forward the enclosed paragraph extracted from the *Staffordshire Sentinel* of the 10th inst., for your perusal, and the perusal of your numerous subscribers.

I do not believe Mr. R. H. Hayes possesses the diploma of the College of Surgeons, or the M.D. degree, although "Dr. Hayes" is now practising in Longton as a Physician and Surgeon, etc.

I beg to enclose my card, with address, and shall esteem it a favour if you will kindly insert this note, and the accompanying paragraph in your next issue:—

"We observe that Mr. R. H. Hayes, who passed his examination at the Royal College of Physicians, Edinburgh, on the 3rd ultimo, and was duly elected on the 7th of the same month, has received his diploma as a physician. Dr. Hayes is now practising in Longton as a surgeon and physician, having taken the practice of his late well-known father."

Longton, March 20, 1860. I am, &c. Medicus.

Asylum Tests and Qualifications.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—It is somewhat curious to observe the exclusive spirit which seems to actuate the governing bodies of some of the public Asylums, as displayed in the two last advertisements for Medical Superintendents which have appeared in your Journal.

The first case was that of the Visitors of the Northampton Asylum, who required, *inter alia*, that their elect should be married, and a member of the Church of England, whether Low or High Church was not specified, nor was it stated whether he was expected to perform the duties of chaplain besides; and with respect to his domestic condition, there was no hint whether a Benedict with numerous olive-branches, or one "without encumbrance," would have the preference. The other advertisers are the Bristol Visitors, and their demand is for a "Surgeon and Apothecary," and it is also announced, "No M.D. admitted within this Asylum, unless accompanied by the aforesaid, as a guarantee of good behaviour and Professional training." It would have been satisfactory to have also added "No Irishman or Scotchman need apply."

Few will impugn the propriety of electing a chaplain from the national Church of the country, whether Episcopalian or Presbyterian, it is the just solution of the matter; but it will be very difficult to show a valid reason why the holding of the thirty-nine articles makes a man especially fit to treat mental disease and govern an asylum. If this be true, then to demand a religious test is nothing more or less than intolerance, and a thing, we trust, unknown in other public asylums.

The Bristol conditions are not conceived in a more liberal spirit, though the strict intolerance relates not to the religious, but to the Medical qualifications of the candidate. The necessity of having a Superintendent possessing a due knowledge of Surgery and Medicine, cannot be gainsaid; but the fixing upon one particular test of qualification, to the exclusion of others, to say the least, equally as good, is the spot where the shoe pinches. The candidate must be a Surgeon, and I assume that an Irish or Scotch diploma will do as well as an English one, (better, perhaps, considering how the English College is replenished now-a-days,) but why should the Medical qualification be limited to the English Society of Apothecaries? It is expressly declared that no Degree in Medicine will avail anything, not even one from the Universities of London, Edinburgh, or Dublin, much less St. Andrew's and Aberdeen, and the creation of the Archbishop of Canterbury (though I wonder the orthodox Asylum of Northampton did not insist upon this eminently Church of England doctorate). Vain also are the boasted glories of the three Colleges of Physicians, devoted though they are to the especial fostering of "Medical" knowledge. Universities and Royal Colleges must "pale their ineffectual fires" before the ascendant star of the Worshipful Society of Apothecaries, and this too in the second year of the Medical Act, which was to bestow reciprocity of practice on all British Medical men! Reciprocity all on one side, for no holder of purely English diplomas is excluded from candidateship in Ireland or Scotland. How would the matter look if all Scottish advertisements for Asylum Superintendents announced, "he must be a Licentiate of the Edinburgh College of Surgeons, or of the Glasgow Faculty of Physicians and Surgeons," and the Irish ones for an exclusively Irish qualification?

This Bristol condition is one of the "suggestious" of the English Board of Lunacy, which is left alone in its exclusiveness, for the Poor-law Board has now given way on this point. If the Visitors of Asylums really want to secure well qualified Medical officers, they are standing in the way of it, by following these "suggestions," which it is natural should have great weight with them, for it is notorious that not one of the Scottish Superintendents, and I do not know how many of the English and Irish ones, not to mention their Assistants, could hold office on such conditions; and if we reflect upon how many men of celebrity are in this category, men whose names, in connexion with the treatment of Insanity, are "familiar as household words," we see the more vividly how absurd and insulting such a condition is, and how loudly and imperiously it calls for reform.

I am, &c. Censor.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. A. Buchanan, Glasgow; Dr. Conolly; Mr. Atkinson, Jerusalem; Dr. Troettsch, Wurzburg; Dr. Marcet; Dr. Gairdner, Edinburgh; Drs. Scanlan; M'Carron; Young, &c., Glasgow; Mr. Bowman; Mr. H. Lee; Mr. M. B. Galloway; Mr. Lister, Edinburgh; Dr. Lankester; Mr. Cole; Mr. C. Williams; Dr. Wallace; Dr. Meadows; Dr. Carter, Leamington; Dr. Smyth; Mr. Wakefield; Mr. Copney; Mr. Hamilton; Mr. Vincent; Mr. Bremridge; Mr. Couch; Mr. Hill; Editor of the *Chemist and Druggist*; Mr. Ballard; Mr. Wheatley; Dr. Devenish; Mr. Scott; Mr. Robertson; Mr. Sergeant; and Mr. Milson.

APPOINTMENTS FOR THE WEEK.

March 24. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. Dr. Lankester "On the Relations of the Animal Kingdom to the Industry of Man."

Royal Botanic Society, 3¾ p.m.

26. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Clinical Discussion.

27. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 3 p.m. Professor Owen "On Fossil Reptiles."

Zoological Society, 9 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. Mr. Brodhurst "On Intra-Uterine Fracture." Mr. John Adams, "Case of Femoral Hernia, which had descended beneath the Pectinæal Portion of the Fascia Lata."

28. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Geological Society, 8 p.m.

Hunterian Society, 8 p.m. Council Meeting 7½. Dr. Martin Cooke "On a Case of Stone in the Bladder in connexion with Pregnancy."

Royal College of Physicians, 4 p.m. Lumleian Lecture by Dr. Barker, "Observations on some Diseases of the Heart."

29. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m., London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Institution, 3 p.m. Professor Tyndall "On Light."

Royal Society, 8½ p.m.

30. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

Royal College of Physicians, 4 p.m. Lumleian Lecture by Dr. Barker, "Observations on some Diseases of the Heart."

Royal Institution, 8 p.m. William Odling, Esq., M.B., F.R.S. "On Acids and Salts."

Chemical Society, 8 p.m. Anniversary.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergussou—For Fistula in Ano (two cases).

DR. DE JONGH'S

(Knight of the Order of Leopold of Belgium)

LIGHT-BROWN COD-LIVER OIL.

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

"I have much pleasure in bearing testimony to the excellent qualities of the Cod-liver Oil prepared under the superintendence of Dr. De Jongh, of the Hague.

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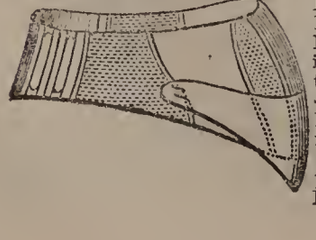

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ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture X.

EXPERIMENTAL PATHOLOGY.—ON THE RATIONAL PRINCIPLES OF THERAPEUTICS.

Summary: Difference of the Notions prevailing among Medical Men with regard to Therapeutics—Expectation; active Treatment—*Vis Medicatrix Naturæ:* Precise Signification of this Term—Doctrine of Hippocrates, concerning Crises and Critical Days—Various Forms which this Opinion has assumed in different Ages—The Reality of Spontaneous Cures established by Clinical Observation—Injection of Putrid Substances into the Veins—Results of this Experiment—Errors of Nature; Necessity of directing her Efforts in several Cases—Expectation absurd in certain Cases, rational in others—Gall's Opinion on this Subject—The *Vis Medicatrix* is a Physiological Power—Instances adduced to support this Opinion—Power of Regeneration enjoyed by Entozoa; various Kinds of Polypi, etc.—Instances of the same Power in the higher Animals—Tiedemann and Gmelin's Experiments on the Biliary Duct—Bernard's Experiments on the Pancreatic Duct—Sédillot's Experiments on Ligature of the Œsophagus—Reproduction of lost Tissue observed in Man—The same Property enjoyed in a higher Degree by the Liquids and Epithelial Membranes of the Economy—Physiological Forces continue to act in a State of Disease—Critical Evacuations assimilated to the Physiological Elimination of Foreign Substances from the Body—Practical Results of these Reflections.

Gentlemen, — In the preceding Lectures it has been our object to ascertain whether the exact counterpart of disease, in each of the numberless forms which it assumes, does not exist in the physiological state; but the discussion of this subject was only intended to introduce you to the study of another, and still more important question, which, from its very nature, is intimately connected with the foundations of Medicine itself,—we allude to Therapeutics; a science, towards which converge all the other branches of the healing art; for the restoration of health to the sick must evidently be the ultimate end of all the Physician's endeavours, and, in this manner alone can his noble mission be fulfilled.

From the earliest period to which our knowledge extends, we find the Medical body widely differing in opinion on this point. Is it our duty to assail diseases with powerful remedies from the outset? Ought we not, rather, to watch the efforts of nature and avoid disturbing them in their course? The difficulty stands forth as prominently in our own time, as in the days of the ancients; in other words, two opposite doctrines prevail among Medical men on this subject; the expectant method is adopted by some, while active treatment is resorted to by others. The belief in Nature's healing powers is coeval with the birth of Medicine; we find it expressed at large in the works of Hippocrates, and, to this day, the Expectant School lays it down as a fundamental principle. But the abstract meaning of all these terms requires an accurate and distinct explanation; the word Nature is frequently applied to that first cause, from which the entire universe derives its being; while, at other times, the word is used with reference to the universe itself, —to the visible effects produced, by the action of that everlasting force, upon inert matter; or, if we may be allowed to borrow the admirable expression of Spinoza, Nature must be viewed both in an active and in a passive light; *Natura naturans* in the first case, and *Natura naturata* in the second.

The notion entertained of the *vis medicatrix*, or healing power, by the ancient Physicians, was that of an innate tendency, or instinct, residing within the organs of the living body, and which, after they had been disordered through morbid influence, led them by degrees to resume their former state. It was therefore, believed, that whenever man interfered in the struggle, his part should exclusively consist in favouring these efforts of Nature which tend to the re-establishment of health; and thence arose the doctrine of crises and critical days, which, in the writings of Hippocrates, holds so prominent a place; he supposed that at certain stated periods, the evacuation of the *materies morbi* was spontaneously accomplished through some extraordinary discharge.

We therefore see that in this respect the doctrine of the ancients consisted in believing that when diverted from their proper course the biological powers would naturally revert to it without foreign assistance; and many of our cotemporaries still entertain the notion, making allowance, of course, for all the modifications which the progress of science has rendered indispensable. At various periods in the history of Medicine we find these opinions in full vigour, although expressed under forms in accordance with the spirit of the age. Thus, the vital principle which pervades the living economy is, by Stahl, attributed to the soul (anima), while Van Helmont calls it "the ruling power" (ἀρχη); the idea remains substantially the same, and may be conveyed in these words: "Nature enjoys the power of restoring health to the body without foreign assistance."

Clinical observation has evidently laid the foundations of this doctrine; we daily witness the recovery of patients, who have not enjoyed the benefit of Medical assistance. In this manner we see foreign bodies, when lodged within our tissues, expelled from thence by the natural process of inflammation, and the suppuration which ensues; and it appears perfectly rational to suppose that, in internal disorders, the noxious principle is likewise expelled through perspiration, or by means of some similar evacuation. When considered in this light, the symptoms of disease invariably exhibit a curative tendency, more or less remotely connected with the final end; every change that occurs in the patient's state, marks a new step in the contest; and, when death supervenes, it must be supposed that the powers of Nature have been overcome by the intensity of morbid influence. Without adopting, *a priori*, similar views, several observers have endeavoured to corroborate them by the result of direct experiments. M. Gaspard (of St. Etienne) having injected a decoction of putrid substances into an animal's veins, succeeded in superinducing febrile symptoms of the highest intensity, accompanied with shivering, prostration, and abundant alvine dejections; and, after a certain space of time, the animal recovered without undergoing any Medical treatment. In other cases, the animal having perished, it was supposed, of course, that the *vis medicatrix* had been insufficient to conquer the foe. A large number of facts, resulting from clinical observation, might be satisfactorily explained by a similar process: the gradual resorption of pseudo-membranous exudations, and various other morbid productions, are instances to this purpose. It would, no doubt, be altogether superfluous to dwell any longer on this subject.

Far different, however, are the views of Physicians belonging to the opposite party—those who adopt a more active course in the treatment of disease. Nature, say they, is frequently blind, and requires to be directed in her operations; in fractures, no doubt, she supplies the materials requisite for consolidating the broken shaft; but, if abandoned to the natural process, the limb is almost invariably shortened, and assumes a vicious direction, and the patient remains lame for life. Inflammation in the natural ducts generally brings on stricture; a result frequently attended with the greatest inconvenience, as in stricture of the urethra, and which, in certain cases, may ultimately prove fatal; when it occurs in the œsophagus, for instance, the obstacle created to the passage of food gradually causes the patient to die from starvation. The upper orifice of the larynx occupies a dangerous situation, in relation to the fauces; and the passage of an alimentary bolus into the windpipe is frequently the result of this unfortunate anatomical disposition. It is, therefore, perfectly clear that Nature may alternately be praised or blamed for what she does, according to the light in which her operations are viewed; and clinical observation supplies arguments to both parties.

It is evident that in various circumstances, and mostly in surgical cases, expectation becomes altogether absurd, and that an active mode of treatment is imperatively required. But, in a still larger number of cases, expectation is preferable; and the practitioner's skill is evinced by a judicious employment of the method adapted to each particular case.

To establish, with absolute certainty, whether a given mode of treatment is profitable or injurious to the patient is frequently impossible. Counter-proof would be indispensable to settle the question, and humanity prohibits any recourse to such a method of demonstration; besides, individual cases can seldom be fitly compared with each other, and cannot therefore, be safely brought together, for the purpose of establishing general rules. Dr. Gall, the phrenologist, wrote an interesting essay on this subject, in which he endeavours to determine, as far as possible, what is due to Nature and what may be attributed to Medical agency, in the cure of disease. Let us select two undeniable instances of these different conditions: in eruptive fevers the total inutility of our interference is evident; while, in cases of intermittent fever, we possess an agent of such indubitable energy, that to neglect to make use of it would be altogether unpardonable. We must, therefore, admit the existence of cases in which medicines do really appear to excite a considerable power over the progress of certain diseases; but to discuss the question is not our purpose for the moment; we shall direct your attention more especially to the manifestation of that physiological principle, whatever its intimate essence may be, which the ancients knew under the name of *vis medicatrix naturæ*.

It cannot be denied, that the physiological forces which regulate the vital functions, are endowed with a considerable power of resistance to the influence of external causes; and that whenever the natural state of things has been disturbed, they tend to re-establish the balance. Numerous instances of this might easily be adduced: we shall content ourselves with reminding you that, in certain of the lower animals, a lost limb is entirely reproduced; and that in the lowest ranks of the scale of being, the animal may be divided into several distinct parts, each of which becomes, after a short space of time, a complete individual of the same species. This singular phenomenon, which is known to occur in the hydra, and in various kinds of polypi, is equally observed, in a lesser degree, in beings the organisation of which is infinitely more complex: the lobster is often deprived of its claws, which are replaced by new ones; and, among vertebrated animals, the lizard frequently loses part of its tail, and a new one shoots forth in its stead. A similar tendency is found to exist among animals of a still higher type; thus, if in a dog the biliary duct is tied, when death does not occur from an effusion of bile into the peritoneum, a new duct is soon established between the two ends of the former one. We owe this information to Tiedemann and Gmelin; and I have more than once observed results entirely similar consecutively to the ligature of the pancreatic duct; shortly after this operation, the neighbouring cellular tissue increases in density; the obliterated portion of the duct is resorbed, and a new channel is shortly established between the two separated extremities, exactly as in the previous case; the reproduction is even so perfect, that in making the autopsy, a few months later, not the slightest vestige of the operation can be discovered. Professor Sédillot in his experiments on the œsophagus, was led to the same conclusion. His original purpose was to prolong the duration of life in individuals affected with cancer, or obliteration of this natural passage from other causes. M. Blondlot's experiments on gastric fistula suggested the adoption of a similar method for Medical purposes. The œsophagus having been tied in several dogs, they were fed, during a few weeks, through a perforation which had been established in the walls of the stomach; but after a certain lapse of time, the animals being unmuzzled, M. Sédillot was greatly astonished to see them actually feed by the mouth, and swallow large pieces of meat; on opening these dogs, it was discovered that the two separate extremities of the œsophagus had united again, and that a new channel was thus opened to the passage of food from the mouth. In the human species, considerable portions of tendons, or nerves, after being extirpated, are not infrequently reproduced; in such cases, the newly-formed tissues go through the successive histological evolutions, which, in the embryo, are connected with the normal phenomena of evolution. During the period which I spent in the Hospitals, as a Medical student, I had the opportunity of witnessing various cases of this nature; the following is one of the most remarkable:—A large portion of the sciatic nerve had been removed in a young man who had submitted to the extirpation of a voluminous tumour in that region; on dissecting the tumour, the nerve was discovered within the morbid tissue; and, as might have been expected, the corresponding muscles were entirely paralysed, while sensibility was completely destroyed in those parts which lie in connexion with the lower portion of the sciatic nerve; yet, after a limited space of time, all these symptoms entirely disappeared, and the injured limb was enabled to perform its locomotive functions as before.

The solids of the human body enjoy, therefore, to a certain degree, that singular property of regenerating lost substance which in the lower animals is so conspicuous; but it is in the liquids and epithelial exudations of the economy that this physiological force exhibits the full extent of its power. An animal may be daily bled to a considerable amount, without even appearing exhausted, if proper food be regularly supplied; and we know from daily experience how soon the loss of blood from hæmorrhage is repaired, provided the quantity of fluid thus suddenly withdrawn from the circulation is not so considerable as immediately to affect the vital powers. The blood, therefore, enjoys, in the highest degree, the property of repairing its losses: the same remark holds good of the epithelial coating of mucous membranes; you are aware how rapidly excoriations are healed in the normal conditions of life. The perpetual renovation to which the blood and epithelial membranes are submitted in the physiological state fully explains the existence of a similar privilege in their favour.

You therefore perceive, gentlemen, that the mysterious powers attributed to Nature by the ancient Physicians are readily explained by the normal properties enjoyed by living bodies, which even in a state of disease continue to exist, although hidden from view for a time; but as soon as an opportunity offers, they burst the veil, and make again their appearance. It will be readily understood why young patients in general enjoy greater powers of resistance to disease than persons of advanced age: the animal economy is endowed with greater energy at an early period of life, and struggles more vehemently to regain lost ground.

The critical phenomena described by old writers are in themselves the mere result of physiological agency. Have we not seen the yellow prussiate of potash, when introduced into the veins, pass into the urinary secretion, and thus escape from the economy? Is not alcohol, in the same manner, expelled by the lungs? We must, therefore, consider the extraordinary discharge by which certain disorders appear to be cured, as the mere elimination of foreign substances, which, in health as well as in disease, are driven out of the body by a natural process.

These reflections, gentlemen, will no doubt convince you that the *vis medicatrix*, so long considered as a sort of mysterious power concealed within the living body, is the mere result of physiological properties, which, although cast into the shade, as it were, by the disorders which attack the economy, still continue to exist, and, in most cases, gradually regain the mastery. When, therefore, death occurs, instead of saying that life has been overpowered, it would be more correct to say that the physiological state has ceased to exist.

As to the part which the Physician plays in the struggle, his duty consists in attentively watching the efforts of Nature, and turning them to profit whenever a favourable opportunity occurs. Now, the agents through which an influence is exerted are medicines: to study the mode of their action, the power they exert, and the various cases in which they may prove either useful or injurious to the patient, will be the object of our next Lecture.

Dr. Vohl, of Bonn, relates, in the "Archiv. f. Phys. Heilk" (1858), a case which demonstrates the fact of the transformation of sugar into inosite within the animal economy. In a patient he found that the sugar disappeared, and that inosite took its place.

We are glad to hear that Sir H. Grant has selected for the Medical Officer on his personal Staff Dr. C. J. Kirwan, the author of an excellent work on "The Despatch of Troops by Sea." A medical officer who has paid so much attention to the important points involved in the necessary arrangements for the conveyance of troops by sea, in such a way as to ensure, as far as practicable their being kept in a healthy and efficient state, as Dr. Kirwan has, will prove a useful adviser on the staff of the commander of an expedition like that now being started for foreign service.—*Delhi Gazette.*

ORIGINAL COMMUNICATIONS.

ON LITHOTOMY CONSIDERED AS A CAUSE OF DEATH,

WITH REMARKS ON THE PRESENT STATE OF THE OPERATION USUALLY CALLED THE "RECTANGULAR OPERATION FOR STONE;" AND ON THE BEST METHOD OF EXTENDING THE ORDINARY INCISIONS IN THAT OPERATION, FOR THE PURPOSE OF EXTRACTING STONES OF UNUSUALLY LARGE SIZE.

By Professor A. BUCHANAN, M.D., University of Glasgow.

The subjects comprehended in the above title, although quite distinct, yet admit well of being discussed together, as the first determines the two last. To point out the paths in which there is danger, is an indirect mode of indicating the safe path; so if we point out the circumstances and conditions in which the operation of lithotomy causes death, we can readily deduce by a process of exclusion both the ordinary operation, which can be performed without danger, and the safest rules for modifying it in circumstances of unusual difficulty.

It is probably in the knowledge of most of the gentlemen who now hear me, that somewhat more than a dozen years ago (in 1846), I introduced into surgical practice at our Hospital a new mode of cutting for the stone; which my colleagues at the Hospital have done me the honour to adopt almost unanimously, and which has, indeed, been very generally adopted by all those who have had the opportunity of seeing it performed; and knowing the very favourable results that have followed from it, I have, in consequence, not only felt it as a natural ambition, but as a duty imposed upon me, to watch the new operation with the utmost care, and to add to my own observations those of the intelligent men by whom I have the privilege of seeing it performed, so as to render it, as much as possible, worthy of the preference which they have shown it. It is to a few of those observations that I now propose to direct your attention.

It is most gratifying to me to be able to report, in the first place, that the new operation has been attended with a great saving of human life. The average number of deaths has not been more than one in twelve persons operated on; while, in persons submitted to the lateral operation, the general average is one death in six. In other words, one half of the persons operated on, according to the old process, and dying, are saved by the adoption of the new one. That this is a fair general average at the present moment will appear from the following considerations. It is founded on upwards of three-score of cases. These have been cut by ten different operators, all of them performing the new operation once for the first time—some of them, indeed, men of large experience in the old operation, as well as in operations of every kind, while others have only entered upon the Profession since the new operation came into existence, having become acquainted with it as students. Farther, the duty of the assistant who holds the staff, is both more difficult and more important to the success of the operation, than in the old mode of operating. But the operators are not allowed to select, or at least out of courtesy are not in the habit of selecting, their own assistants, but take whatever colleague is assigned to them by the course of his election; and this has sometimes been to their own great embarrassment, and the imminent danger of their patients. We must consider, also, that the period from which this average is deduced, comprehends the earliest records of the operation, from the time when it first issued from the dissecting-room, and passed into the operating-theatre; and that the rules of the operation, as first performed, have been repeatedly altered in conformity with the suggestions of a wider experience. If these various circumstances be taken into account, I think I shall not be accused of being over-sanguine, when I venture to predict a much higher success for the operation hereafter than it has hitherto attained. I think, indeed, it may be fairly anticipated that the time will come when, in our hospitals at least, no man will die of the operation for stone in the urinary bladder, unless either the stone be of large size, or there are unusual risks to be run from an anomalous distribution of the arteries, or from the existence of disease in the prostate or bladder. Now, as such cases constitute only a small per-centage of the total number of cases of stone in the bladder, not above one, or at most two per cent., it is reasonable to hope that the success of the operation for stone in the bladder will gradually approximate to the same average.

It is not, however, this bright side of the picture, but the opposite side exhibiting the cases that have terminated fatally, that I intend at present to bring prominently under your view. We often learn most from our unsuccessful cases. The only compensation we receive for the regret which they occasion to us, is, when they teach us useful lessons for our future guidance. It is thus, indeed, that many of the greatest triumphs of Medicine have been achieved; defeats to her become the preludes of victory, and her enemies themselves teach her to subdue them.

Since the introduction of the new operation in 1846, there have been six cases in which the performance of it has been followed by death. I shall speak of these cases numerically, in the order in which they occurred. In all of them an examination of the body after death was made. I witnessed the examination in Cases 2, 3, 4, and 6. I shall therefore speak most fully of these four; but I know enough of the other two cases, viz. 1 and 5, to be able to speak of their general features of resemblance or dissimilarity to the cases with which I am better acquainted.

The first five cases, I believe, all died of the same affection; that is, of the same pathological condition of the body immediately induced by the operation. I shall speak, however, as stated above, chiefly of Cases 2, 3, and 4; and only in the way of comparison of Cases 1 and 5. I wish particularly to draw attention to the great rapidity of the fatal affection induced; to the peculiarity of the symptoms by which it was marked, and the resemblance of these symptoms to each other in all the cases; and, lastly, to the very remarkable, and altogether identical appearances, which the dead bodies presented on dissection.

The first fatal case occurred in the hands of one of the most eminent Surgeons of this or of any country, an original and most zealous member of our Medico-Chirurgical Society, whom we have all regretted to miss from our meetings this session, and who—alas! that I should have to say it—will never again cheer us with his countenance, or gladden our ears with his well-known voice; and will never again, as he has so often done within this hall, instruct us by drawing from the rich stores of his long experience and well-matured reflection. I need not say to you that I speak of Dr. Lawrie. I am proud this evening to be the bearer of one last sheaf of his, to be added to the full harvest which he has garnered. I have not the advantage of knowing what Dr. Lawrie ultimately thought of the case I am about to describe; perhaps, his thoughts were not, like mine, kept riveted upon it by the occurrence of other cases equally disastrous; but I shall speak of it with the utmost freedom and openness, using it as if it were my own, just as I know he would wish me to do if he were here present to hear me.

The patient was a strong young man of 23 years of age. There was nothing remarkable in the operation; but as there was more novelty in such cases than there is now, I paid the man a visit in the evening to see how he was doing. A single glance was sufficient to show that the man was in a most dangerous condition. He tossed from side to side in his bed, and could find relief in no position in which he could place himself; his countenance was anxious, his voice weak, and his pulse rapid and fluttering. He complained of no pain, but of sickness and exhaustion. The belly was a little tumid; but there was no tenderness to the touch. Death took place in somewhat more than twenty-four hours.

The appearances that presented themselves on dissection were such as created the astonishment of all who witnessed them, as being altogether unexpected, and such as not one of us had ever seen or heard of as occurring after the operation for stone. The whole upper and posterior surfaces of the urinary bladder and the parts adjacent were of an intensely red colour, arising from ecchymosis; and the redness was much more intense on the right side than on the left, contrary to what we thought likely to happen. On turning up the bowels, there was found on each side of the abdominal cavity a small quantity of a sanguinolent fluid. There was no inflammatory state of the peritoneum, nor any redness, except in the situation which I have indicated.

No one could look at these very remarkable appearances without having the idea immediately suggested to him that

this man had been stabbed in the lower belly. My friend, Dr. Easton, whose practised eye, from the official position which he had long occupied, was familiar with the appearances left in the dead body by deeds of violence, happening to stand by me during the dissection, he whispered into my ear,—"that the case was exactly like one of his." So much, indeed, was I at a loss to form any rational conjecture as to these anomalous appearances, that I was driven into the unjust suspicion that our great operator had allowed his knife to slip out of the groove of the staff, and had wounded the posterior part of the bladder; but the most careful search failed to discover any such wound.

The two next cases may be described in the very words I have employed above, in so far as essentials are concerned, the only difference being that the patients died by my hands instead of by Dr. Lawrie's. They were both in the same excellent health before the operation. The affection induced proceeded with the same frightful rapidity, and exhibited the same symptoms; and the appearances, on dissection, were quite identical; the same ecchymosis of the surface of the bladder and adjacent parts of the abdomen, and the same small quantity of bloody fluid in the peritoneal cavity.

One of the patients (Case 3) was a fine boy, four years of age. At the commencement of the operation, as often happens with children, the rectum was protruded to such an extent, and so forcibly, that there was difficulty in returning it. I therefore held it with my left hand, which it completely filled. This was, I believe, the cause of the boy's death; for as my left hand was occupied in holding the protruded bowel, I was unable to put my index finger into the rectum, which, as the operation was then performed, was a rule perfectly indispensable to performing it properly. At that period the staff was not, as at present, held in the vertical position, so that the groove may be horizontal; on the contrary, it was generally held inclined over the pubes, so as to make the angle of the staff project visibly in the perineum. Hence the necessity of the forefinger of the left hand being kept in the rectum, to ascertain the exact degree of inclination of the groove of the staff. In the hurry of the moment I forgot this indispensable rule. The knife was carried straight forward into the bladder, dividing the prostate, and the stone was at once extracted. It was thought a brilliant operation, but my heart returned no echo to the plaudits of the amphitheatre. On carrying my finger into the bladder, after withdrawing the knife, it crossed the groove of the staff at an angle, and I felt certain that I had killed my patient. I was, unfortunately, unable to visit him for twenty-four hours. He had passed the previous day and night in great uneasiness, his countenance was anxious, his pulse rapid and feeble, and the abdomen tumid but little painful. It was obvious he could not survive long, and he died in thirty hours after the operation. On examining the body, the ecchymosis was found to be somewhat less in degree, but occupied the same situation, only it was equally diffused on both sides. The bloody fluid was found in the same situation. The only difference consisted in there being in the very middle of the small bowels a fine rose-red circular patch of inflammation, which was not more than an inch, or an inch and a-half, in diameter, and contrasted strikingly with the ordinary colour of the peritoneal surface around it. This seemed to me to be the commencement of an intense phlogosis, which would have been developed had the patient lived longer.

The other case (4) was that of a boy thirteen years of age. The stone was found to be of larger size than could be easily extracted by the aperture first made; and, therefore, the bilateral section was performed. This boy was long of recovering from the chloroform which had been administered to him, and it is difficult to say whether it did or did not conspire to accelerate his fate. He died in about twelve hours—great uneasiness, restlessness, sickness of stomach, and a rapid feeble pulse being the most marked symptoms which he presented. To these must be added severe shivering fits, which were observed also in other fatal cases. I have seen the same symptom, in a still more remarkable degree, in cases where I had a suspicion the incisions had not been quite correctly made, but which recovered, so that there was more time for observation. The shiverings were violent and long continued, and recurred for several days, being followed by profuse sweating or by purging, which seemed to resolve the attack. On examining the dead body, in Case 4, the ecchymosis was found to be more extensive than in either of the former cases, occupying not only the surface of the bladder and its neighbourhood, but stretching up along the whole of the rectum and a part of the sigmoid flexure of the colon, where it terminated abruptly by a well-defined line. The bloody fluid was present as before.

Of the fifth case I am unable to give any history in detail. The patient was an adult. The stone, which was of the mulberry kind, of large size, and of irregular shape, required much force to be employed in extracting it. The patient died in about twenty-four hours. Of the dissection, I have only learned that there was great redness of the lower belly, and more than the usual quantity of bloody fluid.

Of the first case I can likewise say little. The patient was eight years of age, and died, with symptoms of great depression in about twenty-four hours. The symptoms and course of the disease were therefore similar, but the appearances on dissection were different. No examination of the body could be obtained at the Hospital; but, by the commendable zeal of Mr. Watt, permission to examine it was at length obtained from the parents at their own house. I am, however, unable to say any more than that there was no redness within the abdomen.

The sixth case seems to me to belong to a different category from any of the former. The man was twenty-five years of age, and had laboured under symptoms of calculus from an early period of his life. It was ascertained, by examination from the rectum while the sound was in the bladder, that the stone was of very large size. The man was therefore kept in the house a considerable period to give time for experimental trials on the dead body, of the method recommended below, of enlarging the incision of the prostate and bladder directly upward. This plan was afterwards carried into effect. After the usual rectangular incision had been made, without any attempt at extraction, the incision upward was performed. It was still found impossible to remove the stone. The bilateral section, first of the external parts and next of the prostate, was then made, and the stone was found to admit of being removed through the doubly-enlarged aperture. The stone was of the mulberry kind, rough and nodose, and of a shape nearly spherical, which, in proportion to its size, demands the largest aperture for its extraction.

Notwithstanding the severity of this operation, the man lived four days, but in a very feeble and exhausted state. On the second day the belly began to swell, especially at its upper part. After death there was no ecchymosis of either the bladder or rectum, and no effusion. The bowels were distended from tympany, but showed very little, if any, increased vascularity. The bladder was large, very much thickened, and its mucous coat rough, from red projecting processes all round the neck, where it seemed to have been adhering to the stone.

Having thus laid a sufficient foundation on which a discussion may be raised, I now put the question—"Of what did these six patients die?" I think no one will hesitate in returning for answer, that they all died of the injuries inflicted by the operation—that they died of their wounds, just as certainly as if they had perished on the battle-field of Alma, or beneath the walls of Sebastopol. But the operation for stone, performed as here recommended, is, fortunately, not always a fatal operation. In the great majority of cases it is a very trifling one. What, then, is the cause of this difference? Why are certain operations for stone trifling or devoid of danger? and why do other operations imperil life, and even destroy it?

(To be continued.)

AN EXPERIMENTAL INQUIRY INTO THE ACTION OF ALCOHOL ON THE NERVOUS SYSTEM.

By W. MARCET, M.D. F.R.S.
Assistant-Physician to the Westminster Hospital, etc. etc.

(Continued from p. 265.)

Series of Experiments, No. III.

Having hitherto inquired into the action of alcohol on the nervous centres, exerted through the medium of the circulation and nerves, and also through the medium of the circulation only, it was next of importance to investigate the influence of

this poison on the nervous centres when transmitted exclusively through the nerves. For this purpose, frogs and dogs were submitted to operation in such a way as to interrupt completely the circulation between the parts placed in contact with the alcohol and the nervous centres, leaving the nervous connexions undisturbed. The sacrum and part of the vertebral column of frogs were removed as high up as the bifurcation of the abdominal aorta, the operation being performed according to the process adopted in my former experiments, and previously used by C. Bernard in his researches on the action of poisons. The aorta was then tied above its bifurcation, and finally a ligature was introduced between the body of the frog and the crural nerves, by which means the body was tightly tied, leaving the nerves quite free. I began by ascertaining how long a frog could live after having been thus operated on, and with this end in view the following experiment was undertaken :—

Experiment 8.—The abdominal aorta and the body of a frog were both secured in separate ligatures, leaving the crural nerves quite free; the operation was performed at 5.50 p.m. The frog was then placed in a capsule containing a little water, some fresh grass was put upon the animal, and the whole was covered with a large glass jar. The evening of the next day, at 5.30 p.m., the animal was quite alive. On the following morning at 10.30 it was dead. The frog had consequently survived the operation for a longer period than twenty-three hours and forty minutes.

Experiment 9.—At 10.36 a.m. a frog was operated upon as in the last experiment. Immediately after the operation, it jumped about, thus showing that the irritability of the crural nerves was still perfect, although the supply of the blood to the posterior extremities had been entirely cut off. The hind legs were then immersed in alcohol; the animal immediately began struggling to remove them from the fluid; about fifteen seconds later, it ceased moving. When its fore legs or body were pinched, it now remained perfectly motionless ; on irritating the eyeball, however, the eyelids were observed to be still sensible, and respiration continued. This was the evident sign of a shock, from which the animal began to recover two minutes after immersion; three minutes and a-half after immersion, strong muscular contractions were excited in the body and fore legs by pinching the frog ; its hind legs moved but very slightly. Seven minutes after immersion, body and fore legs very sensible, but hind legs remain motionless. The animal was then secured to a filtering-stand, with its legs dipping in alcohol, its body was covered with a little wet grass, and the stand was placed in a capsule containing a little water ; finally the whole was enclosed under a glass shade. On that day, at 2.40, the frog was observed to breathe at wide intervals, and move only slightly when pinched ; respiration and sensation then ceased; it had lived for four hours and four minutes. It will be observed that in other experiments of the same kind, the frogs lived longer than on the present occasion : this may be accounted for by assuming that the violent shock which occurred in this experiment diminished the animal's vitality.

Experiment 10.—The same operation as above was performed on a frog at 2 p.m.; it hopped about immediately after, and its hind legs were at once immersed in alcohol. Nine minutes later the hind legs were immoveable, but the sensibility of the frog's body and anterior extremities remained unimpaired. There had been no shock. The animal was now secured to a stand, as in the previous experiment, and left undisturbed. At 5.50 p.m. it was quite alive ; the next morning, at 8.45 a.m. the frog was found dead ; it must therefore have lived longer than three hours and fifty minutes, and less than eighteen hours and forty-five minutes.

Experiment 11.—Two frogs of about the same size were next submitted to experiment ; one of them had its aorta and body tied, leaving the crural nerves free ; the aorta only of the other was secured. These operations were performed at 4.40 p.m., and the posterior extremities of both frogs were immersed in alcohol. In order to make sure that the wound could not possibly come in contact with the alcohol, a string was passed loosely under the frogs' abdomens, and fastened to a ring fixed above to the stand. Both frogs were perfectly alive at 5.30 p.m. The next morning, at 10.20, the frog whose body and aorta had been tied was still alive, respiration had apparently ceased, but could be excited by irritating the skin ; on touching the eyeball the eyelids moved ; when the toes of the forelegs were pinched, slight but decided movements were induced in the whole body above the ligature ; respiration and sensation continued but for a few minutes later. On opening the animal's thorax, its heart was found beating regularly, at the rate of fifty-one pulsations per minute, and went on pulsating for three hours. Consequently, this frog lived for a little longer than seventeen hours and forty minutes from the beginning of the experiment. The other frog, whose aorta only had been tied, was found quite dead the day after the operation ; on opening the thorax the heart was observed to have ceased beating.

In another experiment with two frogs, where the aorta only was tied, the animals lived with their posterior extremities immersed in alcohol longer than six hours and five minutes, and less than twenty-three hours and five minutes.

These experiments agree with those of the second series in showing that alcohol acts principally on the nervous centres through the circulation, but partly also through the nerves ; for a healthy frog, with its posterior extremities immersed in alcohol, will cease breathing and feeling after a lapse of time varying from ten to thirteen minutes, while a frog having its crural nerves divided, and its circulation left undisturbed, will cease feeling and breathing from fifteen to twenty-three minutes after its legs have been immersed in alcohol. Moreover, a frog in which the circulation of the parts in contact with alcohol is arrested, although the nerves of these same parts are left undisturbed, will feel and breathe for from four to eighteen hours after the operation. But although sensation and respiration may thus continue for from four to eighteen hours, when the poison can act on the nervous centres only through the nerves, yet these functions would both last still longer if, under the same circumstances, the frog's hind legs were not immersed in alcohol, as is seen by *Experiment* 8, on which occasion the frog survived the operation longer than twenty-three hours and forty minutes ; consequently we may infer that the alcohol deprived the frog of sensation and respiration exclusively by its action through the nerves at least five hours sooner than would have happened merely from the effects of the operation.

From the foregoing experiments we may also conclude that when alcohol produces a shock, the phenomenon is due to the action of the poison transmitted to the brain by the nerves.

Experiments on Dogs.

The following experiments confirm the results obtained from my researches on the action of alcohol upon frogs, from whence it may be safely concluded, that with the human body the influence of alcohol on the nervous centres is exerted principally through the circulation, but also to some extent through the nervous tracts. In order to prevent any absorption from taking place at the stomach, I placed a ligature on the thoracic aorta of dogs, and then, having injected alcohol into the animals' stomachs, the result of the experiment was carefully noted. The following process was adopted for tying the aorta within the thorax :—An incision was carried through the skin between the fifth and sixth rib, close to the vertebral column, and a small aperture was made into the cavity of the thorax ; through this aperture I inserted an aneurism-needle, invented by Mr. Trant of Dublin, for tying deep-seated arteries, and so constructed that the thread is drawn from the needle by means of a hook working in the handle of the instrument; the extremity of the curved needle was moved gently across the bodies of the vertebræ, so as to come in contact with the aorta, and then, on turning round the instrument, the vessel became included within the concavity of the needle. The hook being now pushed forward from the outside, caught hold of the thread in the eye of the needle, and then the thread was withdrawn. I found it occasionally difficult to bring the needle into contact with the artery, but this difficulty was overcome by introducing my little finger into the thorax, and feeling for the vessel.

Experiment 12.—This experiment was undertaken for the purpose of determining how long a dog could live after its thoracic aorta had been tied.

At 10 o'clock a.m. I secured, in a ligature, the aorta of a nearly full-grown young dog ; the operation was performed with some difficulty, and attended with a certain amount of hæmorrhage. Immediate paralysis of the muscles of the posterior part of the body, beyond the ligature, occurred. The operation being over, the animal appeared much

weakened, and laid down; but the hind part of its body being held up, it walked about the laboratory on its front paws. A quarter of an hour after having been removed from the operating-table, the dog rose of himself on his front legs and walked, dragging after him his hind legs, which were perfectly powerless. At 11.5 o'clock, it became restless, but still crawled about the room, although with great difficulty, balancing its body on the hind quarters. At 11.50 it laid down on the floor, howling and struggling. At 11.55 can no longer get up on its fore legs. At 12.15 lays down, shutting its eyes partly, but opening them when called. At 12.45 remains quite quiet, sensibility continues; 12.50, when the hind legs are supported, is unable to stand on its fore legs. From 12 o'clock has been seized with convulsive motions, which have continued increasing, the dog remaining quite sensible; 1.58, the convulsions have diminished; eyes now insensible; 2.15, eyes quite insensible, pupils dilated; breathing ceases; the animal is dead. It had, therefore, lived for four hours and fifteen minutes after the operation.

Experiment 13.—At 3.27 o'clock I tied the thoracic aorta of a dog; complete loss of mobility in the posterior part of the body ensued; the pulsations of the heart were heard beating with a low, indistinct murmur. Half an ounce of alcohol, diluted with the same quantity of water, was injected into the dog's stomach; immediately afterwards it struggled to rise, but was unable to support its body on its fore legs; no other effect was produced. Ten minutes later, a second similar dose of alcohol was injected into the animal's stomach. Three minutes afterwards it began howling; when the hind legs are supported it walks about steadily on its front paws. Ten minutes after this last injection, vomited a small quantity of fluid. Two minutes later, the dog was made to take one ounce of alcohol, diluted with an ounce of water, which was followed, one minute afterwards, by the ejection of about one ounce of the same mixture. When the hind legs are supported, the animal now runs about steadily on its fore legs. Ten minutes after the last injection, seven-eighths of an ounce of alcohol, of the same strength as previously, was injected into the dog's stomach; no visible effect was produced. Fifteen minutes later, the dog has decidedly become weaker. At 3.55, I again injected into its stomach one ounce of alcohol, diluted with an equal bulk of water, by which, however, the animal appeared unaffected, but its weakness was gradually increasing. At 4.8, one ounce of alcohol, diluted as above, was again thrown into the dog's stomach; ten minutes later, it could no longer stand on its fore legs when the posterior extremities were supported. At 4.25 another similar dose of diluted alcohol was injected. Five minutes later, great weakness, and apparent insensibility when the animal's nose is pinched; eyes quite sensible. At 4.42, and at 5, the injection into the dog's stomach of an ounce of alcohol diluted with as much water was repeated. At five, while engaged with the last injection, the dog died.

This dog had lived, consequently, two hours and twenty-seven minutes after the operation, and during that time had been made to take seven ounces and a-half of alcohol, diluted with an equal bulk of water (a), without having exhibited signs of alcoholic intoxication, and the animal had remained sensible to the last. A post-mortem examination showed that the aorta had been perfectly tied.

From this experiment we may conclude that the poisonous effect of alcohol, known under the name of alcoholic intoxication, is not produced when the alcohol cannot reach the nervous centres; but that, nevertheless, the contact of this poison with the nerves of the stomach hastens death. The dog used in the last experiment lived only two hours and twenty-seven minutes after having been operated upon, while it may be remembered that another dog, whose aorta was tied, but to which no alcohol was given, lived four hours and fifteen minutes after the operation.

As it might be objected that in the last experiment the irritability of the nerves of the stomach had been destroyed before the animal had taken a sufficient quantity of alcohol to produce an effect on the nervous system, I undertook the following experiment.

Experiment 14.—A mixture was prepared, consisting of seven ounces of alcohol and five ounces of water. At 2.58 o'clock, I tied the thoracic aorta of a dog (b); this was followed by complete paralysis of the hind legs. Not later than three minutes after the operation, the whole of the twelve ounces of alcoholic liquid were injected into the animal's stomach, by means of a stomach-pump; immediately afterwards, about two ounces of fluid were vomited. Six minutes after the injection, one ounce and a-half of alcohol, diluted with one ounce of water, were again introduced into the dog's stomach. Not the slightest symptom of drunkenness occurred immediately after the first injection, or three or four minutes later. Ten minutes after the first injection, two ounces of fluid were again vomited. At 3.15, the dog was observed to become rather weaker, but when the hind legs were supported, it still walked about without tottering. At 3.18, again vomited two ounces of fluid. At 3.20, slight motion of the hind legs. At 3.28, can no longer stand on its fore paws when the hind legs are supported. At 3.30, can stand a little on its hind legs when leaning against the wall; when the posterior extremities are held up, walks about tottering, and falls; symptoms of drunkenness are evident. At 3.32, vomits a mixture of bile and alcoholic fluid; 3.35, can no longer stand on its fore paws when the hind legs are held up; 3.40, is nearly comatose; eyes still sensible. Two minutes later, respiration ceased for a whole minute; eyes now perfectly insensible; 3.54, sensibility of the eyes returning; heart felt beating quite distinctly, 118 times in a minute; 4.12, heart has ceased pulsating; pupils dilated, complete insensibility of the eyes. The heart could be felt beating irregularly for two minutes and a-half after respiration had stopped.

At the post-mortem examination, an hour after death, a quantity of fat and cellular tissue was found included in the ligature of the aorta. I observed the thread to be loosely tied on the vessel; and, by exerting a slight degree of traction, the ligature came undone.

The preceding experiment is exceedingly interesting, as it shows:—

1. That when the circulation of the stomach is arrested, the sudden injection into this organ of as nearly as much strong alcoholic fluid as it can contain, causes no poisoning beyond producing slight vomiting; not the least evidence of alcoholic intoxication is produced.

2. That as soon as the circulation is re-established, and alcohol becomes absorbed from the stomach into the circulation, symptoms of alcoholic intoxication occur, and finally death ensues from the effects of the poison.

In conclusion, the principal results to be drawn from the experiments related in this paper are as follow:—

1. That alcohol acts through the circulation principally, though not exclusively, on the nervous centres by means of absorption.

2. That alcohol exerts a slight but decided action on the nervous centres through the nerves, independently of the circulation.

3. That the influence transmitted through the nerves may be of two kinds:—

(*a*). It may give rise to a shock, or temporary complete suspension of sensation and of muscular motion (with the exception, perhaps, of that of the eyelids); although respiration continues.

(*b*). It may produce no other visible effect than shortening life.

36, Chapel-street, Belgrave-square.

(a) About one ounce of diluted alcohol had subsequently been vomited

(b) While the aorta was being tied the ligature broke.

"History, the involuntary accomplice of so many calumnies, has registered the accusations that different nations have cast at each other concerning the presumed origin of syphilis. The French Disease, the American Disease, the Neapolitan Disease, these are the historical denominations of a pest which arose towards the end of the fifteenth century. Great Britain appears hitherto to have escaped in this wise; but Mr. Holmes Coote has informed the Medico-Chirurgical Society of London, that syphilis only appeared in Turkey after the arrival of the English army, and that it is known in that country as the English Disorder."—*Gaz. Méd. de Lyon.*

A New Physician's Cane.—Mr. Trowbridge, of Decatur, U.S., has invented a cane, which consists of a hollow tube closed at the bottom, and having a semi-tube attached to the knob or handle, fitted within the cane, allowed to move freely in and out of it, and forming a receptacle for phials containing medicines.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

STONE IN THE BLADDER—LITHOTRITY—SYMPTOMS OF RUPTURE OF RENAL ABSCESS—DEATH.

(Under the care of Mr. PAGET.)

[From Notes by Mr. ROGERS, House-Surgeon.]

THE following case illustrates well the most common cause of death after operations for stone. Disease of the kidney is well known to be one of the most serious complications which the Surgeon can encounter in connexion with any operative procedure whatever. When, however, the operation is one which concerns the urinary organs themselves the risk is of course tenfold. Advanced disorganisation of the kidneys is the great source of fatality after operations for stone in the London Hospitals. The comparative freedom from this complication in cases of stone among the better classes, is no doubt one explanation of the great difference in results between private and Hospital practice.

W. Q., aged 42, a delicate, and somewhat emaciated-looking man, was admitted for symptoms of stone in the bladder. These symptoms had been present for eight months, but had lately become much more severe. Some months ago he had had a discharge of "matter." When he came in there was a good deal of mucus in the urine, and a large quantity of pus. It was supposed that this came from the kidneys, and not from the bladder, as there were no constitutional symptoms, no irritability about the bladder; and, again, the pus was not discharged mixed with the urine, but was passed afterwards in large quantity. Mr. Paget detected a stone by the sound, and decided to perform lithotrity. On February 7th, Mr. Paget crushed the stone three times; the operation caused considerable pain. On the 9th it is noted, that he had not slept "from the intense pain in the urethra," and that he "felt very weak and low." Quinine, with opium and nitric acid, were administered in infusion of buchu. Under this treatment he improved, and on February 15th was progressing satisfactorily. Mr. Paget then again performed lithotrity. The man subsequently passed a large quantity of debris of the calculus (uric acid). On the 21st, the operation was repeated. He was now much improved in general health. On March 12, Mr. Rogers' notes state: "Up to this time he has been going on very favourably, the profuse discharge of pus having abated, and the distress consequent on the pieces of stone remaining in the bladder having subsided. His appetite has returned, and he is able to get about without inconvenience." Lithotrity had been performed altogether four or five times, and the patient had voided a great many fragments. On this day (March 12) he passed a large fragment of the calculus, the passage of which was attended with intense pain. He suddenly grew worse; the pains returned with great severity; the discharge of pus was profuse, and the desire to pass water became very frequent; the urine voided was extremely fetid; his strength was diminished, and he became feverish and fretful. A mixture of nitric and hydrochloric acids, with tincture of opium and decoction of pareira brava was given, and, as the abdomen was tense and painful, a hip-bath was ordered. No improvement took place, and on the 18th retention of urine occurred. When drawn off, the urine was very fetid, and the catheter imparted to the hand a sense of roughness. The pulse was now 116; he was restless; his nights were sleepless, and his countenance expressive of great anxiety. The bladder was syringed out by means of the double canula. Brandy was ordered, and half-a-grain of morphia was given at bedtime.

19th.—He slept after the pill, but still has great pain, and feels very weak. Pulse 120, small and weak. The bladder was again syringed out. Quinine, with acids and chloric ether was prescribed. The morphia was again given at night. In the evening he was delirious.

20th.—He did not sleep last night, although after the morphia twenty drops of the liq. opii sedativus were prescribed. He was now evidently sinking fast. Brandy, etc., were freely given, but without benefit. He died at 12 p.m.

Autopsy, Nine Hours after Death.—The left kidney was much enlarged, but there was very little natural structure recognisable. It was, in fact, a mere shell, there being no appearance of calyces, etc. It chiefly consisted of several cavities containing pus; in one there was an irregularly-shaped oxalate of lime calculus. The right kidney was enlarged, mottled, and presented the appearance found in Bright's disease. There was here, too, commencing suppuration. Both ureters were considerably dilated and thickened. The coats of the bladder were thickened and the mucous membrane was covered with lymph-like material undergoing suppuration and easily scraped off. There were six or seven pieces of calculus in the bladder, most of them dark-coloured, and one very large and hard. There was also a stone quite white, apparently phosphatic, which seemed to have afforded a covering to a calculus, which had been crushed. Except that the mucous membrane of the stomach was very vascular, no other disease was found in any other part of the body.

LITHOTOMY IN A GIRL—REMOVAL OF A LARGE STONE—PERFECT RECOVERY.

(Under the care of Mr. STANLEY.)

[From Notes by Mr. ROGERS, House-Surgeon.]

E. H., aged 13, a sallow, ill-nourished, cachectic, and rather idiotic-looking child, was admitted into Sitwell-ward for great pain in micturition, and pain in the groin and back. Her mother stated that for some time she had been falling off, and had become more emaciated. These symptoms commenced twelve months ago. No pieces of gravel, the mother said, had ever been passed. The child had had sudden stoppage of the water, but this apparently was more from pain, than real obstruction. The urine when examined after her admission was of the specific gravity of 1018, and contained neither mucus nor pus. She was placed on a nutritious diet; steel wine was given, and she was directed to have a hip bath every night. Under this treatment she improved, became more cheerful, and had less pain. In January last, however, the pain returned, and was not now relieved by the warm bath. The urine was high-coloured, and mixed with thick ropy mucus. A calculus was now detected. The urine being examined, was found to contain mucus, pus, and abundance of the triple phosphates.

On February 1st nitric acid, with decoction of pareira brava, was ordered. Under this treatment, with opiates at night, and the continued use of the hip-bath, she improved again. On the 19th cod-liver oil was ordered. She continued to gather strength. The urine improved very much, containing less pus and mucus.

On March 1st Mr. Stanley performed lithotomy. The girl having been placed under the influence of chloroform, a grooved staff was introduced into the urethra, with the groove upwards. With a blunt-pointed bistoury passed up the groove of the staff, Mr. Stanley divided the parts above the urethra for about half-an-inch, cutting in a direction directly upwards towards the pubes. By this incision the lower border of the triangular ligament was freely divided, but Mr. Stanley stated that he did not cut the sphincter of elastic tissue immediately surrounding the neck of the bladder. The incision having been made, the next point was to introduce the dilator without injury to the wound. This was done by turning the staff with its groove downwards, so that a Weiss' dilator could be slipped along the la ter. The dilatation was accomplished slowly, and with great care. As soon as the dilatation had proceeded sufficiently to admit of the finger being introduced, the instrument was removed. The stone was now easily detected, but was, by means of a pair of forceps, with some little difficulty, extracted. At first the soft coating of the calculus gave way, but the whole mass was finally removed. The incision, it will be observed, was, contrary to the usual recommendation, in the upper part of the urethra, Mr. Stanley considering this incision to be most preferable. The calculus turned out to be urate of ammonia, and was very nearly the size of a pigeon's egg. A piece of wet lint was placed on the wound, and poppy fomentations were directed to be applied to the abdomen. She improved rapidly, quickly regaining the power of holding the water. On the 12th Mr. Rogers states, "The urine is passed without pain, and she is able to retain it completely."

Mr. Stanley stated after the operation that he was indebted to Mr. Hodgson, late of Birmingham, for the recommendation of the incision upwards. He had been much pleased with

its result, as it had allowed of ample room being obtained, and had enabled him to accomplish the extraction with, as the result had proved, perfect impunity to the patient as it regarded her power of control over the bladder. It was of great importance to the latter result not to cut the ring of elastic tissue which forms a sort of sphincter to the neck of the bladder. Had the stone proved larger than it was, and too large for extraction, Mr. Stanley would not, he added, have enlarged the opening, but would have used the lithotrite, and removed the fragments piecemeal.

HISTORY OF SYPHILIS—LARYNGITIS—EXTREME DYSPNŒA—LARYNGOTOMY—RECOVERY.

(Under the care of Mr. LAWRENCE.)

[From Notes by Mr. STARKE.]

Although in the following case there is a history of syphilis' yet the attack of laryngitis does not appear to have coincided very closely with disease dependant upon that cause. Syphilitic laryngitis is rarely a transient affection. It is usually attended by ulceration, which at the best takes some time to heal, and when cured leaves more or less of permanent laryngeal obstruction. In many cases of this kind the patient is compelled to wear the canula for long periods, often for years afterwards. (See our report on this affection at page 431, vol. xl., Oct. 29, 1859.) In the subjoined instance, however, the attack came on suddenly, and subsided rapidly, bearing in these respects much closer similarity to certain cases of inflammatory œdema of the glottis of non-specific origin.

With regard to the latter affection we may mention that some interesting examples of it have recently been treated in St. George's Hospital. At a late meeting of the Pathological Society, Mr. T. Holmes showed the larynx of a man who had died of it in that Hospital. There was no history of syphilis, and the patient was stated to have been in good health prior to the attack. Death occurred from asthenia, without any apparent cause, on the day after complete relief had apparantly been afforded by the operation of tracheotomy. Mr. Holmes mentioned at the same time two other nearly similar cases, which had occurred within a few weeks in the same Hospital, and both of which had ended rapidly in death before the performance of tracheotomy. In one of them the operation was commenced while the man was *in articulo mortis*, but was unavailing. Mr. Ferguson mentioned at the same meeting that a case of like nature, and ending fatally, had recently been under his care in private.

We have also been informed that a case has recently excited some interest among Medical men in Dublin, in which a coachman to a Physician, previously in good health, died after a short illness, of œdema of the glottis. Whether from mere coincidence or due to some widely-prevalent cause the disease in question would appear to have been unusually frequent of late.

With regard to the true nature of the subjoined case the reader must, however, form his own opinion. It is an exceedingly instructive case as regards the treatment, as the woman's life was undoubtedly saved by the prompt resort to the operation.

C. N., a strong, healthy-looking woman, aged 40, was admitted on March 5, suffering from intense dyspnœa. The following history of her complaint was obtained:—About three years ago she contracted syphilis, but under treatment soon got well, and remained so until about three months ago, when she perceived a few spots on her arms, and experienced some uneasy sensations in the throat. She now again underwent medical treatment, the throat remaining in much the same state until about February 28, when the soreness increased and there was some difficulty in breathing; notwithstanding this, she still followed her usual occupation, that of laundress, until at last she became so bad that she was sent into the Hospital.

On admission, symptoms of most urgent dyspnœa were present, the lips being livid, the face turgid, and the expression of the countenance exceedingly anxious, so that an immediate operation was deemed necessary. Laryngotomy was accordingly performed by Mr. Lawrence, and instantaneous relief afforded.

Since that time, with the exception of slight symptoms of pneumonia, which were subdued by the usual treatment, the patient has gone on well, the tube having been removed on the twelfth day. The opening has entirely closed, and the woman has completely recovered, her voice being almost natural.

FEMORAL ANEURISM—TRIAL OF COMPRESSION—LIGATURE OF THE FEMORAL ARTERY—PHAGEDÆNA OF THE WOUND AND SUPPURATION OF THE SAC—RECOVERY.

(Under the care of Mr. LAWRENCE.)

[From Notes by Mr. STARKE.]

J. M., a spare healthy-looking man, aged 45, labouring as a coal-whipper, came to St. Bartholomew's Hospital on December 13, 1859, with a circumscribed pulsating tumour, situated over the course of the femoral artery just before its entry into Hunter's canal. He stated that about five years before he first noticed a small swelling of the size of a nut, in this situation, and that a distinct beat could be felt on putting the hand upon it; but as it had caused him no pain or inconvenience of any kind, until within the last few days, he had taken no notice of it. He was at once admitted into the Hospital, under the care of Mr. Lawrence, when it was found to be aneurism of the right femoral artery, perfectly circumscribed, and about two and a-half inches in diameter. The popliteal and posterior tibial arteries could be felt pulsating, but the anterior tibial, on that side, was very indistinct. It being considered a favourable case for compression, an ordinary Italian tourniquet was applied over the artery at its passage under Poupart's ligament, so as to command it more completely on the bone in this situation, and a slight degree of pressure employed, commencing December 15; this was kept up almost without intermission until the 22nd, when the patient began to complain of pains in the knee and leg of that side, and the pressure was then applied somewhat lower down, and its position changed from time to time. At this period the tumour appeared to be getting more solid to the touch, although its pulsation still continued; the instrument could now only be used at intervals, as the pain produced by pressure on the nerves caused the man to become very restless. On one occasion the flow of blood into the tumour was almost entirely stopped for six hours, and the case appeared to be doing favourably; but notwithstanding this, the aneurism gradually became larger and more diffused, when it was found necessary to resort to other measures. The femoral artery was accordingly tied on January 5, 1860, in the usual situation, by Mr. Lawrence, the enlargement now extending almost up to the lower end of the incision; nothing unusual for some time followed the operation, and the ligature came away on the seventeenth day; the incision having partly healed, but looking rather indolent. A slight quantity of stimulus was given daily; but notwithstanding this the wound began to put on a decidedly phagedænic aspect; opium and stimulants were now given freely, but without effect; and on January 29, it was considered necessary to apply strong nitric acid over its surface to check the progress of the sloughing. The general condition of the patient was at this time very unfavourable, and fluctuation still remained in the aneurism, when he was removed to another ward for change.

On the 31st rigors set in and severe pain, the limb being generally enlarged from inflammation and suppuration within the sac; and on February 2, the surface of the tumour having begun to lose its vitality, a free incision was made into it, when a considerable quantity of puriform matter and very offensive dark-coloured blood escaped; the cavity was daily syringed out with tepid water. Subsequently to this the whole of the integument in this situation came away, leaving a perfectly healthy granulating surface. The eschar caused by the nitric acid, when separated, also left a healthy surface; and since that the patient has gone on well, the upper wound having quite healed, the lower and far larger of the two has filled up, leaving an almost natural condition of parts, the cavity of the aneurism being quite obliterated, and the man in a state of convalescence.

UNIVERSITY COLLEGE HOSPITAL.

CASE IN WHICH THE ASTRAGULUS WAS REMOVED A YEAR AGO—RECOVERY WITH USEFUL FOOT.

(Under the care of Mr. ERICHSEN.)

H. H., aged 11, was admitted March 5, 1860. About a

year ago, she had been under Mr. Erichsen's care for disease of the astragalus. Mr. Erichsen then removed this bone and part of the lower end of the fibula. She was now admitted for a distortion of the foot, consequent, probably, on the loss of the astragalus. As far, however, as the operation went, the parts were sound, and the child was in good health. The foot was drawn up by the anterior tibial tendon, and also slightly everted, constituting, Mr. Erichsen said, talipes calcaneus. The scar of the old operation was quite sound. A week ago Mr. Erichsen divided the anterior tibial tendon. She was now, one week after the operation, very much improved, and would leave the Hospital.

CASE OF MULTIPLE EXOSTOSES.

(Under the care of Mr. ERICHSEN.)

I. A., aged 21. He is described as being of good general health. He denies having ever had any venereal disease, and that except some disease of the foot, eighteen months ago, for which he had a piece of necrosed bone removed, he had always been until now quite well. He states that the removal of the piece of dead bone was followed by "inflammation of the leg," but the wound was quite healed nine weeks after the operation. Three months ago he observed a small lump at the end of the great toe of the right foot. It has since slowly increased. It is situate on the upper surface of the ungual phalanx of the great toe of the right foot. At the lower end of the tibia is a hard nodulated swelling, reaching upwards for three inches along the inner surface of the bone. The lower end of the fibula is thickened, and above is the scar of the operation alluded to. At the inner head of the tibia is another swelling about the size of half a small orange. At the outer condyle of the femur is another similar, though smaller, swelling. At the inner tuberosity of the left tibia is another similar swelling. There are also several tumours on the cartilages of the ribs on the right side, also on both acromial processes, both iliac crests, and on several of the bones of the hands. These have existed for three or four years. They are only occasionally painful, and the pain is not worse at night; there are in all fifteen. The patient states they were, when first formed, soft, but subsequently became hard. He was admitted, as the swelling in the great toe had become painful and interfered with walking, it was therefore removed. The wound healed, and he was discharged, as regards this tumour, for which he was admitted, quite well, walking with ease.

METROPOLITAN FREE HOSPITAL.

As a companion case to the above example of the occurrence of numerous exostoses in the same individual, we may cite the following. In this the history differed somewhat from that given by Mr. Erichsen's patient, inasmuch as the morbid developments were present at the time of birth. Their conjunction with ossific deposit in various tracts of fascia, and with a state of certain parts of the skin resembling ichthyosis, is also a feature of much interest, and which probably renders the case one of a nature almost unique. We only remember to have noticed the ossification of fascia to any great extent in one other case.

A third example of multiple exostosis may be found at page 39 of the *Medical Times and Gazette* for July, 1853. In it the patient, who was a man, aged 31, under Mr. Stanley's care, in St. Bartholomew's, had fifteen distinct exostoses ranged with tolerable symmetry on different bones of the extremities, and varying in size from a walnut to a hen's egg. The poor fellow, who was of dwarfed stature and knock-kneed, appeared to have suffered from rickets in infancy, at which time the exostoses had formed. The latter had not grown more than proportionably with the bones in which they were placed since the age of four or five years. One of the outgrowths had suffered necrosis and was accordingly removed by Mr. Stanley; the others were not interfered with.

CASE OF MULTIPLE EXOSTOSES WITH OSSIFICATION OF FASCIA IN VARIOUS PARTS, AND ICTHYOSIS.

(Under the care of Mr. HUTCHINSON.)

J. H., a boy of about twelve years of age, was admitted on account of the following very singular state of things. He had previously been a patient at several other Hospitals. In the left upper extremity the shoulder, wrist, and carpal joints were firmly anchylosed. The left humerus was shorter than its fellow, and running down its whole length on the outer side was an irregular ridge of bone, which projected about two inches below the end of the outer condyle. Over this ridge the skin was adherent to the bone, and was thickened, and in a condition much resembling certain forms of icthyosis. The motions of the elbow-joint were much impeded. In the fascia of the forearm were large plates of bone, two or three inches in length, and amongst the tendinous structures of the palm was a large nodular mass. Several small isolated deposits of bone were scattered about the fingers and beneath the skin of the back of the hand.

In the right extremity, the morbid conditions were not so extensive as in the left. There were nodular growths about the bones of the elbow, and large plates in the fascia above and below that joint. Some of them were easily moveable from side to side, being, however, five or six inches long by two broad. One of them extended over the internal condyle downwards, and was attached to that bone, overlapping the inner aspect of the elbow, but permitting of motion.

With regard to history, it was stated that the midwife who delivered his mother observed the deformities immediately after the boy's birth, and that when three weeks old he was placed under care on account of them at the London Hospital.

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Medical Times and Gazette.

SATURDAY, MARCH 31.

MEDICAL BOOKS AND INTERNATIONAL COPYRIGHT.

WHEN a man only reaps the reward of his labours in an indirect manner, it is quite certain that there is something wrong in the economy under which he is acting. Such a state of things as surely qualifies the character of the work, lessens the inducements to undertake it, affects the tone of mind of the workman, and leads to various shifts and subterfuges to make good the inefficiency of performances and the short-coming of results. We see an illustration of this in one form in our Navy, where the prospective advantages of pensions and prize-money fail to compensate for the inadequacy of direct pay. The State somehow gets its duty done, and it is not our business to scrutinise too closely the means by which that end is arrived at. Sufficient for our purpose is the general impression that a private firm of merchants and shipowners manages its affairs very differently, more simply, and much better. The pay is made equivalent to the work required, and the best men are always at command. Now, the accord of a large class is most freely granted when allusion is made to the high price of Medical books; and yet authors are not fairly remunerated. Such books are a expensive luxury, and at the same time an exhausting and unprofitable crop to the producer. It ought not to be so, but so it is. This is a provoking enigma. The uninitiated are exasperated at having to pay so much, the apparent receiver is scandalised to find himself in possession of nothing, and the middle-man is known to levy only a fixed commission.

How is this resolution of an ample quotient to an insignificant fraction to be accounted for; and what are the moral consequences of this literary jugglery?

Most authors are somewhat in the position of an amateur farmer who takes possession of a more or less uncultivated tract, invests his capital, expends his labour, racks his ingenuity, and in due season raises a produce, perhaps new in its variety and valuable to mankind, but endowed with the fatal property that every individual kernel may, by manipulation in certain regions, be made to multiply itself indefinitely in no longer time and for less cost than the original crop can be brought into the general market. Here is a temptation not to be resisted by unprincipled speculators, and he is accordingly victimised. One large section of the world's mart is supplied by this second growth, and the first cultivator must rest content with ministering to the early wants of those close about him. The inevitable upshot of such an anomalous combination of circumstances would be,—at home, high prices, no profits, and a looking out for indirect advantage; abroad, low prices, unjust gains, and demoralisation. The interpretation hereof is this. One of our readers has something to say which it is fitting that the world should be told. In good faith, and having just cause, he writes what he knows; and his facts, reasonings, and conclusions, grow into the substance of a book. A publisher is soon found willing to put it into form, and lay it before those who are such things *consumere nati*. But the estimate of outlay is staggering, and the selling price per volume scares a timid author, who calls to mind his own reluctance to pay what his neighbour has heretofore exacted of him. Less, however, will not suffice to cover charges, and the perspective of profits soon shrinks to the vanishing point. Perplexed and disappointed, he seeks to find a reason why he is stranded in this false position. His venture has been well freighted, and skilfully conducted into port, and yet here he is in the predicament of a small sale at prohibitory prices, fortunate if he escapes without absolute loss. Labour and good management have overcome every difficulty but impecuniosity. An empty purse makes a man inquisitive, and sometimes incredulous. Here, however, he is met with a plain tale, which cannot be gainsaid. True enough that as an English author he has the advantage of perpetual daylight for the perusal of his writings. He may have clouded his pages with the smoke of 365 lamps, but he can trust to the illumination of the continuous sunshine of 360 degrees of longitude. The echo answers to his mother tongue in all four quarters of the globe. He has the world before him, and may fill it if he can. Still, British readers at home are to numbered by a few thousands; British buyers by yet fewer hundreds. Our colonies do not thus far very exhaustively drain the mother country of intellectual nourishment. They hunger and thirst more for the strong draughts of the diggings, and the excitement of political distinctions. Canada last year even imposed a ten per cent. *ad valorem* duty on printed books. Our enlightened *confrères* on the Continent know more of us by translated abstracts than by original reading. Notwithstanding the just establishment of protection of copyright under convention with France, with the free town of Hamburgh, Belgium, and Prussia (15 and 16 Vict. cap. xii.), who in his senses would ever look for a remunerative return of francs, marks, or thalers, for a consignment of scientific books? But, surely, the vast Transatlantic Republic, with its universal education, and a population in which every man is his own reader, would devour any amount of cotton rags and printer's black. Proof enough is there that the craving exists. They would readily swallow the book, but strain at the shillings; and so, to avoid the unpleasant fix of paying fairly for British produce, *Novi orbis modo*, they shrewdly take a sample, one of the quickly and cheaply fructifying kernels, and set it germinating to their own saving advantage. Like Autolycus, their "traffic is sheets;" and if they "had a mind to be honest, Fortune would not suffer;" "she drops booties in their mouths;" they are "courted with a double occasion; gold, and a means to do good." An American bookseller obtains a copy of an English work, reprints it without leave, and sells exclusively for the sake of filling his own pocket. Honourable exceptions to this rule may be found, and there is a growing desire among the leading authors and publishing houses to obtain mutual protection by convention; but at present this Autolycustic practice is the secret of there being no American market for British readable books. Nor is it now possible for an upright American firm to deal fairly with an English author. If his book is saleable enough to pay well, there being no protection, any bargain is at the mercy of invasion by every unscrupulous printer. The value of reprints is thus so precarious, as to make it impossible to pay the owner of a copyright his just due.

The consequences of this system of piracy are twofold. In the first place, the sale of every book is restricted, and the cost of its production proportionately increased. Under an equitable convention, the natural range of an English book should be co-extensive with the use of the English language. Such an arrangement with America would at least double the sale of an English book, making the task of the writer more profitable; and at the same time lightening the tax on the funds of the home purchaser, and revivifying the moral sense of the *States*man, by enabling him to read, mark, and learn from honestly-gotten pages. Then again, Medical literature owes one of its most odious characteristics to this vicious state of things. Pure philanthropy inspires very few men to write, and most of those who have tried it for rightful gain, will acknowledge that book-making is pains-taking that gives a very poor return. How comes it then that we every season see such a rush into the ranks of authorship? Men not getting the true value of their labour in money payment, use books as soldiers do fascines and gabions; they steal a march upon the public, and lodge themselves in the corners of repute, under cover of sheafs of advertisements and paraded titles. A good book is sure to be read, and no one grudges the fame that naturally grafts itself upon it; but it seldom yields day-wages to the author. A bad, dear book, however, though little read, may, by clever puffing, be made the means of golden notoriety. Cheap and free circulation of the thing itself would go far to cure this evil. The public know well enough that a sensible man seldom issues a silly book. They have eyes to see, and ears to hear; provide them cheap books to read, and farewell to the bubble reputations of dear books and contract advertisements.

THE WEEK.

The Medical Acts Amendment Act, 1860, passed the third reading, in the House of Lords, on the 22nd instant. It has been printed, and dated March 23, exactly in the terms we published it in our number of March 3, page 223.

What may be done towards the payment of Medical men for their services by the working classes is shown by the proceedings of the Northampton Provident Dispensary. This institution has been now for some years in a flourishing condition. During the past year, its free members subscribed upwards of £800, and the greater part of this sum has been handed over to the Medical officers. Now, it is perfectly certain, that but for this Dispensary, the whole of this class of working people would be provided for by the *charity*—falsely so-called—of the subscribers to the Hospital. We firmly believe that if the Medical charities of this country

were only properly administered, they might be in great part supported by the class who receive relief from them.

The French Academy has lately had to elect a new Foreign Associate, and has elected to the honour M. Plana, of Turin. MM. Liebig, Airy, Ehrenberg, Wöhler, and Murchison had no chance against this gentleman, who was elected by an enormous majority. The editor of the *L'Union Médicale* says he should be glad to tell his readers who the gentleman is, but, as he rather satirically adds, on turning to the *Dictionnaire Universelle* he finds, that of the names above mentioned, M. Plana's is the only one which is not referred to. He adds, that he will call the attention of the editor to the fact. Political relations seem to have beaten scientific reputations on this occasion.

A most important subject was brought before the Medical Society of London, on Monday, by Dr. Richardson, who showed that cataract can be produced artificially by over-charging the blood of an animal with sugar.

In the *American Journal of the Medical Sciences* for January 1860, there was a paper by Dr. Mitchell, who, in performing experiments on osmosis, had made the remarkable observation that, when syrup was injected into the subcuticular sacs of frogs, a curious form of cataract was produced. Dr. Richardson, since reading this paper, had performed a series of experiments, amounting now to forty-six in number, which were not only entirely confirmatory of Dr. Mitchell's observations, but were an extension of them. The leading facts adduced by the author may be thus summed up :—1. When from one and a-half to two drachms of syrup are injected under the skin of a frog, the body of the animal first becomes enlarged from exosmosis ; and afterwards, in from twelve to thirty-six hours (the enlargement having meanwhile disappeared), cataract—usually in both eyes—is the result. This was confirmed by twenty experiments. 2. If the frog, after injection, is freely surrounded with water, it recovers without cataract—a fact observed also by Dr. Mitchell. 3. If, immediately after the lens becomes opaque, the animal is surrounded by water, the cataract may be made to disappear. 4. The cataract, being fully developed, remains permanent ; the animal apparently recovering its general health, but being entirely blind. 5. When the cataractous lens is removed from the animal, the opacity may be seen to have commenced either at the posterior part of the lens, spreading circumferentially ; or at the anterior part, spreading backwards. The opacity is diffused, but it does not reach the centre of the lens. A similar opacity of the lens may be produced in the eye of a sheep, immediately after death, by the injection of syrup into the anterior chamber. In these conclusions, the results of both authors were in the main the same ; and, having described them, Dr. Richardson referred to observations of his own. All varieties of sugar—cane, grape, and milk—produce the same result ; and frogs were presented with cataract induced by the injection of syrups of each of these sugars ; but milk-sugar acted most certainly, next cane, and next grape. 6. The form of cataract did not much vary in any case. 7. After several experiments, it was found that a syrup of cane, or grape-sugar, of specific gravity 1150, was the most practical ; and of milk-sugar, that of specific gravity 1120. 8. Injection of gum-water does not produce cataract. In one case, after the injection of albumen, it was believed that some opacity was produced ; but a second experiment did not confirm this result. 9. Sugar-cataract is producible in other animals. In a fresh-water fish, placed in water brought to the specific gravity of 1070 by cane-sugar, perfect cataract was produced on one side, the other side seeming to escape altogether. A second fish, placed in the same solution, lived in it for several hours, but showed no cataract. In guinea-pigs, rabbits, and dogs, attempts had been made to produce the sugar-cataract by injecting syrup into the peritoneum. Great difficulties, however, were experienced in these experiments ; for it was found that, if an overdose of syrup were injected, the animal died rapidly, as from hæmorrhage, from rapid transudation of water from the blood into the peritoneal sac. If, again, small quantities were introduced the sugar was rapidly eliminated by the urine ; in which it was found present in one case within an hour after the injection of grape-sugar syrup. But, by frequently repeating the experiments, by throwing an ounce of syrup of grape-sugar into the peritoneum of a rabbit, and repeating it at an interval of ten hours, distinct opacity of both lenses was produced. The animal, however, died after a third injection, the opacity increasing till death. The rabbit was presented to the Society. As to the cause of the cataractous condition, Dr. Richardson considered it purely osmotic ; that is to say, it is due to an excessive transudation of water from the lens to the surrounding fluids, upon which the component parts of the lens are disarranged, and opacity is the result. This form of cataract, while it presents all the appearances of common cataract, connects itself intimately with the facts which had been made out in the etiology of the disease, as to the co-existence of diabetes and cataract. Dr. Mitchell, at the conclusion of his paper, had noticed the same circumstance ; and Dr. Richardson thought its importance could not be over-estimated. The co-existence of diabetes and cataract had been noticed by various ophthalmic writers, to many of whom Dr. Richardson referred. In his opinion, however, it was not necessary for there to be ordinary diabetes in every case of cataract, produced by sugar. Milk sugar would produce the disorder, and there may be temporary conditions of the body in which sugar is thrown out in the secretions, and may produce the results indicated without the signs of diabetes as we now understand them. Reverting to the fact that the cataractous condition in the frogs may be removed at an early stage by surrounding them with water, Dr. Richardson related that the same opaque condition, and its removal, could be effected in the recently dead eye of the sheep, by first injecting syrup into the aqueous chamber, and afterwards replacing the syrup by distilled water. He suggested upon this that it would be worth trial in the earliest stage of cataract in the human subject, to let out the aqueous humour, and to refill the chamber with simple water. Such an experiment might be often repeated without injury. Dr. Richardson, in concluding his paper, congratulated Dr. Mitchell, warmly, in having been the earliest experimentalist to elucidate the synthesis of cataract, and to take the first steps towards a rational interpretation of the disease.

The following are the chief points of interest in Mr. Pigott's Poor-law Medical Reform Bill now before Parliament :—

"Section 1 facilitates the obtaining of Medical orders by the poor, as the overseers of each parish, and the magistrates, in a Union, will have power to grant them, as well as the relieving officer. Section 2 empowers the guardians to strike off the books the names of all persons who are capable of paying for Medical relief. Section 6 compels the guardians to advertise all Medical vacancies in a newspaper of the county in which the Union is situate ; it declares that the assistant of a Medical man shall not be appointed. That all Medical officers, not registered, shall forfeit office. That tenders for Medical advice shall not be invited, but the estimated amount of salary in accordance with this Act, shall be named. Section 7 makes it compulsory on the Poor-law Board to accept the services of all registered Medical men, provided they hold both a Medical and Surgical qualification. Section 8 makes the appointments of all the present Medical officers permanent, provided they reside within two miles of their district. Section 11 limits the permanency of appointment of a future Medical officer to those parts of a district not more than six miles from his residence, beyond which, the office shall be annual ; it also limits the attendance on the sick poor to 1500 annually. Section 12 declares that public vaccinators shall have the same qualifications as Union Medical officers. Sections 13, 14, 15, define the duties of a Medical officer. Section 16 provides for the payment of Medical officers of Districts, on acreage, at 1d. per acre, and on cases of illness at 3s. 6d. each, when the Medical officer finds the medicines, and 2s. 6d. each when the guardians find the medicines ; but in the case of a Medical officer of a Workhouse, Infirmary, Lunatic Asylum, or School-house, he shall receive 2s. 6d. in addition, for each attendance at the workhouse, etc., if the

institution be situate more than one mile from his residence, and 5s. if more than two miles. Section 17 provides that a table of fees shall be drawn up by the Poor-law Board, with the advice of the Privy Council; that the guardians shall not compound for the fees; that if a patient requiring an operation be sent to an Hospital, the guardians shall pay the treasurer of the Hospital a similar fee to that they would pay the Medical officer for its performance. It also provides for a division of a fee in case the patient shall have been attended consecutively by two Medical officers, or be treated by one Medical officer, and then go to an Hospital. Section 18 provides for serious surgical cases, not enumerated in the table of fees, and gives power to the Poor-law Board to award reasonable extra allowance. Section 19 provides for advice, assistance, and consultations, and fixes the fees at 10s., £1 or £2, according to distance. Section 20 provides that the payment of a fee of £5 for an operation shall not be made unless the advice of a registered Medical man be procured before its performance, and a certificate produced of its necessity. It also permits the advice of a registered Medical man, instead of as at present confining it to those holding particular qualifications. Section 21 provides for the payment of a reasonable fee to any registered Medical man, not a union officer of the district, who may render important services in a case of sudden accident, or other cause immediately threatening life. Section 28 declares that cod-liver oil, leeches, requisites for poultices, and a list of drugs and appliances, which shall be drawn up by the Poor-law Board, with the advice of the general Medical Council, shall not be included in any contract with Medical officers. Section 29 declares that a Medical officer shall be free of toll when on duty visiting Union patients in his own district. Section 30 declares that the Poor-law Medical officer shall be free of tax on one horse, carriage, and man-servant. Section 31 declares that a Medical officer may direct the kind of diet for the sick, and the relieving officer or master of the workhouse, as the case may be, shall obey such direction until ordered to the contrary by the guardians; and that meat, wine and spirits shall be kept at the workhouse, and given out by the master to all patients for whom they may be ordered, who live within three miles. Section 35 directs the appointment of a Medical Commissioner or Secretary to the Poor-law Board, who it is proposed shall be nominated by the Poor-law Medical officers. Section 36 declares that Justices of the Peace for boroughs and towns shall be *ex officio* guardians. Section 37 declares that the Poor-law Medical officers shall be officers of health, excepting in those places where officers of health have been already appointed. Section 38 directs the Registrar to order the District Medical officer, in all cases of sudden death, where no registered Medical man has attended the deceased, to make inquiries and give a certificate to the Registrar, and also to the Coroner, if necessary, as to the probable cause of death. The fee to the Medical officer to be 5s., with 1s. for mileage, which is to be paid for out of the common fund of the Union. Section 39 directs that 1s. shall be paid for every certificate of death, or successful vaccination, which is furnished to the Registrar by a registered Medical man, the payment to be charged to the common fund of the Union."

Professor Matteuci has been elected one of the sixteen senators made by the King of Sardinia.

Effects of Heat as experienced by Drs. Fordyce, Blagden, etc.—"In the first room entered by these gentlemen, the highest thermometer varied from 132° to 130°; the lowest stood at 119°. Dr. Fordyce, having undressed in an adjoining cold chamber, went into the heat of 119°; in half-a-minute the water poured down in streams over his whole body, so as to keep that part of the floor where he stood constantly wet. Having remained here fifteen minutes, he went into the heat of 130°; at this time the heat of his body was 100°, and his pulse beat 126 times in a minute. While Dr. Fordyce stood in this situation, a Florence flask was brought in filled with water heated to 100°, and a dry cloth with which he wiped the surface of the flask quite dry, but it immediately became wet again, and streams of water poured down its sides, which continued till the heat of the water within had risen to 122°, when Dr. Fordyce went out of the room, after having remained fifteen minutes in a heat of 130°. Just before he left the room his pulse made 129 beats in a minute."—*Smith's Philosophy of Health.*

PROFESSOR SCHRŒDER VAN DER KOLK.

James Louis Conrad Schrœder van der Kolk, the present eminent Professor of Anatomy and Physiology in the University of Utrecht, whose important researches on the minute structure and functions of the nervous system have recently, through the instrumentality of the New Sydenham Society, been brought within the reach of the English reader, was born at Leeuwarden, the chief town of Friesland, on March 14, 1797, where his father, Henry William van der Kolk, practised as a Physician. His mother, Cornelia Wilhelmina Philippina Schrœder, was the daughter of Louis Schrœder, Professor of Law at Groningen, whence the name of Schrœder, to prevent its extinction, was added to his own.

Educated in early youth at Wommels, a village of Friesland, where his parents had settled, his father succeeded, in addition to the limited instruction he could there receive, in instilling into his mind, by the perusal of the works of Martinet, Buys, Nollet, Desaguliers, Musschenbroek, and others, that preference for the study of nature which had so great an influence on his whole subsequent career.

In 1812 we find Schrœder van der Kolk a student at the University of Groningen, where during the first two years, contrary to the custom of the time, he applied himself to preparatory studies, and particularly to natural philosophy, chemistry, and botany. On the termination of the French *régime* in 1814, he adopted the profession of Medicine. In 1815, when prize questions were first instituted, he obtained a first prize on the subject of the principal advantages resulting to the animal economy from the latent or combined caloric of air and water. ("Quæ sunt emolumenta præcipua, etc.") Four years later his essay, "De sanguinis vasis effluentis coagulatione," again carried off the medal. On June 17, 1820, he was admitted to the degrees of Doctor of Medicine and Doctor in Midwifery.

In the autumn of the same year he settled as practising Physician at Hoorn, where, however, he remained scarcely twelve months, having in 1821 been appointed to the important post of Resident Physician in the Suburban Hospital at Amsterdam. Here he had abundant opportunity both of acquiring an extensive practical knowledge of all kinds of diseases, and of indulging his taste for anatomy in the preparation of minute injections, his great object being to obtain a more accurate acquaintance with the morbid changes of the system. The consequence was the formation of a collection of pathological objects representing in different series most of the lesions to which the human body is liable. As a result of these researches he published, in March, 1826, his well-known "Observationes Anatomico-pathologici et practici argumenti," the lithographs in which were executed by himself. This work contains some general observations on morbid anatomy, but is occupied chiefly with the author's investigations respecting phthisis and other pulmonary diseases.

Schrœder van der Kolk's residence in the Suburban Hospital was, however, of the greatest importance to him in other respects also. At the time he lived there between 160 and 170 insane individuals were under treatment in the Institution; he had thus the opportunity of studying mental diseases, the true nature and source of which were still involved in so much obscurity and uncertainty. The use he made of the opportunity thus presented to him eventually proved of incalculable benefit to humanity in the improvements he introduced into the care and treatment of the unhappy class in question throughout the kingdom of Holland.

Having left the Hospital in 1826, with a view of practising in Amsterdam, he was, in the course of the same year, appointed Professor of Anatomy and Physiology in the University of Utrecht. During the first years of his Professorship he was in the habit of giving his observations in anatomy and physiology to be wrought out by his best pupils; in consequence of which, numerous valuable dissertations have from time to time issued from the University. But he also published, in his own name, many important works which have thrown a new light on numerous scientific points; among these the volumes on the Nervous System already alluded to, published by the Royal Academy of Sciences at Amsterdam, and translated simultaneously, immediately on

their appearance, into German and English, deservedly occupy the first place.

It would detain us too long to enumerate the many contributions of Schrœder van der Kolk to the several branches of Medical Science; we shall therefore mention only a few of them. In anatomy and physiology, his "Observations on the Structure of the Human Placenta, and on its Circulation," published by the Royal Netherlands Institute in 1851. In comparative anatomy, a "Memoir on the Anatomy and Physiology of the Bot-fly (Gastrus Equi)." In pathological anatomy, "On Choroiditis as a Cause of Glaucoma;" "On the Presence of Elastic Fibres in the Sputa of Phthisical Patients as a Certain Sign of the Existence of a Vomica," translated into English by Dr. Moore, of Dublin; "On the Origin and Formation of Pulmonary Tubercles," translated by the same; "On the Formation and Extension of Cancer-Cells in the Neighbourhood of Cancer, and their Importance in the Performance of an Operation," epitomised in the 15th volume of the *British and Foreign Medico-Chirurgical Review;* "Case of Atrophy of the Left Hemisphere of the Brain, with Simultaneous Atrophy of the Right side of the Body."

But in no department have Schrœder van der Kolk's activity and zeal proved more useful to his fellow-men than in the improvements he has effected in the care and treatment of the insane in his native country. In a few days after his appointment to the Professorship of Anatomy and Physiology, he was elected Co-Regent of the Institution for the Insane at Utrecht, which had at the time fallen into a miserable state. With the zealous assistance of his colleagues, and after many difficulties, chiefly of a financial nature, he succeeded, in the course of a few years, in bringing the Institution into a state of admirable efficiency. This was accomplished chiefly through an act of generosity on the part of Schrœder van der Kolk, which deserves to be recorded in letters of gold. The Clinical Professorship in the Suburban Hospital at Amsterdam having been offered to him on very advantageous terms, the Municipality of Utrecht, unwilling to lose him, asked him whether anything could be done to induce him to retain his connexion with the University. With noble disinterestedness, he replied, that he would consider whatever might be done for the improvement of the Institution for the Insane as done to himself. The consequence was, that a sum of 10,000 guilders was raised by the city and province for the Institution, and van der Kolk still continues their Professor. Well may our Profession and his country be proud of such a man.

In 1836, on resigning the office of Rector Magnificus, van der Kolk delivered an address, "De debita cura infaustam maniacorum sortem emendandi, eosque sanandi in nostra patria nimis neglecta," which was attended with the best effects. In 1842, van der Kolk and C. J. Feith were appointed Inspectors of Lunatic Asylums; and to this appointment the present admirable condition of the Dutch Asylums, which may be taken as models, is mainly due. On the occasion of the second centenary of the University of Utrecht, in 1836, van der Kolk was, as Rector Magnificus, invested with the Order of the Lion of the Netherlands; in 1855 he received from the Swedish Government the decoration of the Polestar, and in 1856 the Commander's Cross of the Oaken Crown.

Edinburgh Medical School — Lectureship on Botany.—Mr. John Bayldon, Licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh, having undergone the necessary trials, before a joint Board appointed by the two Royal Colleges to test his qualifications as a teacher, has been admitted Lecturer on Botany in the Edinburgh Medical School.

Dr. Hardy, Physician of Hôpital St. Louis, gives an account of a peculiar malady, epidemic (it would seem) at Brest; it consists in a black discoloration of the cutaneous surface of the eyelids. Dr. Méricomt has described the same complaints. Dr. Hardy had an opportunity of seeing one of these cases. He found that, on pressing strongly with a bit of linen, dipped in oil, upon the said eyelids, he found a black matter, like soot, come away on the linen; and that the eyelids then took their natural appearance. The Doctor argues most learnedly on the strange phenomena; but notwithstanding the above fact, and that the persons so afflicted (?) are young females, the idea of deception never seems to have entered into his head. What is still more strange, he did not examine the sooty-looking matter under the microscope.

REVIEWS.

On Diseases of the Throat, Epiglottis, and Windpipe; their Symptoms, Progress, and Treatment. By G. D. Gibb, M.D. M.A. 8vo. Pp. 182. London: 1860.

Dr. Gibb, who is known as a pains-taking and industrious Physician, has done service by giving to the Profession this unpretending monograph. Unusual attention has of late been given to the disorders he treats of in consequence of the prevalence of diphtheria and of inflammatory croup in this country. The former disease is described clearly and succinctly by the author, and the chapter on this important subject deserves a careful perusal. With respect to remedies, Dr. Gibb recommends, in that form of the affection most frequently met with, viz. the croupal form, at the outset, an emetic of ipecacuanha, and a decoction of a drug he seems very fond of, the sanguinaria: to use his own words:—

"In my own practice I employ the sanguinaria as an emetic in diphtheria; it acts with energy, and produces a thrilling effect upon the entire mucous membrane of the fauces and respiratory tract, with a feeling of warmth. It alone seems to impart vitality to the suffering throat, and I recommend it with the very greatest confidence."—P. 98.

After the emetic, Dr. Gibb prescribes a mixture containing tincture of sesquichloride of iron, chlorate of potash, and hydrochloric acid. He also advises the employment of a strong solution of nitrate of silver to those parts which can be reached by a sponged probang, or by a brush, and he adds the following useful advice:—

"In all the forms of the disease it will be found advisable to confine the patient to bed, in a well-ventilated room, and isolated from other members of the family. The diet must be liberal, unsparing, and supporting; and should consist of strong beef-tea, wine, jellies, coffee, eggs in brandy or wine freely, milk, and farinaceous food. If these cannot be introduced into the stomach, they must be administered by enemata in small and frequently-repeated quantities."—P. 101.

With regard to tracheotomy in diphtheria, the author, without giving any decided opinion for or against it, considers that the patient should have the benefit of the chance to be given by it if death is imminent from suffocation. The operation is generally futile, on account of the extension of the disease to the parts below the trachea, and of the general blood-poisoning, and as its performance is generally too long delayed.

With respect to the same operation for croup, Dr. Gibb, perhaps, speaks in almost too depreciatory a tone; it must be borne in mind, that since this question has of late years been more prominently brought before the Profession by Trousseau, in France, and by some Physicians and Surgeons in this country, tracheotomy has been adopted on a larger scale, and with a larger amount of success than attended the practice some years ago. This has been in a measure due to the care employed in the selection of cases, as well as to an improved plan of treatment after the operation.

The author speaks highly of the value of emetics of a very strong decoction of senega, which, he thinks acts favourably by expelling the fibro-albuminous exudation which is poured out over the surface of the windpipe in this disease.

While on the subject of affections of the tonsils, Dr. Gibb enters into the consideration of the question as to the propriety of removing the permanently enlarged tonsil in children. Without giving any reasons of his own, he at once somewhat hastily concludes that this diseased gland should not be excised because Mr. Harvey is opposed to the removal; and is of opinion that the enlargement will often disappear spontaneously at the age of puberty, both in boys and girls. He also quotes Mr. Yearsley's view as to the pathology of the affection, which is to the effect that the enlargement is not a true hypertrophy of the substance of the gland, but that it depends upon the deposit of organised lymph or fibrine. Were this always, or even usually the case, it is probable that the induration would be removable by local and general remedies; but in some of these cases the microscope will reveal a true hypertrophy of the gland structure; hence, nothing short of excision will prove effectual in many of the more severe instances occurring in strumous persons. Much mischief may be produced by permitting these

enlargements to continue until puberty arrives; they impair the functions of respiration and hearing, and often interfere with the full development of the body. We would strongly recommend Dr. Gibb to reconsider this very important question for himself; and if he has opportunities, to watch a few cases for a length of time, both in those where the enlargement of the tonsils has been allowed to persist, and where it has been removed by a judicious and timely operation.

Among the many subjects connected with diseases of the throat, the author has given an account of one hitherto undescribed injury—viz. dislocation of the os hyoïdes; and briefly details a case where the symptoms were marked during life, and where a post-mortem examination revealed an abnormal condition of the thyro-hyoïd articulation almost amounting to dislocation.

At page 90 Dr. Gibb says, that in treating dyspnœa he has "for many years been in the habit of making up for the want of quantity of air to be respired, by regulating its quality by the admixture of large proportions of oxygen gas; and the relief has been.....astonishing." As we have heard so much in a very apocryphal way of late about this remedy, we think Dr. Gibb would have done well to have given us the benefit of a little further insight into the practice, instead of summarily dismissing it in half-a-dozen lines.

Although several subjects connected with this important class of diseases are but briefly and superficially discussed, Dr. Gibb has in this little work brought together a considerable amount of valuable information which the busy Practitioner will find useful to him, helping him in the diagnosis and treatment of affections of the throat and its passages, which are often insidious, difficult to detect, and suddenly fatal in their issue.

Two Months in Arrah in 1857. By J. J. Halls, B.A. Camb. F.R.C.S.E. etc. 8vo. Pp. 99.

Mr. Halls was Assistant-Surgeon in the Bengal Army, at the station of Arrah, during the fearful times of the Indian Rebellion. He gives in these pages a short and unpretending narrative of what he saw and partook of during the time when he and a gallant little band of our countrymen, aided by some first-rate Sikhs, stood at bay in Arrah. Everyone remembers the glorious resistance and effectual stand made by these brave men; and we are sure that his Professional brethren will read with interest the lines recorded by Mr. Halls commemorative of the event.

M. Piorry, and other learned French Physicians, are *beginning to learn* that nourishment may be given with impunity to patients suffering from typhoid fever!

The "Revue Municipale" has a long article on the health of Paris. It asks the question—Was the Paris of 1760 more or less salubrious than the Paris of 1860 is? and comes to the conclusion that, in a sanitary point of view, the former was superior to the latter. These are the reasons:—In 1760 the population was 600,000; in 1860 it is 1,800,000. Again, "in 1760, Paris was constantly swept by a pure country breeze. Of the 33,703,307 square metres which Paris contained at that time, upwards of seven millions were occupied by gardens belonging either to convents or princely palaces, and forming so many lungs of the metropolis. At that time there was no gas; now, every time a gas-pipe has to be mended, a quantity of black earth has to be thrown up, exhaling a suffocating stench, which generally makes you cough in passing. The water which is contained in the wells of Paris is not fit to drink, both on account of the geological condition of the soil, and because, proceeding from subterranean lakes, it has filtered through the cemeteries and sewers of the city. And yet it is with such deleterious waters that bread is made in Paris, and rich wines are weakened for the market. In 1760 there was not a single manufactory in Paris; now there is nothing to be seen from the heights that overlook the city but a forest of high chimneys, all emitting volumes of a thick pungent smoke, which ultimately descends under the form of an impalpable soot, and is inhaled by the inhabitants within a considerable radius from the spot, causing, when the wind blows in that direction, a short cough, which is certainly not conducive to longevity."

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

A SUCCESSFUL CASE OF GASTROTOMY.

By Dr. BELL.

On Christmas-day, 1854, Dr. Bell, of Wapello, Iowa, was summoned to see a man named Bates, aged 32, who was reported to have just before swallowed a bar of lead, while playing juggling tricks with it. As the man suffered no inconvenience, Dr. Bell, believing that he was practising a hoax, dismissed him. On January 1 a consultation was called, and a close examination instituted, but entirely with negative results. Next day, however, gastralgia, vomiting, and prostration manifested themselves, and these symptoms continuing, an operation was performed on January 3. Chloroform having been administered, an opening was made into the abdomen, extending from the point of the second false rib to the umbilicus. The hand being passed in, the stomach containing the bar of lead was grasped. The bar "lay in a direction from right to left, the upper end resting against the walls of the stomach to the right of the cardiac orifice, the lower end in the greater curvature of the stomach, to the left of and below the pylorus. As it was impracticable to reach the upper end, I seized the bar between my thumb and middle-finger, and with the forefinger on the lower end of it, I retracted it upwards and backwards for the purpose of making the incision in the stomach as high up as possible. I then passed a scalpel along the side of the forefinger, and divided the coats of the stomach immediately at the end of the bar, making the incision parallel with the muscular fibres, and not larger than to admit of the removal of the lead. I then introduced a pair of long forceps, drew out the lead, and placed the stomach in its natural position. The external wound was closed with the ordinary interrupted suture and adhesive straps, a compress applied, and a roller around the body. The time occupied in operating was twenty minutes. Considerable delay was occasioned by the protrusion of the contents of the abdomen, which had to be replaced before the operation could proceed. As soon as the effects of the chloroform passed off, a quarter of a grain of sulphate of morphia was administered." The future progress of the case is given in some detail, which we have not space for. It may suffice to say, that the treatment chiefly consisted in the exhibition of morphia, one or two moderate venesections, and the occasional administration of an enema. By the 8th the external wound had nearly cicatrised, and by the 17th the patient was able to walk half-a-mile. He has continued well up to the time of the author's writing, viz. a period of five years. The length of the bar was 10¾ inches, and its weight 9½ ounces avoirdupois.—*Boston Journal*, vol. lxi. pp. 489—493.

EXCERPTA MINORA.

Comparative Danger of Ether and Chloroform.—In a recent discussion which took place on this subject at the New York Academy, the eminent physiologist, Dr. Dalton, stated that, in his opinion, the cause of death in fatal cases of death from inhalation of chloroform is paralysis of the heart. He has been led to this conclusion by observing the effects of ether and chloroform on animals. If inhalation is carried to a moderate extent and the chest of the animal is then opened as quickly as possible, the heart will continue to beat for a considerable time. If, however, it be pursued until respiration is stopped, though the heart may still be found beating, its movements will be very feeble. If the anæsthesia be carried only to the stoppage of respiration, the animal usually recovers; but if, when the respiration ceases, the heart is also still, it never does so. Although fatal results have occurred in Dr. Dalton's hands, in experimenting on animals, with both ether and chloroform, when inhalation has been pushed to an extreme, he has been obliged to take a great deal of pains to produce this effect with ether, whereas death often follows the use of chloroform, notwithstanding the best precautions. "I think I may say," he remarks, "without exaggeration, that I am thoroughly convinced that there is a radical difference in the danger following the administration of these two substances. I am sure that

chloroform is more dangerous to animals, at least." He is of opinion that chloroform should be abandoned in favour of ether.—*Boston Journal*, January, p. 484.

Suspension of the Circulation in Gout.—M. Hervez de Chégoin stated at the Paris Hospital Medical Society, that he had recently met with three examples of the phenomenon sometimes observed in the gouty, characterised by debility of the circulatory powers, and even complete absence of pulse, occurring without syncope, and with retention of the powers of speech and hearing and the intellectual faculties. In the first case death rapidly followed. The second was a man 50 years of age, having considerable *embonpoint*. The excessive weakness of the pulse, accompanied by considerable oppression, only ceased when the gouty inflammation of the great toe appeared. In the third case (a man, aged 74) there was also pallor, suspension of the pulse, and very great general discomfort. He is better now, after having been, as was the other patient, submitted to brisk purgation.—*Union Méd.* No. 30.

Lyons Formulæ.—We transcribe some of the favourite formulæ of the Lyons Practitioners, in addition to those we have already published some time since:—1. *M. Bonnet's Emmenagogue Wine:* Dry white wine, 500 parts; tinct. of saffron, 20; spirit of mindererus, 20; and syrup of mugwort, 125 parts. A liqueur-glassful given twice a-day is very efficacious, especially when there is suffering from dysmenorrhœa or too scanty menstruation. 2. *M. Boiron's Anti-Neuralgic Pills:* Musk, 2 grains; ext. of digitalis, 3 grains; opium, 1 grain. To be mixed up with an inert powder, so as to form two doses, one of which given during the neuralgic attack relieves as if by enchantment. 3. *Psoriasis Palmaris:* Alcohol, 65; corrosive sublimate, 5 parts. A table-spoonful to be put into a hand-bath of tepid water morning and evening; after which, an ointment, composed of 4 parts of the sublimate to 50 of lard, is to be applied. 4. *Stimulant Collyrium:* Rose-water, ʒijss; sulphate of copper, gr. j.; laudanum, 5 drops. Two or three drops to be let fall between the eyelids every evening. It is of use in chronic ophthalmia, in old keratitis, in acute inflammation, and in opacities.—*Bull. de Thérap.*, Feb. p. 167.

Remarkable Effects from Poisoning by Coal-gas.—Five soldiers, who had slept in a room heated by a stove burning Dantzic coal, were found lifeless. Two of them who had lain near the door of the stove, had been long dead, but the other three, being only asphyxiated, were revived. One of these, however, became the subject of violent convulsions, and died in a few hours; the two others were taken to the Hospital. One of them exhibited alternating febrile symptoms (the pulse varying from 140 to 88), was unconscious for eight days, and remained during the twelve days he lived paralysed, his bladder also suffering in the same way. On the sixth day, the entire surface of the body was covered with minute pemphiginous vesicles. The man who was the subject of the fifth case, after twenty-six hours' unconsciousness, remained feeble and apathetic, the bladder being also paralysed. The arterial system exhibited remarkable tension for several weeks. Both in his case and in the preceding one bed-sores had formed with remarkable rapidity. He is the only one of the five who has yet survived, there being still retention of urine, this also containing sugar. The bodies of the three first who died soon were found to be healthy, except as regards the blood and its distribution. This fluid was thin, and quite destitute of coagulum, flowing from the cerebral sinuses in large quantities. The heart and thoracic vessels were entirely empty, while all other organs were immensely engorged, especially the brain and membranes, and the tracheal mucous membrane. In the man who lived twelve days, this hyperæmia was much less considerable.—*Berlin Med. Zeitung*, 1859, No. 35.

Tinctura Thuiæ in bad Smells of the Nose.—Dr. Hoppe says that of all means for correcting bad smells of the nose, usually dependent upon excoriations of the mucous membrane, the *tinctura thuiæ* (American *arbor vitæ*) applied upon the finger is the best, and although only a palliative, it is a very effectual one, in a very annoying infirmity. It is also of use in diminishing the smell arising from smegma præputii, and the smells proceeding from the feet and axilla.—*Berlin Med. Zeitung*, 1859, No. 52.

Increase of Temperature prior to Death.—Dr. Seume, in his dissertation published in 1856, gave an account of his observations on the temperature of ten dying persons, and Dr. Adler has since conducted five similar observations in the Pesth Hospital. The combined results are,—1. The temperature was increased in all cases prior to death. 2. In most cases such increase was continuous. 3. In five of Seume's cases, and two of Adler's, the highest temperature was observed at the moment of death; in one of each observer's cases, a few minutes prior to death, and in one of Seume's six minutes after death, while in three cases of Adler's the highest temperature was observed in three, nine, and eleven minutes after death. 4. The highest temperature observed by Seume was 43° Centigrade; the highest by Adler, 42° 6′ Centigrade.—*Wien Wochenschrift*, 1859, No. 48.

Perchloride of Iron in Diphtheria.—M. Aubrun, commenting upon M. Trousseau's statement that among cauterising applications in diphtheria, he has ceased to have any confidence in the perchloride, observes that in point of fact this substance exerts a most beneficial effect, not employed locally, but taken internally in large doses, and commenced with as near the beginning of the malady as possible. He says, employed in this way it is of remarkable and rapid efficacy.—*Gazette des Hôp.* 1859, No. 137.

GENERAL CORRESPONDENCE.

CASE OF PARALYSIS OF THE RIGHT SIDE, AND QUICK RECOVERY.

Letter from Dr. Aldis.

[To the Editor of the Medical Times and Gazette.]

Sir,—I was requested to visit a lady, aged 69, residing in Pimlico, on Saturday, February 18, in consequence of her having become speechless. I saw her immediately, and found her in bed, unable to speak, with flapping of the buccinator muscles and hemiplegia of the right side, but she was perfectly conscious. The tongue, when protruded, inclined to the paralysed side, and the pulse intermitted. The right arm and leg dropped like a stone, after having been raised. The patient pointed with the fingers of the left hand to the window to indicate that the light was too powerful. While a mustard poultice was being prepared, her daughter observed her pointing in the same manner to the toes of the right foot, when she began to smile, as if rejoicing at the sudden return of voluntary power, although in a very small degree. The countenance exhibited the usual distortion, on the muscles being called into action, during her smiles. She gradually obtained more strength over the leg and other parts of the affected side, so that in about twenty minutes the paralysis had entirely ceased. Altogether not more than thirty-five minutes had elapsed between the commencement of the attack and its spontaneous cure. She then complained of pain over the entire half of the left side of the head, more particularly over the left eye.

The history of the case is as follows:—The patient had been frequently subject for many years to an intermittent pulse, but there was no evidence of organic disease of the heart, yet its intermittence led to the suspicion that she might be attacked in the manner described. It was said that she had been examined by Sir P. Crampton and Sir H. Marsh in Dublin, who thought that there was no organic disease of the heart. During the last few weeks symptoms of bronchitis appeared, which confined her to bed. As this complaint did not affect her appetite, she continued her ordinary diet, with a moderate share of stimulants. On the morning of the attack she thought herself much better, and having partaken of a hearty breakfast, sent word to her daughters that she intended to dress herself and join them in the parlour. Soon afterwards she became speechless, and paralysis supervened. A blister was applied to the nape of the neck, and the patient freely purged, when a large quantity of feculent matter, loaded with bile, passed from the bowels, and removed the pain in the head.

One would have supposed that such symptoms, indicating, as they did, an affection of the fifth and ninth nerves, with loss of power over the whole of the right side, would have terminated less favourably. Some lesion of the brain, either by softening or effusion, connected with diseased arteries, might have been suspected. It is, however, probable, that venous congestion of the brain, caused in a great measure by the loaded state of the bowels with a weak heart, excited the symptoms, which, fortunately for the patient, were only transient. I am, &c. C. J. B. Aldis, M.D.

Chester-terrace, Chester-square.

THE INDIAN MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Without at all entering into the controversy between "Emeritus" and "Fairplay" in your columns, or expressing an opinion on the relative advantages of the Queen's British and Indian Medical Services, perhaps a list of the salaries received by the Indian Medical Officers in Calcutta may be of interest. The details were obtained from official documents last year. Where no sum is stated, the amount was not known, from not being published in the sources of information available. It should not be forgotten that nearly the whole of the private practice in Calcutta is enjoyed by the Medical Officers of Her Majesty's Indian Army, and that this is a large source of income. The official salaries are paid in rupees, monthly, and are so expressed in the table annexed. The annual income is very readily calculated, as ten rupees are equal to £1 sterling. I am, &c. Z.

MEDICAL OFFICERS OF HER MAJESTY'S INDIAN ARMY IN CALCUTTA, WITH A LIST OF OFFICES HELD BY THEM, SALARIES, ETC., IN FEBRUARY, 1859.

Name.	Rank.	Office.	Salary. Rupees per Mensem.
J. Forsyth, M.D.	Senior-Surgeon and Director-Gen.	Director-General of the Medical Department, Bengal Establishment	3000.
		Office allowance	818.
N. Chevers, M.D.	Assistant-Surgeon.	Secretary to the Director-General	800, in addition to pay, batta, gratuity, and house-rent of his rank.
J. Row	Senior-Surgeon.	Inspector-General of Hospitals in the Lower Provinces (leave on sick certificate to Europe)	2000.
J. Anderson, M.D.	Surgeon.	Superintending-Surgeon, Calcutta. (Entitled to compensation for travelling expenses)	1800.
		Office allowance. In private practice	60.
A. Grant	Surgeon.	Apothecary-General to the Government of India Member of Senate of the University of Calcutta	1449, exclusive of regimental pay and allowance of rank.
C. Archer, M.D.	Surgeon.	Superintendent of the Eye Infirmary, Medical College, Calcutta	525, also to pay, half-batta and house-rent of his rank.
		In private practice	Not known.
A. Beale	Surgeon.	Surgeon to the Governor-General of India	1200.
A. Webb, M.D.	Surgeon.	Presidency Surgeon	400, and 90 for house-rent
		Surgeon to the Native Hospital	Not known.
		Member of the Marine Medical College, Calcutta	Ditto.
		Secretary and Medical Officer to La Mortiniere	Ditto.
		In private practice	Ditto.
T. W. Wilson, M.D.	Surgeon.	Presidency Surgeon	400, and 90 for house-rent.
		Professor of Midwifery, Medical College, and Obstetric Physician	400.
		In private practice	Not known.
A. C. Macrae, M.D.	Surgeon.	Presidency Surgeon	400, and 90 for house-rent.
		Marine Surgeon	Not known.
		Surgeon to the Calcutta Free School	Ditto.
		Medical Attendant to the Government Female Orphan Asylum. In private practice	Ditto.
J. Macpherson, M.D.	Surgeon.	Presidency Surgeon	400, and 90 for house-rent.
		Superintendent-General of Vaccine Inoculation	300.
		Superintendent of Park-street Dispensary	100.
		Medical Officer to St. Paul's School. In private practice	Not known.
T. Cautor, M.D.	Surgeon.	Superintendent of the European and Native Insane Asylums at Bhowaneepore and Dullunda	1000.
F. G. Mouat, M.D.	Surgeon.	Inspector of Gaols, Lower Provinces	2500, and travelling allowance of 8 annas per mile, and 4 rupees a-day on halts.
W. C. B. Eatwell, M.D.	Surgeon.	Principal of Medical College, Calcutta	1000.
		Professor of Materia Medica and Clinical Medicine	400.
		In private practice	Not known.
T. Thompson, M.D.	Surgeon.	Professor of Botany, Medical College	Ditto.
		Superintendent of Botanical Gardens	Ditto.
E. Goodeve, M.D.	Surgeon.	Professor of Medicine, Medical College Hospital, and First Physician	400.
		In private practice	Not known.
S. G. Chuckerbutty, M.D.	Assistant-Surgeon.	Assistant-Physician, Medical College Hospital	250.
		Superintendent of Out-door Dispensary attached to Medical College Hospital	Not known.
		In private practice	Ditto.
J. Fayrer, M.D.	Assistant-Surgeon.	Assistant-Professor of Surgery to Medical College Hospital	700.
		First Surgeon to Medical College Hospital	Not known.
		In private practice	Ditto.
W. Crozier	Surgeon.	Professor of Anatomy and Physiology, Medical College	800.
		Curator	Not known.
		In private practice	Ditto.
F. Macnamara, M.D.	Assistant-Surgeon.	Professor of Chemistry, Medical College	400.
		Chemical Examiner to Government	Not known.
		In private practice	Ditto.
J. P. Brougham, M.D.	Surgeon.	Surgeon to Presidency General Hospital. In private practice	600, in addition to the pay, batta, gratuity, and ordinary rate of house-rent of rank.
A. G. Payne, M.D.	Assistant-Surgeon.	Second Assistant, Presidency General Hospital	150 added to pay, batta, etc., of rank.
		In Medical charge of Calcutta Native Militia Regiment	Not known.
		In Medical charge of the Mysore Princes	400.
		In Medical charge of the Mauritius Emigration Depôt	Not known.
		In private practice	Ditto.
J. B. Scriven, M.D.	Assistant-Surgeon.	First Assistant-Surgeon, Presidency General Hospital	250 added to pay, batta, and gratuity of rank.
		Surgeon to Calcutta Great Gaol, and House of Correction	200.
		Medical Officer to the Upper Orphan School	Not known.
		In private practice	Ditto.
W. S. Playfair, M.D.	Assistant-Surgeon.	House-Surgeon to Medical College Hospital	Ditto.
		Professor of Descriptive and Surgical Anatomy, Medical College	Ditto.
		Second Surgeon of College Hospital, and Professor of Clinical Surgery	Ditto.
		In private practice	Ditto.
Not filled up	Acting Surgeon.	Garrison Surgeon, Fort William	500, in addition to pay, batta and gratuity of rank.
Ditto	Acting Assistant-Surgeon.	Garrison Assistant-Surgeon, Fort William	150, in addition to pay, batta, and gratuity of rank.
		Medical attendance on State Prisoners	Not known.
S. B. Partridge	Assistant-Surgeon.	Second Surgeon to Medical College Hospital. In private practice	Ditto.
— Jones	Assistant-Surgeon.	Surgeon in charge of the Governor-General's Body-Guard	Pay and allowance of Cavalry Surgeon in charge.
T. Boycott	Assistant-Surgeon, Army of Bombay.	Assay-Master of the Calcutta Mint	2250.
T. F. Shekleton	Assistant-Surgeon, Army of Bombay.	Deputy Assay-Master of the Calcutta Mint	600, and 150 for house-rent.

[To the Editor of the Medical Times and Gazette.]

Sir,—With reference to the comparative advantages of (formerly called) Queen's and Company's Services, having served fourteen and a-half years in the former as Assistant-Surgeon, about twelve of that in the Bombay Presidency, perhaps you will kindly give insertion to the following:

On arrival in 1831, I found my pay 90 rupees a-month, and allowances, all and sundry, 110; but being in quarters 30 of that was deducted as house-rent, so that I got 170 rupees. Soon after, however, an additional 30 rupees was given when actually doing Regimental duty and not in Medical charge. This was a great boon to Queen's Assistants. Most of the Company's had Medical charges and Staff Appointments of one kind or another with liberal allowances, while two Queen's Assistants, over twenty years' service in Ceylon or Bombay, were on the bare pay and allowances of their rank. (The ordinary period of promotion at that time, and till 1841-2, was from twenty-three to twenty-five years in the Queen's Service.) Away from the Presidency, house-rent and full tentage being added, the pay and allowances, including horse and palanquin, became 256 rupees if under 200 miles from the Presidency; if above, some years after, it became 280 rupees. Here, however, there was a blunder, for if actually in the field and marching, and we have marched thousands of miles without ever being in quarter, notwithstanding the vastly increased expense, instead of the additional 5s. as in England, thirty rupees (the house-rent) was actually deducted. This too was not felt in the Company's Service, they being, we may say, all on other Staff allowances.

It was the old Peninsular List of Assistant-Surgeons becoming exhausted, and the originating of Second Class Staff Surgeons, that brought the period of promotion suddenly down to fourteen years, and afterwards the Second Battalions, etc., caused the further fall to seven or eight years; this therefore must be very temporary. In the Queen's Service there were no furloughs, and even the two years usually granted by Medical certificate was cancelled, and perhaps three or four months granted instead in this country, on arrival.

Our retirement, 1st class, after twenty-five years' service, is about £270. I am, &c.

Moffat, Dumfrieshire. Quarter Century.

N.B.—The late Regulations, so far as the wants of Regimental Medical officers are concerned, in our view were carried in a wrong direction, taking away what semblance of substantial rank they had, and making it like that of civilians, a mere mark of length of service. To pay Medical Officers as really civilians is quite out of the question, nor is it desirable, if the finances of the country even admitted of it. It is only by substantial rank and "Military Honours"—"Mount, mount upon thy chariot and let Machaon mount with thee"—that Military Surgeoncies can be rendered desirable. Regimental Medical Officers should just be supernumerary of their rank and all additional pay in the form of Staff allowance; in other words, after the model of adjutant, not of paymaster. Rupees are not served out in the field or in the trenches, but shot and shell are. The Regimental Medical Officer, too, should be drilled with the others, for a more out-of-place being than a non-military Medical Officer in the field cannot well be conceived.

POOR-LAW MEDICAL REFORM ASSOCIATION.

Letter from Mr. Griffin.

[To the Editor of the Medical Times and Gazette.]

Sir,—I shall feel obliged by your allowing me space in your Journal to inform the Poor-law Medical Officers that Mr. Pigott has introduced into Parliament the Bill on Poor-law Medical Reform, which was read the first time last evening (Tuesday). It is, therefore, most desirable that Poor-law Medical Officers should lose no time in petitioning the House in its support, one hundred and eight petitions only having as yet been sent in this Session. Some of these, however, have been numerously signed by Poor-law Medical Officers, and a few by ladies, guardians, clergymen, private Medical men, and ratepayers. I, therefore, believe the feeling in favour of Medical Reform has become so general, that, if Medical men would but take the trouble to ask for signatures to petitions, they might have them to almost any extent, particularly if the information be given, that the present payments to the Medical Officers throughout the Kingdom is only 3s. 1d. per case, and that for an illness the average duration of which is twenty-two days.

The Bill now before the House is somewhat different to that laid before the Medical Officers, as it was only lately that I discovered that the second element in Mr. Estcourt's plan, which averaged one shilling per case throughout the Kingdom, would work very unequally in the different divisions; the Metropolis receiving but 4½d. per case, whilst another division would have 2s. 6d. I, therefore, took upon myself to ask Mr. Pigott to abandon that mode of payment, and adopt the simpler plan of giving 3s. 6d. for each case of illness where the Medical Officers find the medicines, and 2s. 6d. where the Guardians find them. A similar mode of payment I suggested should be adopted for the Medical Officers of Union-houses, with the addition of 1s. for each visit to the workhouse, etc., if under one mile from the residence of the Medical Officer, 2s. 6d. if above one mile and less than two miles, and 5s. if at any further distance. I also suggested that the payment for acreage and the 2s. 6d. for Medical advice should be made a charge on the county-rate of the county in which the Union is situate; the extra medical fees to be paid for out of the common fund of the Union, and the one shilling per case for medicines and the charge for dispensaries out of the Consolidated Fund, a mode of payment which I trust will remove all cause for opposition by the Guardians; and as it lessens the payment by Government, I hope it will ensure the support of Parliament.

I trust these various changes will meet with general approval.

I have now in the press a pamphlet of thirty closely-written pages, containing a summary of the Act and a commentary on each clause, also three pages of forty-two columns of figures; a copy of this I intend to send to each Member of Parliament, in order that they may see the necessity for the various clauses. When the Bill reaches the Upper House, I shall forward copies to its members. I shall also send one to each of the Medical Officers who have sent subscriptions to the Association within the last twelve months, as it is with their money the pamphlet has been printed. I regret I cannot go further, as the funds of the Association are too low to permit me to send to all the original subscribers; but as it is most desirable that all Union Medical Officers should possess a copy, in order to understand the reason for the insertion of the various clauses and the way they will work in each division, I have directed the printer to keep the type standing for a short time, so that those gentlemen who may renew their subscriptions may have a copy. Non-subscribers, whether Poor-law Medical Officers or not, may have one sent to them on forwarding to me their address and twelve postage-stamps; and on the same terms I shall be happy to furnish all Guardians with copies; and the more that may apply the better, as I feel sure that if they look at the Bill with unprejudiced eyes, they will be convinced that although it will benefit the Medical Officers; it will at the same time do good to the poor, and remove a burden from individual Unions. I am, &c.

Richard Griffin.

12, Royal-terrace, Weymouth, March 28.

P.S. The question of a General Meeting is under consideration.

Charing-Cross Hospital Medical Society.—The following gentlemen were elected the Officers and Council of the Society on Thursday, March 22, 1860:—Hon. President: W. D. Chowne, M.D President: William Travers, L.S.A. Vice-President: Gordon Smith, L.S.A. Hon. Secretary and Treasurer: Frank W. Cooper, Esq. Councillors: Messrs. Edgar A. Browne, Thomas Dobson, Frederick C. Skegg, and George Delamotte.

At a meeting of the Glasgow Medico-Chirurgical Society held on Tuesday evening week, the following gentlemen were elected office-bearers for the ensuing session:—Professor Pagan, M.D., President; Dr. James Adams and Dr. Thomas Watson, Vice-Presidents; Dr. Scott Orr, Dr. Ritchie, Mr. John Reid, Dr. M'Kinlay (Paisley), Dr. Howatt, and Dr. Tannahill, Members of Council; Dr. Lyon and Dr. J. G. Wilson, Secretaries; Dr. John Coats, Treasurer.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 13, 1860.

F. C. Skey, Esq., President, in the Chair.

A paper, by Dr. Robert Lee, was read on

OVARIAN CYSTS WHICH CONTAIN TEETH, HAIR, AND FATTY MATTER.

The author commenced his communication by citing the various authors who have written on this subject, observing, that while the older writers had regarded them as instances simply of extra-uterine or ovarian conception, Dr. Baillie had been the first to question the correctness of this view, in consequence of his having discovered such pathological conditions in a female child, of only twelve or thirteen years old. This had led him to conclude "that such productions may arise from an action in the ovarium itself, without any stimulus from the application of the male semen." This case was quoted in full from the "Philosophical Transactions," and another case recorded by Dr. Baillie, in his "Morbid Anatomy," was also referred to. In the very first volume of the "Medico-Chirurgical Transactions," an account is given by Mr. Abernethy of a case similar to that recorded by Dr. Baillie. Analogous cases are mentioned by Dr. Merriman and Dr. Edward Phillips in later volumes. Dr. Seymour, in his "Illustrations of the Principal Diseases of the Ovaries," details a case of the same kind, which he regards as "the result of an imperfect conception on the part of the mother of the individuals in whom they are found." The opinions of M. Cruveilhier and Dr. West on this subject, were then cited at considerable length, the latter embodying the chief results of late examinations by foreign pathologists. Four cases had come under Dr. Lee's observation, in two of which the cyst was in a natural condition, while in the other two it was more or less disorganised by dropsy, cancer, inflammatory action, and so on. The first case died of cancer in February, 1853, at the age of 43, under the care of Dr. Martin, who submitted the uterus and appendages to Dr. Lee. The left ovarium was enlarged to the size of a child's head, and the Fallopian tube, much elongated, and adherent to the ovary, was filled with pus. Two cysts, nearly equal in size, were found in the left ovarium, one of which contained purulent fluid, and the other a fatty-looking matter, with a great number of hairs loosely embedded in it, varying in length from five to six inches. The fatty matter adhered at only one point to the cyst, and around this point, and nowhere else, were the hairs observed growing from the cyst-wall. Some of the hairs seemed to have bulbs, by which they were attached; in other instances, both extremities were pointed and free. The walls of the cyst were composed of three distinct coats—1, the peritoneal covering, along with a thin layer of the stroma of the ovary; 2, a dense fibrous coat; 3, a lining membrane, uniformly smooth, white, and glistening, except where the hairs and fatty matter were adherent to it, where it had a yellow colour, like a corpus luteum, and was thick and hard. In Case 2, the ovary had been preserved in spirits from October, 1833, till November, 1859. The patient had died eleven days after delivery, and the cyst, of inconsiderable size, and filled with hair and fatty matter, was removed after death. It was now placed in a shallow vessel containing spirit, and dissected by means of the needle and forceps, with the aid of a lens magnifying six diameters. The cyst was found completely imbedded in the ovary, like a Graafian vesicle, so that between the peritoneum and the cyst-wall there was everywhere a layer of parenchymatous structure. The cyst consisted of two distinct membranes or layers, the outer thick and dense, the inner thin and transparent, which were easily separated from each other. Attached to the inner membrane at one point was found a yellow, hard body, which presented the appearance of a portion of scalp, with hair growing from it. No hair was anywhere else attached to the cyst. The author concluded that the cyst was an enlarged Graafian vesicle in the interior of which the hair and fatty matter had been formed. The analysis of the fatty matter and hair, undertaken by Dr. Noad, gave in general terms the following results:—

Water	78·60
Hair	3·23
Fat	16·17
An albuminous substance, having many of the characters of casein, and containing much sulphur	2·00
	100·00

In Case 3, the patient, at the age of thirteen, was tapped for ovarian dropsy. Two years later, during a repetition of the operation, the canula became obstructed by a mass of hair and fatty matter. The patient died some time after, and it was reported to the author that there was a great mass of multilocular cysts and cancerous structure, with which were interspersed numerous long hairs and pieces of bone. A small portion was submitted to his inspection, which confirmed this statement. Case 4 was that of a lady, aged twenty-eight, just returned from India, in the fifth month of pregnancy, having been married nearly five years. The history of the case, as given by the Indian medical attendant, was related, from which it appeared that an abdominal tumour had been observed very shortly after marriage, and that certain movements had been felt which had led to the idea that she was pregnant for some time; but these had ceased, and a large discharge of purulent matter had taken place through the urethra before she placed herself under medical advice. The opinion first formed was that the tumour had been from the first ovarian; but this was subsequently modified by the discharge being accompanied by small, solid masses, which had much the appearance and character of bone. While under observation in England, it was noticed that these hard bodies consisted of hairs coated with calcareous deposit; and of these a large number were passed with much suffering. The patient was seized with puerperal convulsions, and delivery was immediately had recourse to with a view to save the life of the mother; but though there were no convulsions after delivery, and consciousness returned, yet she sank and died in two days. After death an ovarian cyst was found communicating with the bladder, and hairs were seen growing from one point of its lining membrane.

In an Appendix to the paper, the author refers to published cases of a similar nature which had subsequently come to his knowledge, recorded by Sir B. Brodie in his "Lectures on Diseases of the Urinary Organs," and by Dr. Hemming, in a note to his translation of Boivin "On Diseases of the Uterus." To these are subjoined a letter from Mr. Lawrence, detailing from memory the particulars of a case which occurred in the practice of Mr. Abernethy, in 1816. The patient was a married lady, over sixty years of age, and several concretions, which seemed to have formed around hairs, were removed from the bladder by the operation of lithotomy. She survived the operation three years.

We published last week the discussion which followed the reading of the above Paper.

THE PATHOLOGICAL SOCIETY.

Tuesday, March 6, 1860.

W. Fergusson, Esq., President, in the Chair.

Mr. Walters exhibited a specimen of

EXOSTOSIS OF THE ORBIT.

It was removed from a patient of Mr. Bowman, at the Royal London Ophthalmic Hospital. For an account of the case see *Medical Times and Gazette* October 22, 1859. Mr. Walters remarked that there was no similar case on record; its peculiarity being the narrow pedicle by which it was attached. There were, in the museum of the Royal College of Surgeons, specimens somewhat similar, but none nearly so well marked. The growth was extremely hard.

Mr. Fergusson remarked that exostoses of the cranium were generally very hard.

Mr. Callender exhibited, for Mr. Edgar Barker, a specimen showing

EXTENSIVE HYPERTROPHY OF THE LEFT VENTRICLE.

This specimen was taken from a gentleman who died at the age of 60. The heart weighed thirty-two ounces, and the whole of this increase above the normal weight appeared due to the hypertrophy of the left ventricle, the auricles and the right ventricle not being increased. The mitral valves did not appear diseased, but Mr. Callender had no opportunity of ascertaining their competency; the auricle and ventricle were cut open, and no information with reference to this question had been received from Mr. Barker.

Dr. Peacock wished to inquire whether the condition of the valves as to competency had been tested before the orifice of the aorta was slit open. Looking at the preparation, it appeared to him that one of the valves readily admitted of retroversion, and that the folds of another was so short, and the sinus of Valsalva behind it so shallow, that free regurgitation must have been allowed. If this were the case, it rendered the degree of hypertrophy and dilatation of the left ventricle less remarkable, though very great increase of weight did take place in the heart without valvular disease; indeed, the heaviest heart weighed by himself, and he believed on record, was of this description. It was not very uncommon, he remarked, that hearts in which there was obstructive and regurgitant disease of the aortic valves weighed about thirty ounces, or ranged from twenty to thirty ounces.

Dr. Gibb exhibited, for Dr. Baker, of Dawlish,

A CALCULUS FROM THE TONSIL,

which had been ejected from a highly scrofulous married woman 43 years of age. Her history went to show the presence of sore-throat, great pain in the ear with discharge of fetid matter, then a gathering of the tonsil, with shivering, great swelling of the throat, dysphagia and a choking sensation. During a violent fit of coughing the tonsillar abscess burst, with the ejection from the mouth of the calculus with a great flow of matter mixed with blood. Immediately relief followed. Next morning a distinct cavity was visible in the inflamed tonsil (from which the calculus had escaped,) still discharging matter. A good recovery was made with the exception of an eczematous eruption on the side of the face and ear, to which the patient was subject. Dr. Gibb had analysed the specimen, which resembled a small mulberry calculus in colour and form, and it consisted chiefly of carbonate of lime, with a little of the oxalate, and some animal matter. He believed that this calculus was the resolution of old tuberculous deposit in the tonsil originally, and subsequently became the nidus of inflammation and abscess, ending in its expulsion.

Dr. Little then showed the

SPINAL CORD OF A MAN WHO HAD PARALYSIS OF THE LOWER EXTREMITIES TWENTY YEARS.

He had been a patient of Dr. Little's twenty years, suffering from paralysis of the lower extremities, but had been lost sight of for the last sixteen years. Dr. Little saw him shortly before his death; and at the patient's request, he made a post-mortem examination after his decease. The patient had not suffered from ordinary paralysis of the lower extremities, but rather from spastic contraction, the extensor muscles being affected more than the flexor, being the reverse of the condition generally found in paralysis of the lower extremities. He was 65 years of age when he died. The condition was not congenital, as he had followed several occupations, one of which was in the police. The affection commenced in the lower extremities, and slowly extended to the upper limbs. He had involuntary discharge of fæces for the last five years, and of urine for the last ten. In reply to Dr. Quain, Dr. Little stated that sixteen years ago, the man's muscular system was well developed; but the wasting observed when he last saw him, might be due to other causes than the paralysis. He had gradually lost sensation in the limbs.

Dr. Clark, who at Dr. Little's request, had examined the cord, stated that the results obtained were chiefly negative, and no conclusion could be clearly drawn between the paralysis and the structural lesion.

Mr. Holmes exhibited a liver showing extreme

DILATATION OF THE BILE-DUCTS.

It was taken from an old man, who died recently with jaundice, in St. George's Hospital. The patient had been destitute in the streets previous to his admission. He was then jaundiced, but said that he had never been so before. At the autopsy the gall-bladder was found full of dark bile. There was a stricture of the common hepatic duct and of the cystic duct; but beyond the strictured points the ducts in the liver were much dilated, the left hepatic being distended to the size of the common iliac vein.

Mr. Holmes also showed a specimen of

ŒDEMA OF THE GLOTTIS.

It was taken from a man who died in St. George's Hospital. He was a hall porter to a nobleman, and was previous to the attack in good health. He had primary syphilis in early life, but no secondary symptoms ever followed. At four o'clock one morning he was attacked with dyspnœa, which increased in urgency. At twelve the same day he was admitted into the Hospital, when for the relief of the dyspnœa the larynx was opened. His breathing was then quite free, and he slept quietly for a short time; but although the dyspnœa did not return, he gradually got weaker, and died. No disease was found except in the throat, and in the kidney. The mucous membrane was swollen as low as the true vocal cords, but there was no true false membrane. In reply to Mr. Fergusson, Mr. Holmes stated that the patient apparently died from exhaustion; and in reply to Dr. Anstie, that there was no prevalence of erysipelas in the neighbourhood.

Dr. Crisp exhibited a specimen illustrative of

TUBERCULAR PERITONITIS.

It was taken from a girl, who died at the age of 12. She had been in good health up to the age of 7 years, when she had some kind of fit. Dr. Crisp first saw her in December last, when she was suffering from diarrhœa; the abdomen was enlarged and tender, and Dr. Crisp then suspected tubercular peritonitis. These symptoms, however, passed away, and she got well. In February last she had an attack of pain in the head, and at one time was as if comatose, but could be roused. She improved from this condition, but eight days from the commencement of the indisposition, after eating a hearty dinner, she fell back and died suddenly. At the autopsy the membrane was found abnormally vascular, and section of the brain showed many bloody points. At the posterior extremity of one hemisphere in the cineritious substance, was found a small soft pulpy spot. The peritoneum was studded with thousands of small grey, semi-transparent tubercles. There were none in the liver. The spleen was soft and pulpy.

Mr. Christopher Heath showed a well-marked specimen of

TALIPES VARUS,

from a subject in the dissecting-room of the Westminister Hospital, which he considered to be of paralytic, non-congenital origin. The specimen showed well the important part played by the tibial muscles and the plantar fascia in keeping up the deformity, and the bending of the foot at the transverse tarsal joint. It showed also a displacement of the anterior tibial vessels which lay to the outer side of the extensor tendons. There were no appearances of any operation having been performed upon the foot.

Mr. W. Adams considered this to be a specimen of paralytic varus. It illustrated the fact that the transverse tarsal-joint was of equal importance with the ankle-joint. He stated that in these cases the first thing to be done was to divide the plantar fascia, and subsequently the tendon Achillis.

WESTERN MEDICAL AND SURGICAL SOCIETY.

Friday, March 2, 1860.

A. Leggatt, Esq., Vice-President, in the Chair.

A paper, by Dr. Markham, was read on

BLOOD-LETTING IN DISEASE.

The author, apologising for the triteness of the subject, drew a complete distinction between the effects of local

detraction of blood from an inflamed part, and the effects of venesection upon it. Local abstraction of blood, as by leeches applied to an inflamed joint, generally reduces the chief characteristics of the inflammation, the pain, the heat, the redness, and swelling; but venesection has no such influence over those inflamed parts, nor any influence at all except such as is always manifested when large quantities of blood are taken. Now, if these facts be true of external inflammation, he argues they must, by strict analogy, be true of internal inflammations, and therefore local abstraction of blood is useful in all those cases of internal inflammation in which there is a distinct vascular connexion between the skin and the inflamed part beneath it—as, for instance, in pleurisy and peritonitis. He contends, however, from what we see of its action in external inflammation it has no beneficial influence over internal inflammations. How comes it, then, that the wisest of our Profession have in all ages deemed the remedy so useful a one in all such internal inflammations? Are we to believe they have all been mistaken? The author answers these questions in a decided negative, and thus solves the difficulty. He calls attention to the fact that the chief (and only) battle-field in which the blood-letting controversy has been ever fought is pneumonia. This, then, is the disease in which the benefits of bleeding must have been most beneficially exemplified, and the practice may have been right, though the theory may have been wrong. Men thought the bleeding had a directly beneficial influence over the progress of the local inflammation in the lung, but it was not so: it simply relieved the pulmonary and the cardiac congestion, which necessarily arises in a greater or less degree, as a complication of pneumonia. This is the only relief it gives: it frees the partially-arrested pulmonary and cardiac circulation, and gives intense relief. Its benefits, therefore, are great and immediate, and its dangers all lie in the future. The greater the extent of the inflammation, the greater the asphyxiating congestion and the more urgent the necessity for venesection; but, unfortunately also, the greater is the danger of the practice. Recollect, the lungs are the chief blood-making organs of the body, and this all-important function is arrested in proportion to the extent of the inflammation. The loss of blood is, therefore, under such circumstances, an irreparable loss. He ridicules the fear which many have of large losses of blood, and asserts that the body will lose such with impunity, provided the lungs remain unaffected by disease—*i. e.* so long as the lungs can make fresh blood from the food and wear and tear of the tissues. As a striking proof of this fact, he instanced the large hæmorrhages borne by women in child-bed, and by fever patients with abdominal symptoms. As a corrollary of his views of the indirect uses of venesection, it follows that it is an excellent remedy in all those diseases, whatever their nature, which occasion a congestive condition of heart and lungs, as in pneumonia; and he instanced diseases of the heart, peritonitis, and injuries of the head, as cases in which this condition of the pulmonary circulation obtains, and which require venesection. He concluded by stating, that if his views of the effects of venesection are accepted—viz. that it has no beneficial influence over the inflammation *per se*, but only in those cases in which pulmonary and cardiac congestion arise,—it must follow that a very different signification from that generally adopted must be attached to the remedy. It also follows, he thinks, that the remedy is now-a-days much less frequently resorted to than sane therapeutics require. The change-of-type-of-disease theory in no way affects the position he here assumes as to the uses of bleeding. Whether that theory be true or false, the action of bleeding in disease, be it good or be it bad, must be physiologically the same. That theory can only affect the necessity or otherwise of our resorting to the remedy in given cases; it cannot alter its mode of action. He, therefore, thinks the discussion unnecessary.

The Late Mr. T. W. G. Stone.—Few men have made a larger number of friendly acquaintances among the members of our Profession than Mr. T. M. Stone, of the College of Surgeons; and the sympathy and regret on hearing of the loss of his eldest son will be genuine and wide-spread. The son lately deceased had recently obtained the diploma of Membership and Midwifery Licence of the College, after a career of great promise as a student,—"Multis ille bonis flebilis occidit."

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

MEDICAL ACTS AMENDMENT BILL.

This Bill was read a third time and passed.

HOUSE OF COMMONS.

ADMINISTRATION OF POISONS BILL.

The Lords' amendments were considered and agreed to.

THE ASSISTANT-SURGEON OF H.M.S. "QUEEN."

Sir J. Pakington asked the Secretary of the Admiralty whether it was true, as stated in the *United Service Gazette* of January 21, that the Assistant-surgeon of her Majesty's ship *Queen* was refused a cabin at a time when four cabins were vacant; and whether, if the statement were true, any notice had been taken of it by the Board of Admiralty.

Lord C. Paget said that no intelligence had reached the Admiralty in reference to that subject. He had telegraphed that morning to Portsmouth, where the vessel was lying, and the answer he had received was, that nothing was known there of the matter.

POOR-LAW MEDICAL RELIEF.

Mr. Pigott moved for leave to introduce a Bill on the subject of Poor-Law Medical Relief, with a view to improve the position of Medical officers, and to secure efficient relief to the poorer classes.

Leave was granted, and the Bill subsequently introduced and read a first time.

LUNATICS.

Mr. Walpole nominated the Select Committee on Lunatics: Mr. Walpole, Mr. Tite, Sir George Grey, Mr. Whitbread, Colonel Clifford, Mr. Coningham, Mr. Kendall, Mr. Horsman, Mr. Briscoe, Mr. Rolt, Mr. Henley, Mr. Monckton Milnes, and Mr. Kekewich. Power to send for persons, papers, and records; five to be the quorum. Agreed to.

OBITUARY.

MR. W. WRIGHT, SURGEON-AURIST TO THE LATE QUEEN CHARLOTTE.

William Wright was born at Dartford, in the county of Kent, on May 28, 1773, and commenced studying for the Medical Profession under the celebrated Mr. Saunders. His Professional career (on his own account) commenced in the year 1796, in the city of Bristol. It was in this place in 1816 that Miss Hannah Thatcher was first introduced to him, labouring under the total deprivation of hearing and speech. By the remedial means adopted she was enabled by the end of the same year to repeat words, and in the year 1817 she had an audience with her Majesty Queen Charlotte, and held a long conversation. Her Majesty was pleased to confer the appointment of Surgeon-Aurist in ordinary for the abilities he had displayed. In the year 1823 he was consulted by the Duke of Wellington, and he continued in constant attendance on His Grace until the day of his death. He has had the honour of attending to their Royal Highnesses the Duchess of Gloucester, the Duke of Cambridge, Duke and Duchess of Sutherland and family, Sir R. Peel, and the *élite* of the aristocracy of these isles. He has been a large contributor to the Medical literature of this country. Notwithstanding the number of years he has been in practice (over sixty), his long illness has had the effect of reducing his widow and family to very straitened circumstances.

Danger of Tattooing. — The Medical Inspector-General of the French Marine has, in a recent Report, pointed out the great danger of the practice of tattooing, so generally prevalent among the French marines, and especially the sailors of the fleet. Several examples show that in some cases the loss of a limb, or even death itself, may be the result of tattooing large surfaces; while as regards lesser accidents proceeding from the practice their number is considerable. The naval authorities have issued a recommendation to the sailors to discontinue this deplorable practice.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the Diploma, were *admitted* Members of the College, at a meeting of the Court of Examiners on March 23:—

Barratt, Alfred, Birmingham, L.S.A., April 5, 1855
Blake, George Augustus, Camberwell-green, L.S.A., August 12, 1852
Bossy, Lewis, Pentonville-road, Islington, L.S.A., June 11, 1846
Dempsey, William Churchill, Fleet-street, L.S.A., June 29, 1843
Fitzpatrick, Thomas, Sheep-street, Northampton, L.S.A., November 23, 1837
Hall, Frederick, Barnoldswick, near Calne, Lancashire, L.S.A., March 23, 1843
Harvey, William George, Penzance, Cornwall, L.S.A., April 15, 1847
Hewitson, Charles Christopher, Weirdale, Durham, L.S.A., November 21, 1851
Hughes, George Whimper, Elm-street, Ipswich, L.S.A., September 14, 1837
King, William Henry, Camelford, Cornwall, L.S.A., April 22, 1819
Meek, William Sutherland, Tarporley, Cheshire, L.S.A., January 21, 1847
Porter, Charles, Birmingham, L.S.A., September 27, 1832
Saunders, Charles, Foulsham, Norfolk, L.S.A., May 27, 1841
Sprague, Charles, Kimbolton, Hunts, L.S.A., August 3, 1837
Taylerson, John, Whitby, Yorkshire, L.S.A., October 22, 1835
Tuxford, James Edward, Boston, Lincolnshire, L.S.A., June 24, 1824
Vertue, Francis Henry, Southwold Wrangford, Suffolk, L.S.A., August 16, 1849
Watkins, George, Chepstow, Monmouthshire, L.S.A., March 29, 1832.

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, March 22:—

Greenhill, Joseph Ridge, Lewes, Sussex
Hall, Robert Arnold, Grantham
Meade, Harry, Bradford, Yorkshire
Rivington, Walter
Spouncer, Frederick Charles, Gainsborough, Lincolnshire

APPOINTMENTS.

LAWRENCE.—Dr. G. W. Lawrence has been elected Lecturer on Botany at the Middlesex Hospital.

WALLACE, BATTEN, MEERES.—The following gentlemen have been elected Assistant-Physicians to the Metropolitan Free Hospital:—Dr. Alexander Wallace, 23, Bedford-place, Russell-square: Dr. Rayner W. Batten, St. Bartholomew's Hospital: and Dr. Edward E. Meeres, 19, King-street, Finsbury.

DEATHS.

BRAID.—March 25, at Rylaw-house, Manchester, James Braid, L.R.C.S. Edin.

CRONIN.—March 19, at the Park, Queenstown, John Joseph Cronin, M.D. Edin. aged 64.

GOODRIDGE.—March 16, at Sturminster, Devon, John Goodridge, for nearly half a century a Medical Practitioner in that town.

HEWER.—March 17, at Denmark-hill, Joseph Hewer, late of Chobham, Surrey, M.R.C.S. Eng., L.S.A. Lond.

PALMER.—March 18, Richard Palmer, of Havant, Medical Student, from over devotion to his studies.

PHINNEY.—February 6, at Granville, New Brunswick, Asa Phinney, M.D. aged 25.

SOMERVILLE.—March 25, at Summerhill, Ayton, Berwickshire, William W. Somerville, M.D. and L.R.C.S. Edin. Staff-surgeon of the 69th Regiment.

MARC D'ESPINE (Dr.)—This celebrated Genevese Physician so well known for his labours in the field of Medical and Vital Statistics, has recently died, in consequence of a perforation of the stomach.

TWEMLOW.—March 21, at Hatherton, near Nantwich, Cheshire, John Twemlow, M.R.C.S. Eng., L.S.A. Lond., for many years Medical Officer and Deputy Registrar for the Wybunbury District.

M. LESCARBAULT, the discoverer of the new planet, has refused the honour of a public banquet, offered him by his Medical brethren and also the gift of an astronomical instrument.

THE German Hospital at Dalston has netted during the past year something like £18,000 in legacies. At the fifteenth anniversary festival, held on the 22nd inst., £1800 subscriptions were announced.

BESTALL'S POLARIZING APPARATUS is a new contrivance for showing the phenomena of polarization in glass, acids, salts, crystals, etc.: it is adapted for night or day. It consists of a polarizing mirror, glass stand for the proper angle and analysing tube, all of the most simple and cheap form.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—The following appointments were confirmed at the last General Court:—Dr. Brown-Séquard, and Dr. J. S. Ramskill, Physicians; William Fergusson, Esq., F.R.S., Consulting Surgeon; and J. Z. Laurence, Esq., M.B.D., F.R.C.S., Surgeon.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The following gentlemen will be balloted for, as Fellows of the Society, on Tuesday evening, April 10. The ballot will be opened at half-past seven, and close at half-past eight precisely:—Messrs. Henry Howard Hayward and John Wyatt.

HER MAJESTY has been graciously pleased to approve of the following gentlemen being appointed Professors of the New Army Medical School at Chatham:—Clinical and Military Surgery: Deputy-Inspector-General T. Longmore, M.D. Hygiene: E. A. Parkes, Esq., M.D. Pathology: William Aitken, Esq., M.D.

"PUBLICAN'S WINE," as described by Mr. Gladstone.—"No pen, no tongue, can describe what liquor it was. The white wine was a mixture of fire and water, and the red wine the juice of the sloe, with other products not so harmless, and with a considerable infusion of some sort of spirit."

MEDICAL PRACTITIONERS IN SWITZERLAND.—According to the *Echo Médical Suisse*, there are in Switzerland, for a population of 2,392,740 souls, 1449 Medical practitioners (951 of these having their private pharmacies), 280 pharmaciens, 781 veterinarians, 44 dentists, and 730 persons pursuing minor surgery.

MEDICAL men are found in every part of the earth; and they do not always confine themselves to ministering to physical maladies. As an example we may call attention to the fact that at a recent "Missionary Conference" at Liverpool, Dr. Lockhart, of Liverpool, late a Medical missionary in China, in an interesting speech, recounted his experience in China. He spoke highly of the system of employing Medical gentlemen as missionaries; its success in China had been marked and satisfactory. He had been in the North of China, where the face of a European was almost an object of fear and surprise, but alone he had succeeded by degrees in winning the confidence and affection of the natives. Surgery was in a low state in China, so that a properly-qualified Medical man soon obtained great influence. At Shanghae he opened an Hospital, which was attended by 300 or 400 natives—at one time by the wounded pirates, Imperialist soldiers, and citizens together. His introduction of vaccination opened the houses of the influential to him to an unexpected degree.

TESTIMONIAL TO R. D. GRAINGER, ESQ.—A meeting of Students and others was held in the large theatre at St. Thomas's Hospital, on Saturday the 24th inst., to present a testimonial to R. D. Grainger, Esq., on his retirement from the Chair of Physiology at St. Thomas's Hospital, at which the following resolutions were adopted:—1. That this meeting, having heard with regret that Mr. Grainger is about to retire from the Chair of Physiology of this College, which he has so long filled with honour to himself, and advantage to the Medical Profession, records its high estimate of his character and attainments, and resolves to adopt such measures as shall secure an early and permanent acknowledgment of his services. 2. That a subscription list be forthwith opened, to which the present and former pupils and colleagues of Mr. Grainger be invited to contribute. Treasurer: Sydney Jones, Esq., M.R.C.S., M.B., Lecturer on Anatomy, St. Thomas's Hospital. Secretaries: Henry Gervis, Esq., M.R.C.S., Surgeon-Accoucheur, St. Thomas's Hospital, and Thomas Drake, Esq., St. Thomas's Hospital, to whom contributions may be sent.

BIRTHS AND DEATHS IN RUSSIA IN 1857.—Throughout the Russian Empire there were born 2,993,101 children; 1,533,408 males, and 1,459,693 females; and the deaths amounted to 2,010,736, viz. 1,014,574 males, and 996,162 females. Of these, 1,003,662 children died prior to the age of 5 years; and between the ages of 5 and 10, there died 100,014,—each sex contributing nearly equally its contingency in both categories. With respect to very aged persons, the following extraordinary figures are given in the official reports, and resemble those which have appeared in the former annual reports. Either some gross error must exist, or Russia is the country *par excellence* for longevity. Between 100 and 105 years, 255 persons (140 men and 115 women) died; between

105 and 110 years, 108 (68 men and 40 women); between 110 and 115 years, 38 (25 men and 13 women); between 115 and 120 years, 25 (13 men and 12 women); between 120 and 125 years, 8 (4 men and 4 women); between 125 and 130 years, 4 (2 men and 2 women); and between 135 and 140, 1 man.—*Russland's Zeitung*, 1859, No. 51.

Birmingham and Midland Counties Medical Registration Association.—Charge of Illegally Practising as a Surgeon.—At the Divisional Petty Sessions for the Brownhills district, held at the Horse-Shoes Inn, Rushall, before the Rev. H. Chavasse, J. Harrison and J. Bensley, Esqrs., the following case was called for hearing:—Thomas Frederick Shred, well known at Bloxwich, near Walsall, Staffordshire, was charged by Mr. Alfred Walter, of Birmingham, Solicitor to the Birmingham and Midland Counties Medical Registration Association, with having practised as a Surgeon without being duly qualified, his name not appearing in the "Medical Register." Mr. Charles Somerville, sen., Surgeon, of Bloxwich, produced the "Medical Register," in which defendant's name did not appear. Certain documents were also produced which proved that defendant had acted in the capacity of a Surgeon. The "Register" produced for the informants was that for 1859. The Bench ruled that such was not the "Register" for the time being, the Act stating that "the 'Register' shall be published on the first day of January in each year." The case was adjourned until the new "Register" should be produced.

Her Majesty's Levée.—Her Majesty held a *levée* on Wednesday afternoon in St. James's Palace. The following presentations to the Queen of Members of our Profession took place, the names having been previously left at the Lord Chamberlain's office, and submitted for her Majesty's approval:—Dr. T. Barrett, Mayor of Bath, by Mr. Tite, M.P. Mr. Bradford, Deputy Inspector-General of Hospitals, on appointment as Hon. Surgeon to her Majesty, by Major-Gen. Sir H. D. Jones; Dr. A. Bryson, R.N., Inspector-Gen. of Hospitals and Fleets, on appointment as Honorary Physician to the Queen, by the Duke of Somerset; Dr. Domenichetti, 75th Regiment, by the Duke of Newcastle; Dr. T. R. Dunn, R.N., Deputy Inspector-Gen. of Hospitals, on appointment as Honorary Surgeon to the Queen, by the Duke of Somerset; Dr. Gordon, Deputy Inspector-Gen., on return from foreign service, by H.R.H. the Duke of Cambridge; Dr. J. B. Hamilton, by Gen. Eden; Dr. J. Hilliard, on his return from India, by the Secretary of State for India; Mr. J. H. K. Innes, Deputy Inspector-Gen. of H.M. Hospitals, on receiving the Cross of the Bath, and return from foreign service, by H.R.H. the Duke of Cambridge; Dr. Logan, Inspector-Gen. of Army Hospitals, on appointment as Honorary Physician to the Queen, by H.R.H. the Duke of Cambridge; Assistant-Surgeon A. B. R. Myers, on appointment to Coldstream Guards, by Colonel Ridley; Dr. T. Ringer, on his return from India, by the Secretary of State for India; Assistant-Surgeon J. Williams, on his return from India, by the Secretary of State for India; Assistant-Surgeon S. J. Wandowe, on his return from India, by the Secretary of State for India.

The College of Surgeons and its Elects.—At a meeting of the Bath and Bristol Branch of the British Medical Association, held at Bath on February 23, 1860, the following Protest to the President and Council of the Royal College of Surgeons was signed by thirty-four Fellows and Members of the College:—"We, the undersigned Fellows and Members of your Royal College, residing in the neighbourhood of Bristol and Bath, have read in the public press, with much dismay, that certain individuals have recently received the diploma of membership without passing through the prescribed curriculum of study, or undergoing the ordinary examination, and thereby persons only partly educated have been admitted into the Profession. We hereby protest most earnestly against such indulgence being shown to any persons, as being an infringement on the rights and privileges of the members, and tending to lower the status of the Profession, and to nullify the salutary enactments of the Medical Act." The following reply has been received:—"Royal College of Surgeons, March 17, 1860.—Sir,—The Protest of the 27th ultimo of yourself and other Fellows and Members of the College residing in the neighbourhood of Bristol and Bath against the admission to the membership of this College of individuals who had not passed through the prescribed curriculum of study has been submitted to the Council of this College; and I am directed to state, for the information of the gentlemen who signed the Protest—1st. That three gentlemen only have received the diploma of this College under the circumstances alluded to in your Protest. 2nd. That these three gentlemen were admitted to examination on grounds which, after mature deliberation, were deemed sufficient, and that their examinations satisfied the Court of Examiners that they were qualified to practise their Profession. 3rdly. That no candidate has been admitted to examination under similar circumstances since the 9th of December last, on which date the last of these three gentlemen was examined. I am, Sir, &c. Edmund Belfour, Sec."—If the Council had adopted a similar apologetic tone in their earlier replies, a great deal of angry feeling might have been saved. This letter is almost equivalent to an assurance that they "will not do so any more."

Prize Questions Proposed by the Brussels Society of the Medical and Natural Sciences.—1. Give a *resumé* of the progress of physiological and pathological psychology, with the view of establishing a *Classification of Mental Diseases* based upon the relations which prevail between psychical and somatic phenomena. (A gold medal of 300 francs value.)—2. Examine in relation to our present physiological and chemical knowledge the various *methods of dressing wounds*, and establish, by means of clinical observations, the mode of action of the various agents employed. (A medal of 200 francs.)—3. Lay down the bases of *Bromatology, or Rational Dietetics*, as deduced from the most exact conclusions furnished by physiology and animal chemistry, especially insisting upon the alimentation of the working classes. In other words, determine to what point the law of nutritive equivalents is applicable to man under the various circumstances, whether moral or physical, in which he may be placed. As far as possible let the proposed rules be supported by positive experiment and by examples of the influence which alimentation has been found to exercise on various peoples at different epochs and in different regions of the globe. (A medal of 200 francs.)—4 and 5. For these two prizes, each a medal of 100 francs, the candidate may choose the subject of his essay himself, selecting it within the province of Medicine, Surgery, or Midwifery for the first, and within that of the Natural or Pharmaceutical Sciences for the second medal.—6. The Seutin Prize: Examine the value of the various modes of *reducing strangulated hernia*, and indicate that to which preference should be given, as determined to facts. Detail the pathological and anatomical circumstances which render the operation peremptory, and point out the mode of its performance the most likely to avoid the serious accidents which frequently result from it. Essays to be forwarded to M. Van den Corput, 12, Rue de la Chancellerie, Brussels, before October 1, 1860.

Mr. H. W. Porter, in a paper read by him at a late meeting of the Institute of Actuaries, entered into some curious considerations concerning the hereditary transmission of phthisis, supporting his statement by statistics from the Hospital for Consumption at Brompton. Some curious illustrations were adduced from the experience of breeders of animals. It was shown that there was abundant evidence to prove, that in the case of horses, mules, sheep, pigs, and fowls, the female retains traces of the influence of a prior impregnation, and transmits the same to a second, third, and even fourth progeny. The well-known case was mentioned in which a quagga, in the possession of Lord Morton, was allowed to breed with a thorough-bred chesnut mare. The produce was a quagga having the stripes, and in many respects the characteristics of the male parent. The next season the same mare was allowed to breed with a black Arab horse, and the result was, to the astonishment of the owner, a foal bearing strongly the marks of the quagga, and this effect continued to be visible through three successive foals produced by horses. It was also shown, that a prior impregnation need not necessarily have resulted in the production of progeny, in order that evidences of it might be transmitted to a subsequent generation. Arguing from the analogy of animals, the author considered that the desirableness of marriage with a widow whose husband had died of phthisis or other hereditary disease, might perhaps be questioned, whether from the above consideration she had borne children to her first husband or not. Of course if she had, and phthisis had shown itself in them, the case would be stronger. The author was of opinion that it is possible in

this way to account for some of those sad and inscrutable cases which we find happen occasionally, in which phthisis comes on suddenly and unexpectedly, without our being able to trace either hereditary tendency to disease, or to find any reason to account satisfactorily for the origin of the affliction. We need scarcely say that these views, however interesting they are, require much confirmation before they can be accepted as true.

Liverpool Medical Registration Association.—A special meeting of the members was held at the Medical Institution, Mount-pleasant, on Tuesday, March 20, Mr. Ellis Jones, President of the Society, in the chair. There were also present:—Drs. Stookes, J. H. Wilson, Neill, Craig, Anderton, Turnbull, Skinner, Messrs. M'Cheane, J. T. Paterson, Bickerton, Speer, Burrows, Rowe, Flinn, Steele, etc. The Chairman said, the meeting was called in consequence of a communication which had been received from the London Medical Registration Association, requesting that steps might be taken to obtain the opinions of the members in reference to "those alterations in the Medical Act which increasing experience proves to be necessary;" and that those opinions might "be embodied in the form of resolutions," and transmitted to the Sub-Committee in London now engaged in considering this subject. The Liverpool Committee had met and carefully gone over the sections of the Act, and had prepared resolutions which would be submitted to the meeting. After a full discussion, in which most of those present took part, the following resolutions were unanimously adopted. Proposed by Mr. M'Cheane, and seconded by Mr. Bickerton:—"That, in section 36 of the Medical Act the words 'not wholly supported by voluntary contributions' be omitted." Proposed by Mr. Steele, and seconded by Dr. Stookes:—"That section 40 requires an additional clause, rendering it penal for any person not on the Register to act or practise, for gain or reward, as a Physician, Surgeon, etc. etc.; and in the same section the words, 'recognised by law as,' should either be altogether omitted, or their meaning more clearly defined." Proposed by Mr. Bickerton, and seconded by Mr. Burrows:—"That, in section 42, after the word 'aforesaid,' the rest of the section be omitted, and the following to be substituted—'shall be applied and disposed of in manner following—viz. one-half thereof to the prosecutor or prosecutors, and one-half thereof to the Treasurer of the Medical Council.'" Proposed by Dr. Craig, and seconded by Dr. Skinner:—"That section 48 be altogether repealed." Proposed by Dr. J. H. Wilson, seconded by Dr. Neill:—"That a copy of the proceedings of meeting be sent to the Honorary Secretary of the London Medical Registration Association." A general conversation followed. The Honorary Secretary stated that the Association had already effected much good in Liverpool; a number of unqualified persons, on receiving a warning from the Vigilance Committee, had discontinued the use of illegal titles, including amongst other, a "Surgeon Chiropodist," and a Dental Surgeon. Several Medical men who had hitherto neglected to place their names upon the Register had consented to do so at the request of the Committee. In the only case in which legal proceedings had been taken, the summons was dismissed, from an entire misapprehension, the Committee believed, of the intention and powers of the Act; and there is no doubt but that the Committee would shortly succeed in their endeavours to obtain a decision more in accordance with common-sense, and with the intention of the Legislature. A vote of thanks to the Chairman and to the Committee concluded the business.

A "Brummagem Doctor" in an Unenviable Position.—The walls of Birmingham and its neighbourhood have for a long period been bedaubed with announcements bearing the name of Dr. Hunter, Great Charles-street. Other bills, professing to emanate from Thomas Howard, Esq., Clive House, are traceable to the same source, and this, being inserted in some newspaper, met the eye of a young farmer, named James Stooke, living at East Sherford, Buxton, near Plymouth. This person, who presented the appearance of robust health, came before the Magistrates; and Chief Superintendent Glossop, addressing the Bench, said that Mr. Stooke had a complaint of singular character to make. The Bench at once proceeded to hear the following narrative: Complainant had seen one of Mr. Howard's advertisements, and being affected with a slight nervous attack, came expressly to Birmingham for relief. Going to the residence of Dr. Hunter, he stated his case, asking what he would undertake to cure him for. "Oh," said the Doctor, "it's a dreadful case, and my usual price is fifty guineas;" but going down by degrees, Hunter at last agreed to cure the young farmer for fifteen guineas, and the bargain was struck. Mr. Stooke had with him two £5 Devonport bank-notes, and the consulting-fee of Dr. Hunter being one guinea, one of the £5 notes was handed over to him, to be changed, for the purpose of paying the fee. However, the amount to be charged for a box of medicine to be at once furnished was mentioned, and Hunter said this would come to £4, the balance of the note. Finally, the Devonshire farmer failing to get back his £5 note, or any part of it, came direct from Great Charles-street to Chief Superintendent Glossop. The Magistrates, on this evidently truthful statement, caused a summons to be issued for the immediate attendance of Hunter before them. In a short time Mr. Glossop, addressing the Bench, stated that the doctor had refunded the whole of the £5, and that the intended dupe was already on his way home, glad, doubtless, that his journey to a Birmingham "Doctor" had terminated in the manner described. But this singular affair did not end here. Some two or three hours subsequently, Dr. Hunter entered the Court, and when the business of the day was over, asked to be permitted to explain the matter to the Magistrates. This he did by denying *in toto* the greater part of Mr. Stookes's evidence, especially about asking £50, and consenting finally to take £15 for a "cure." Hunter added that he had actually made up medicines for the case of Stookes, and the cost of this, with his fee, amounting to £2 or £3, was agreed to be paid. Stookes left the £5 with him (Hunter) while he went out to get change for another £5 note he had, and when he returned with the fee and the charge for the box of medicine, then the £5 in hand was to be returned. Mr. Kynnersley and Mr. Malins were alone on the bench when this explanation was made, and the stipendiary magistrate settled the matter by telling Dr. Hunter that he did not believe his statement. The Doctor then withdrew. [This person deserves the most extreme attention of the Registration Association.]

Comparison of the fatality of some of the diseases of London now and in the seventeenth century.—The diseases were not always distinguished accurately; but by putting them in groups, any fallacy from this source will be obviated, and the decrease of some of the worst forms of mortal disease will be placed beyond doubt. To render the comparison easy, the number living is taken to be the same in the two periods, 100,000 in 1660-79 and in 1859. The annual deaths by small-pox were 357 in the first period, 42 in the second period; by measles 40 and 47 in the two periods. Medical science was imperfect, and the science existing in that century was very imperfectly applied. Croup and scarlatina were not generally recognized, but were confounded with measles and fever. The mortality by fever, continued or remittent, and ague was at the rate of 749 and 59 in the two periods; or including scarlatina, quinsy, and croup, the mortality was 759 and 227. Thus a person was in four times as much danger of dying of these diseases at the Restoration as a person living in London now. Women are not yet entirely exempt from peril in child-bearing; the mortality by that disease is now 17, it was then 86. Again a few (8) in 100,000 die now of dysentery; then, out of the same number, 763 died annually of that disease. By diarrhœa, a milder form of disease, 11 died then, 120 die now; cholera was fatal in 1859 to 7, and in the 20 years (1660-79) to 130 annually. Syphilis was twice as fatal as it is, the numbers being 21 and 12. Scurvy and purpura bear testimony to the imperfect nutrition of the population; the annual deaths were then 142 and are now 2. Vegetables, fruit, and fresh meat, could with difficulty be procured in winter. Worms and all parasitic creatures that crawl over, bite, and prey on the body of man, were prevalent; 10 deaths were ascribed to worms. Dropsy, a result and sign of scurvy and fever, was exceedingly fatal; 298 died of that disease then, and 26 now. Apoplexy, paralysis, epilepsy, affections of the brain, and suicide, are more fatal now, according to the returns, than they were, in the proportion of 57 then to 151 now. Consumption and diseases of the breathing organs were uncommonly fatal; 1079 then and 611 now are the figures of the mortality. Diseases of the digestive organs were fatal then and now in the proportion of 146 and 95. Stone and

diseases of the urinary organs are now as fatal as they were then; the deaths being 21 and 30. Children were rapidly cut down; of convulsions and teething 1175 died then, 136—too many—now.—*Registrar-General.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 24, 1860.

BIRTHS.

Births of Boys, 918; Girls, 927; Total, 1845.
Average of 10 corresponding weeks, 1850–59, 1702·2.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	827	784	1611
Average of the ten years 1850-59	633·2	609·9	1243·1
Average corrected to increased population..	..	..	1367
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	49	23	72

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	6	1	6	..	8	3	5
North ..	490,396	5	6	9	4	13	6	3
Central ..	393,256	6	1	3	1	11	5	1
East	485,522	5	7	5	2	16	18	2
South ..	616,635	13	7	5	5	14	10	2
Total . ..	2,362,236	35	22	28	12	62	41	13

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·557 in.
Mean temperature	43·1
Highest point of thermometer	55·0
Lowest point of thermometer	32·2
Mean dew-point temperature	36·7
General direction of wind	S.W.
Whole amount of rain in the week	0·26 in.

TO CORRESPONDENTS.

Mr. McDermott.—Communication received.

Mr. Winterbotham.—The case shall appear. Delay has been unavoidable.

M. B. G.—A reply was inserted last week.

Hibernicus.—The pay differs in each colony. Details can be learned on application at the Colonial Office.

D. H.—However benevolent the intention may be, we do not think a Medical man is justified in appealing to his brethren to contribute to the building fund of a parish church. The calls upon our benevolence are too many; besides each district should support its own church.

An important letter by Dr. Symonds, of Clifton, on the stimulant treatment of Acute Disease will appear next week.

Dr. Granville's letter does not in the least alter our opinion of the case. On the Medical question Drs. Bright and Todd and Mr. Lavies, stand on one side; Dr. Granville and Mr. Mapleson, the cupper, on the other. On the ethical question Dr. Granville stands alone.

HOMŒOPATHIC SURGERY.—WHAT NEXT?

The following advertisement appears in the daily papers: — "London Homœopathic Hospital (Medical School). A Course of Lectures on Surgery, as modified by Homœopathy, will be delivered on Wednesday evenings, at eight o'clock, from April 4 to 18 inclusive, by Stephen Yeldham, Esq., M.R.C.S. Members and Students of the Medical Profession will be admitted to the Lectures by ticket to be had on application to the Honorary Secretary, or any member of the Medical Staff."

PARTHENOGENESIS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your report of the meeting of the Royal Medical and Chirurgical Society, Dr. Dicksou is reported to have said:—"Professor Huxley explained the rapid generation of aphides in the same way," *i.e.* the impregnation of a parent transmitted to succeeding generations, as Professor Owen had theorized.

Now Dr. Dickson will find in the Linnæan Transactions, Vol. xxiii. Part 3, p. 193, a very elaborate paper by Mr. Huxley, on "Agamic Reproduction," which entirely destroys the incredible and most unphilosophical theory of parthenogenesis as held heretofore. in connexion with any transmitted sexual influence. It is due to Mr. Huxley that he should not be associated with views which in his laborious and masterly papers he has laboured successfully to destroy.

I do not enter into the question as to how far any process akin to Agamic Reproduction may bear on the question of ovarian growths of hair, etc. They do not appear, *prima facie*, to be more extraordinary than supplementary toes, extra nipples, horns on the scalp, or other tissue deviations, which have never been connected with any notions of spermatization.

No doubt every Physician has met with cases in which the female (human) aphis, ready to produce a perfect zooid, has affirmed the doctrine of parthenogenesis, and denied the possible existence of a papa. Dr. Dickson, no doubt, has met with such; but his philosophical habits of thought would conquer his gallantry, and lead him to revert to the old vulgar notions of fatherhood.

If parthenogenesis is true, every man who has daughters and sisters may justly feel uneasy, for there can be no reason why it should be true if aphides and not of bimana. A recent Indian traveller narrates that a woman whose husband had been absent for years, produced a zooid. She accounted for it by transmitted spermatization. She had worn her fugitive husband's trowsers. I am, &c.

Tenby, March 26. M. R. C. P. Lond.

COMMUNICATIONS have been received from:—

M. CLAUDE BERNARD; Dr. JENNER; Dr. CONOLLY; Dr. SYMONDS; Dr. BUCHANAN; Dr. WURMS, Paris; Dr. MAREST; Dr. MCWILLIAM; Dr. DOBELL; Dr. GRAILY HEWITT; Dr. ARNOTT; Mr. DALE; Mr. WINTERBOTHAM; REGISTRAR GENERAL; Mr. MCDERMOTT; Mr. J. ROSS; Mr. COUCH; MR. WILDMAN; Mr. ALFORD; Mr. BELL; Mr. COOKE; Mr. WALLER; Mr. SPRATLY; Dr. GRANVILLE; Mr. WILDE; and Mr. WILSON.

APPOINTMENTS FOR THE WEEK.

March 31. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. Lankester "On the Relatious of the Animal Kingdom to the Industry of Man."

April 2. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Dr. Routh "On Some of the Disadvantages of Employing Fallen Women as Wet-Nurses."

EPIDEMIOLOGICAL SOCIETY, 8 p.m. H. S. Taylor, Esq., "On Cholera at Cape de Verds;" "Cholera at Guildford in 1854." Dr. Littlejohn and Dr. Banks "On Cholera at Wick, Caithness, in 1859."

ENTOMOLOGICAL SOCIETY, 8 p.m.

3. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m.

4. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

PHARMACEUTICAL SOCIETY, 8 p.m.

ROYAL COLLEGE OF PHYSICIANS, 4 p.m. Lumleian Lecture by Dr. Barker, "Observations on some Diseases of the Heart."

5. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m., London, 1½ p.m.; Great Northern, 2½ p.m.

ZOOLOGICAL SOCIETY, 4 p.m.

LINNÆAN SOCIETY, 8 p.m.

CHEMICAL SOCIETY, 8 p.m. Anniversary.

HARVEIAN SOCIETY OF LONDON, 8 p.m. Discussion of Clinical Cases.

6. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL COLLEGE OF PHYSICIANS, 4 p.m. Lumleian Lecture by Dr. Barker, "Observations on some Diseases of the Heart."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson.—Trephining Tibia; Removal of Growth from Tongue; For Closing Urethra; For Reducing Dislocation of Elbow.

Westminster Hospital.—The following Operations will take place on Tuesday next, at 2 o'clock:—

By Mr. Holt.—Amputation at the Thigh; Two cases of Stricture of the Urethra.

ORIGINAL LECTURES.

A SERIES OF THREE LECTURES ON RICKETS,

DELIVERED AT THE

Hospital for Sick Children,

IN DECEMBER 1859 AND JANUARY 1860.

By WM. JENNER, M.D.

Physician to University College Hospital, and to the Hospital for Sick Children.

Lecture II.

Summary: The Thoracic Deformity in Rickets due to Atmospheric Pressure—Elasticity of the Lung merely retards the entrance of the Air—Oval Chest in Tubercle, etc.—Deformities of the Pelvis in Rickets—Circumstances which determine the Differences in the Form of the Pelvis—Deformities of the Head in Rickets, and their Causes—Mistake to suppose the Tibiæ are invariably bent in Rickets—Bones suffer as if one Organ—Arrest of Growth—Late Dentition—White Patches on the Heart—Evidence afforded by Rickety Subjects of the Truth of the Attrition Theory—Pulmonary Vesicular Emphysema and Collapse of the Lung both due in Rickets to a Common Cause, and not related to each other as Cause and Effect—Mechanism of their Production—Most Common Cause of Emaciation in Rickets, Albuminoid Infiltration of Lymphatic Glands, Spleen, etc.—Anatomical Characters of the Lymphatic Glands and Spleen when the Seat of Albuminoid Infiltration.

Gentlemen,—At the conclusion of my last Lecture I was endeavouring to prove to you that the deformity of the chest in rickets, of which we have so many specimens on the table, is produced immediately by atmospheric pressure—the seat of the circular groove being determined, not by the contraction of the diaphragm, but by the position of the upper margin of the liver, stomach, and spleen; the seat of the vertical groove being determined, not by the loss of power of the respiratory muscles attached to the outside of the ribs, but by the softness and want of resilience of the ribs themselves.

That atmospheric pressure is the immediate cause of the thoracic deformity seems to me to be further shown by the following experiment:—Apply to the abdomen of a child having a rickety thorax pressure so directed as to retard very decidedly the rapidity of the descent of the diaphragm during inspiration: the result is, even though the child inspires deeply, that the recession of the chest walls is very considerably diminished; remove the pressure, and cause the diaphragm to act suddenly and rapidly, and then the recession of the chest walls is not only greater than it was when you retarded the descent of the diaphragm, but greater than it is in ordinary inspiration. Again, if any cause impedes the free passage of air into the lungs,—as, for example, narrowing of the glottis,—the recession of the chest walls during inspiration is enormously increased. Under these latter circumstances, you will note that the inspiratory muscles attached to the ribs are called powerfully into play: they put forth all their force, and yet the vertical groove is deeper than it is when the orifice of the glottis is of proper size and the inspiratory muscles are acting normally. As to the part played by the elasticity of the lung in producing the thoracic deformity:—In ordinary respiration the elasticity of the lung has to be overcome before the air can enter its substance. The elasticity of the lung is the same in the rickety as in the healthy child. The elasticity of the lung aids then in the production of the thoracic deformity only by the normal impediment which it offers to the ingress of air, and consequently to the rapid dilatation of the thorax. Lateral curvature of the spine will considerably modify the shape of the posterior part of the thorax, causing the side to which the convexity is directed to bulge; but it has little effect in modifying the special deformity of which I have been speaking.

It is interesting to compare the shape of the thorax in extreme rickets, with that which it presents in a non-rickety child, when the free entrance of air into the lungs is impeded for a considerable time, as from tubercular bronchial glands compressing the trachea or the largest bronchial tubes, or from chronic laryngitis, or chronic spasm or paralysis of the larynx. There is a boy in the Hospital at the present time, suffering from long-continued laryngeal spasm, depending, I believe, on tuberculisation of the bronchial glands, who illustrates the point in question. In the rickety child, the ribs are softer than their cartilages; in the healthy, and still more so in the tubercular child, the cartilages are softer than the ribs. The consequence is, that when any chronic impediment to the entrance of the air into the lungs exists in the healthy or tubercular child, the thorax obtains a very oval form; the antero-posterior diameter being less than in health, the lateral diameter greater. If the impediment be very considerable, or the cartilages softer than natural, the sternum may be forced by the atmospheric pressure backwards, so far as to be placed on a level lower than the point of junction of the ribs with their cartilages.

In the majority of cases where this deformity of the thorax has been produced during childhood, it is said in after life to have been congenital. I doubt altogether the existence of such congenital deformity of the chest.

The rickety thorax is constant in shape, not so the rickety pelvis. It has been said, that while the pelvis of mollities ossium is triangular, that of rickets is oval; but in fact, the pelvis in rickety children is much more frequently triangular than oval. Its form will vary, first, according to the direction in which it is compressed by the spine, and its superincumbent parts, on the one side, and the heads of the thigh bones on the other side,—and the direction will vary as the child is the greater part of its time lying, sitting, crawling on all-fours, walking, or shuffling along on the floor; and secondly, according to the age at which the compressing forces are brought to bear on the walls of the pelvis, and the consequent differences in the degree of ossification of the pelvic bones. The cartilages being in the pelvis of the rickety, as we have seen they are in the thorax, less yielding than the bones.

The rickety head is distinguished,—

1st. By the length of time the anterior fontanelle remains open. In the healthy child it closes completely before the expiration of the second year. In the rickety child it is often widely open at that period.

2ndly. By thickening of the bones. This is usually most perceptible just outside the sutures, the situation of the sutures being indicated by deep furrows.

3rdly. By the relative length of the antero-posterior diameter.

4thly. By the height, squareness, and projection of the forehead.

The two first of these peculiarities of the rickety head are the result of the affection of the bones; the two last are due chiefly to disease of the cerebrum.

In consequence of the arrest of growth of the bones of the face and the sinuses, the forehead, as mentioned by Mr. Shaw in his most able papers on rickets seems to project more than it really does. Guerin supposed that the rickety deformities were developed from below upwards, *e.g.* that the inferior extremities always suffered before the trunk. But they are not so. If a child is the subject of rickets before it walks, the ribs, clavicles, and upper extremities, certainly become deformed; while the tibiæ, unless the child sit so as to press on them, escape bowing. It must be borne in mind, that if a very heavy child be placed on its legs at too early an age, the tibiæ may bend a little, be a little more bowed outwards than natural, though there be no reason to suppose the child to be the subject of rickets. A child, then, may be, nay very often is, rickety in the highest degree,—its ribs softened so as to endanger life, its clavicles bent at an acute angle, its wrist swollen so as to measure as much in circumference as the length of the forearm, and yet its tibiæ be as straight as in health; and again, as I have just observed, the legs may be slightly bowed outwards, and the child not be rickety.

The enlargement of the ends of the long bones, and the softening of the bones, do not always proceed in an equal degree—the softening being very often out of proportion to the enlargement; the enlargement being sometimes out of proportion to the softening.

It is not uncommon to see the thoracic deformity lessen at the time the legs are bending. I think this is due to the disease having greatly diminished, and the muscular power increased so as to permit of the child walking before the bones of the leg are strong enough to bear the weight of the body.

Rickets being a general disease, the bones are affected as one organ, just as the arterial system is in the degeneration of age; the consequence of this is, that no one bone is ever

affected without all suffering, and that whether the disease manfest itself chiefly by enlargement of the ends of the bones, or by softening of the bones, or by both in a proportionate degree.

I have described the deformities that result from the severest form of rickets, a form which is very common among the poor, and not so uncommon as has been supposed among the rich. We see, however, all degrees of softening, from that in which the ribs only yields to extraordinary pressure, as during bronchitis, and then only sufficiently to flatten the antero-lateral surfaces, to that in which they yield at every inspiration, as was the case in the child from whom this model was taken. We see all degrees of enlargement of the ends of the ribs, and of the other long bones, from that where one might maintain the enlargement was only that proper to the child, to that in which the projections on the anterior wall of the thorax and the enlargement of the wrist would strike the most careless observer.

Arrest of growth of the bones and of the parts in relation with them, is a very important consequence of rickets. This arrest of growth commences during the progress of rickets, but it continues after the general disease has terminated. Hence, not only are children stunted in growth while the subject of the disease, but they never grow into ordinary-sized adults.

All the bones in the adult whose skeleton shows the effects of rickets are diminished in length; but the lower limbs, including the pelvis, are, according to Mr. Shaw's researches, disproportionately diminished in size, and the face is small in proportion to the skull.

I must refer you to Mr. Shaw's most able papers for further details on the arrest of growth of the bones (a).

When speaking of the deformity of the head in rickets, I mentioned one important consequence of the arrest of growth—viz. the late closure of the anterior fontanelle. There is another most important consequence of the arrest of growth in rickets, which, though it is well known, does not appear to me to exert sufficient influence on practice—I mean the late period at which rickety children cut their teeth.

Healthy children commence teething pretty constantly between the seventh and eighth month, and cut the last of the first set of teeth between the twenty-fourth and twenty-fifth month. As a rule, children brought up by hand, supposing them not to be rickety, and children the subjects of tuberculosis, cut their teeth early.

If a child pass over the ninth month without teeth, you should carefully inquire for the cause. It may be, that an acute illness has retarded dentition. It may be, but this is very rare, that there is some condition of the gum which interferes with the advance of the teeth. It may be, and this is infinitely the most common cause of late dentition, that the child is rickety; fail not then, when called to a child in whom the teeth are late in appearing, to look if it be rickety, for if you do fail to look for rickets, you will most likely attribute to the irritation of teething symptoms which are the consequence of the rickety diathesis; the late dentition in rickets being itself merely a symptom of the general disorder.

The rickety deformities may be very trifling, and yet the teeth considerably retarded in their development.

You are familiar with the "white patches" so common on the visceral pericardium in the adult. These "white patches" are not common in children. The more advanced the age of the subject, the more frequently are they found (b).

I use this term "white patch" to signify circumscribed opacity of the pericardium itself, and patches, limited in size, of organised lymph, seated on the surface of the pericardium. In some cases the patch is composed of a thin, smooth layer, of more or less perfect fibrous tissue, in others it is highly villous—the interior of the villi being perfectly-formed fibrous tissue, containing vessels; the exterior a layer of epithelium. (Drawing microscope, etc., on table.)

We find every stage between the opalescent spot due to a little thickening of the pericardium, and the most shaggy growth from its surface.

(a) Medico-Chirurgical Transactions, vols. xvii. and xxvi.

(b) Bizot examined sixteen male subjects under 17 years of age without finding in a single case a white patch on the heart; while one-third of twenty-four male subjects, between the ages of 18 and 30, had white patches on the heart, and three-fourths of thirty-two subjects between the ages of 40 and 79.

Two theories have been advanced to explain the origin of the "white patch."

According to the pathological anatomists whose opinions have the greatest weight in this country, white patches are produced, in the vast majority of cases at least, by inflammation of the pericardium.

Dr. Hodgkin is said to have advanced the second theory. He attributes the origin of white patches to "pressure, aided by the movements of the heart" (c). Dr. Wilkes, in his recently-published valuable Lectures on Pathological Anatomy, has termed this the "Attrition Theory." Now I told you a little while since that "white patches" are not very common in children, speaking generally. They are, however, very common in children whose chests are deformed from rickets. But, while in those advanced in years by far the most common seat of the white patch is about the centre of the anterior surface of the right ventricle, in children with rickety chests the chosen seat of the "white patch" is on the left ventricle, a little above its apex; in fact, just at the spot which impinges against the fifth rib where it projects or knuckles inwards.

The white patch is here evidently produced by attrition; and these cases form important links in the chain of facts which unite the white patches and friction to each other as cause and effect,—and they afford the strongest grounds for believing that circumscribed opacity of the pericardium, the smooth, thin layer of fibrous tissue on the pericardium, and the villous-looking tuft, are mere varieties of one pathological state, and due to one and the same cause—that cause being, I believe, friction of the spot where the white patch is found against some hard, resisting substance.

You may say, "But how comes the apex of the heart so far to the left in the young child as the junction of the fifth rib with the cartilage, seeing that in the healthy child, as in the adult, the apex of the heart impinges inside the nipple?" The answer is, that the sternum of the rickety thorax being forced forward, the relative positions of the chest-walls and of the heart, are no longer those of health; and the apex usually strikes outside the nipple.

Unless you bear this in mind you may suppose in such a case, as I once did, from the apex impinging outside the nipple, that the left ventricle of the heart is dilated; and this mistake is favoured by the chest-walls in the rickety thorax being pressed so closely in contact with the *apex* of the heart that the force of the impulse seems to be greater than natural.

In children whose chests are oval, the antero-posterior diameter being small, you may often, by moderate pressure with the stethoscope, force the sternum far enough backwards to compress the pulmonary artery; and thus you may produce a systolic basic murmur. In consequence of the length of the antero-posterior diameter of the chest of the rickety child, you cannot by any amount of pressure on its sternum produce a basic systolic murmur.

In children whose chests are greatly deformed by rickets, we sometimes find a white patch on the spleen, identical in structure with those which are found on the heart. In such cases the white patch on the spleen owes its origin to the same cause as the white patch on the heart, viz. friction against one or more ribs projecting inwards—the spleen rising and falling, you know, with the inspiration and expiration.

There are two lesions of the lungs constantly present when the thorax is deformed from rickets, and which are, in fact, direct consequences of the softened state of the ribs, and the deformity which accompanies it. These two lesions are emphysema and collapse.

I need scarcely remind you that pulmonary vesicular emphysema has been considered by some to be always secondary to collapse of lung-tissue; and the frequent conjunction of the two lesions in the rickety thorax, at first sight seems to lend support to the theory; for when found conjoined it has been pretty generally admitted that the emphysema is related to the collapse as effect to cause.

A careful study, however, of the lungs and thorax of a

(c) Lectures on the Morbid Anatomy of the Serous Membranes. 1836, p. 98. Five-and-twenty years before the Lectures on the Serous Membranes were published, Corvisart wrote:—"On a attribué la formation de ces plaques blanches à l'impression des parois de la poitrine sur le cœur, quand sa contraction le porte vers les côtes." Essai sur les Maladies du Cœur. Par J. N. Corvisart. Second Edition: 1811, p. 42. Corvisart recognises the pathological identity of the white patches on the heart with the white patches found on the liver, lungs, arachnoid, etc. He doubts their origin being inflammation:—"Le mot inflammation doit-il même être prononcé pour donner un air de vérité à l'explication de ce phénomène, dont la cause, je avoue, me parait absolument inconnue?"—P. 44.

child who has died while the subject of extreme rickety deformity of the thorax, proves that the two lesions may co-exist in the same lung without having any such relation to each other.

With the abnormity of the thorax to which I have referred, there is, I say, always conjoined as consequences, pulmonary vesicular emphysema and collapse of lung-tissue. The emphysema is that variety which has been termed insufflation. It is mere over-distension with air of the vesicular tissue of the lung. It invariably occupies the same situation in the lungs of the rickety child, viz. the whole length of the anterior border of both lungs, extending backwards for about three-quarters of an inch from the free margins. The emphysematous portion is separated from the healthy part of the lung by a groove formed by collapsed lung. The groove of collapsed tissue corresponds to those projections of the ribs inwards, which are situated at the points where they unite with their cartilages.

On the table, illustrating these facts, are a wax model of the inside of a thorax; a wax model of one of the lungs from the same thorax; and the thorax and lungs from which the models were made. The mechanism of the production of the lesions in question is as follows:—The softened ribs, instead of being drawn outwards at each inspiration, are forced inwards by atmospheric pressure; the consequence is that not only are the lobules of lung beneath not expanded, but they are compressed. The compression of the lung, aided by its elasticity, causes the collapse.

The common cause of collapse of lung-tissue is undoubtedly obstruction of the bronchial tubes leading to the collapsed portions: it has been confidently affirmed that it is the sole cause. The facts I have brought before you refute the assertion.

The emphysema of the anterior border is produced thus:—The lateral diameter of the thorax is diminished at the part corresponding to the line formed by the junction of the ribs and cartilages. Here, as we have seen, at each inspiration the ribs recede; but in proportion as the ribs at this part are forced inwards, the sternum must be thrust forward; and just as less air, or no air, enters into the tissue under the receding ends of the ribs, so an excess of air is drawn, as we commonly call it, into the lung-tissue subjacent to the abnormally-advancing sternum and cartilages of the ribs.

The collapse is directly consequent on the recession of the ends of the ribs during inspiration; the emphysema is directly consequent on the thrusting forward during inspiration of the sternum.

The groove of collapsed lung-substance, and the border of emphysematous tissue, are all the lesions of the lungs *invariably* present in the rickety thorax. But we so often find a very large portion of one or of both lungs collapsed, and that collapse is so directly connected with the defective mechanism of the inspiratory power of the rickety thorax, and is so *very, very* often the cause of death in rickets, that I must here especially direct your attention to it.

The collapse of the lung, of which I am now about to speak, occupies especially those parts of the lungs which are the seats of bronchitis,—*i. e.* the posterior and inferior portions, now and then the greater portion of the inferior lobes of one or of both lungs, and some part of the superior lobes.

If we call to mind the mechanism of the process by which we expel mucus from the bronchial tubes, we readily comprehend why a child with a rickety thorax, when the subject of bronchitis, is sure to suffer, and must often die, from collapse of the lung. When we desire to expel mucus from our bronchial tubes, we inspire deeply, and so fill the pulmonary tissue with air to the utmost; we then close the glottis, compress, by the aid of the muscles of expiration, the air contained in the lung: when the compression has reached a certain point, we open the glottis. The air is, of course, driven from the vesicular tissue of the lung with a force proportionate to the compression it was experiencing at the instant the glottis was opened. The greater the force with which the air is driven along the bronchial tubes, the more certainly, other things being equal, are they cleared from their secretions.

Mucus in the bronchial tubes, when in any quantity, impedes the entrance of the air into the vesicular structure of the lung. But the free entrance of the air into the vesicular structure of the lung is essential for the expulsion of the mucus from the bronchial tubes; hence the violent inspiratory efforts made when an adult or a child is the subject of bronchitis. Watch an adult or child, past infancy, the subject of severe bronchitis: note how every muscle of inspiration is brought into play. He sits upright, he catches hold of the arms of his chair; he takes instinctively the position that enables his muscles of inspiration to act with the greatest results. Now one reason why the healthily-formed young child so frequently dies from bronchitis, is the flexibility of the lower part of its thoracic parietes, and the consequent mechanical difficulty under which it labours in overcoming the resistance to the entrance of the air into the pulmonary tissues of the lower lobes, when mucus is secreted in quantity into its bronchial tubes.

If the flexibility of the chest-walls in the young child normally built, has this influence on the termination of bronchitis, what must be the influence of the extraordinarily flexible chest-walls of the rickety? Reduce the human chest-walls to a membranous state, and the diaphragm would be as useless as a muscle of inspiration to a man as to a frog. In extreme rickets, the chest-walls have more resisting power than have those of the frog, but they have infinitely less than those of the healthy child. Observe a child the subject of extreme rickets, but otherwise healthy. See the business it is to him to breathe. The chief occupation of his life is to get by effort the air into enough of the air-cells of his lungs to enable him to live. You will see at once that the least obstruction in the bronchi must suffice to render all his efforts useless.

He has bronchitis; you strip him, and see that all the recessions of the chest-walls which accompanied inspiration before the attack of bronchitis are doubled in degree. The air cannot be drawn into the vesicular tissue beyond the obstructing mucus, and, as a necessary consequence, the mucus cannot be expelled. By the elasticity of the lung and the action of the abdominal muscles the air can be expelled. It cannot, from the defect in the inspiratory apparatus, *i. e.* the softening of the ribs, be drawn into the lung. Correctly speaking, we should not say, in these cases, that the child dies from the collapse; the collapse being the result merely of that which causes death—viz. the want of power in the inspiratory apparatus to overcome the mechanical impediment to the entrance of the air offered by the mucus in the bronchial tubes. The loss of power which the muscles of inspiration experience, in common with those of the body generally, in rickets, increases, in some degree, the difficulty of overcoming the resistance to the entrance of the air. This want of inspiratory power, and the consequent accumulation of mucus in the bronchial tubes, affords an explanation of the extraordinary mortality of measles, hooping-cough, and bronchitis, in rickety subjects.

The lesions of structure hitherto considered stand in direct relation to the affection of the bones; those to which I am now about to advert are dependent on the constitutional disease. Whoever sees rickets on the large scale, must be struck with the fact, that while some highly rickety children are extremely emaciated, others are so well covered with adipose tissue that they might have awarded to them, if weight decided the question, a prize at a baby-show. At first I thought that the emaciated children were probably the subjects of a deposit of tubercle; but a few post-mortem examinations showed me that such was not the case. I found emaciation carried to the highest degree, as it was in the boy, J. H., whose spleen, liver, etc. is on the table, and whom some of you probably saw in the wards; and in J. F., lately out-patient of this Hospital, and part of whose spleen is exhibited; and yet not a vestige of tubercle could be found in the body.

The emaciation in rickets is almost always due to albuminoid infiltration of one or several organs. Commonly the lymphatic glands and spleen are the chief seats of the disease; but I have not infrequently seen the liver, kidney, brain, heart, and thymus suffer in a high degree.

I strongly incline to the opinion that in rickets this exudation is never limited to one or two organs, but that in all cases every organ, and may be every tissue, is more or less its seat. The lymphatic glands are, in regard of albuminoid infiltration, to be regarded as one organ—just as I told you the bones in rickets are to be regarded as one organ. And as in the osseous system we never find one bone only affected with softening, and the other lesions characteristic of rickets, so

in the lymphatic system we never find one gland only, or one set of glands only, the seat of albuminoid infiltration. The knowledge of the oneness, so to say, of the glandular system in reference to albuminoid disease, is of much practical importance; inasmuch as we can readily ascertain the state of the lymphatic glands in the groin, axillæ, and neck, while it is difficult to determine by the eye or touch during life the condition of the mesenteric and other internal glands.

During life we feel the lymphatic glands, if they be infiltrated with albuminoid lymph in the groins, axillæ, and neck, varying in size from that of a large pin-head to that of a sweet-pea, hard, and very moveable. The skin over them is natural in colour. There is no sign of inflammation. On examining the body after death in such a case, we find the deep glands of the neck, the mesenteric, the lumbar, the bronchial, etc., resembling those seated in the superficial regions. The cut surface of the glands is singularly pale and transparent, compact, smooth, tolerably moist, and, to the unaided eye, uniform in appearance. The substance is tough, and the gland heavy in proportion to its size. In rare cases, instead of being pale, the glands may be purplish in colour.

I have never examined a rickety subject after death in which the lymphatic glands were the seat of this albuminoid disease without finding the spleen more or less extensively infiltrated with the same substance (d).

As to the size the spleen may attain when the subject of albuminoid infiltration, it may be that the organ is only just perceptible to touch when the child inspires,—*i. e.* when the diaphragm descends and detrudes somewhat the spleen; it may be that it reaches nearly to the middle line just below the umbilicus, and downwards to the crest of the ilium.

I have never seen this extreme enlargement of the spleen in the child as the consequence of a deposit of tubercle in its substance; it has always, in my experience, depended on albuminoid infiltration. And albuminoid infiltration of such a degree as to cause very great enlargement of the spleen in children is rarely seen except in those of the rickety diathesis. Sometimes the bone disease is extreme, in others, as in the two cases to which I have before referred, the bone disease is moderate, or even trifling in degree. One of those children certainly, and the other probably, had the bone disease developed after their spleen, lymphatic glands, etc., were the seats of albuminoid infiltration (e).

The albuminoid spleen of rickety children presents after death the following characters:—It is increased in size: the increase may be trifling or extreme. Thus I have seen it little larger than in health, and I have seen it measure as much as eight inches from above downwards, over its convex surface, and four inches from side to side. It is never adherent to the parts adjacent, as a spleen containing tubercles often is, and its capsule generally is scarcely, if at all, thickened. Its anterior border is pretty sharp; it is firm to the touch, and smooth on the surface; its weight, regard being had to its size, strikes one as considerable.

The substance is tough but elastic, and the thinnest sections can be cut with facility. The cut surface is remarkably smooth and transparent. It is not unlike what one might suppose would be its appearance if the whole organ were infiltrated with glue. Only a little pale blood can be expressed from the cut surface.

Usually the organ is pale red, but occasionally it is dark purple. The more transparent any given part is, the paler it is; the most transparent parts are almost colourless.

The spleenic corpuscles are sometimes more readily seen than in a healthy spleen; they may be mistaken for grey tubercles. I have never seen in the spleen of rickety children the sago-like little masses so often present in the spleens of those who die of phthisis.

The parts of the spleens of the boys H. and F., now on the table, afforded when recent good specimens of the disease. They have now lost much of their transparency, still they preserve many of their characters, *e. g.* hardness, elasticity, smoothness. I have never seen this disease conjoined with ascites.

(d) It is a point of interest that the spleen, the lymphatic glands, and Peyer's patches experience decided atrophy about the same period of life, and that diseases of the spleen, of the lymphatic glands, and of Peyer's patches are infinitely more common in the child than in the adult.

(e) February 2, 1860.—I have now under my care a child, aged 3 months only, whose spleen reaches below the level of the umbilicus. The child is suffering from catarrh. There are no signs of rickets or tubercle.

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

Part I.—THE HANWELL ASYLUM.

No. IV.

By JOHN CONOLLY, M.D.

The few Medical students who avail themselves of the very limited opportunities yet opened to them of becoming acquainted with the various forms of mental disorder, and the influence exercised over these maladies by Medical and moral treatment, are not old enough to have known anything of the wards of lunatic asylums previous to the time when instruments of mechanical restraint had become much diminished in number, or had nearly or wholly disappeared. In twenty years a new generation of young Medical men has grown up, and while those who sought practical instruction as to insanity, as soon as the reformed state of asylums permitted it, are now practising what they learned, or have in many instances introduced the modern system of treatment into new asylums, where facilities for furthering its improvement have happily been enjoyed by them, a new race of students fills our schools; and those of them to whom it ever occurs, during their short and industrious curriculum of study, that there are maladies especially affecting the mind, and hospitals especially devoted to the reception of such maladies, can scarcely measure or discern the merits of the intelligent and unassuming Physicians who direct these important institutions. There is no elaborate therapeutical apparatus, no visible individuality of treatment, and no display. Violent symptoms have been controlled by means comprehending neither heroic methods of lowering the patient's strength or subduing his courage. No instrument of coercion, no appearance of punishment, no sign of harsh authority, no devices creative of terror or of awe are discovered in any part of the building, or in any voice, or in any countenance. The prevalent quiet and order of the galleries appear to be matters of course; the judicious application of Medical means challenges no vulgar applause; and the careful study of human character on which the whole mental and moral system of asylum management rests, as on a secure foundation, can neither be fully appreciated, nor fully comprehended by the public whom it so materially benefits, or by anyone who does not give time and attention to the system of which everything done in an asylum forms a constituent part.

When the state of the Hanwell Asylum had become such as to afford enlarged opportunities of clinical instruction, there appeared to be considerable inducements to young Medical men to devote themselves to this branch of study and practice. Unfavourable changes have since taken place in relation to the care of insane persons, and such inducements are certainly diminished. The study retains its dignity, but many degradations are heaped on the practice. This is a great calamity for the insane, who will, it is to be feared, be consequently less liable to have the benefit of the strictly Medical care from which they ought not to be excluded, and which had begun to be extended to them. The protection intended to be thrown round them by the Legislature seems to be degenerating into a somewhat too arbitrary interference between Physicians and their patients; such, indeed, as no other division of Medical practice is exposed to. The difficulties incidental to cases of partial insanity have been made use of to destroy the fortunes and character of Medical men who have striven to protect those affected, and to impede their falling into the class of criminals. The provision of residences fit for the insane, combining comfort with safety, and large freedom with careful superintendence, residences in all their arrangements sanitary and even curative, and adapted to infirmities of the mind and all its eccentricities, have come to be regarded as mere boarding-houses, kept by unprincipled men, into which sane persons are entrapped, and where they are kept immured for the basest advantages. In an age distinguished by almost incredible improvements as respects the treatment of the insane, the

Medical men practising in this department of Medicine, and who have cheerfully taken a great share in these reforms, have become subjected to more penalties than were incurred, or perhaps even deserved, by their predecessors in the worst days of asylum treatment; and it is painful to have to say that at no period in the history of Medicine have Physicians devoting themselves to the great duties belonging to asylums, public or private, been less favourably looked upon than they are at present. In public asylums they are subject, indeed, to so many affronts, and to such sudden and unjust resolutions, that already there is an observable want of highly qualified men to fill up even lucrative vacancies: and no young practitioner who has a chance of obtaining a livelihood by general practice can honestly be advised to become the Medical officer of such institutions; in which it may almost be said that they are regarded by governing boards, and by inferior officers, as inconvenient and superfluous. As respects the still more unfortunate Medical men, whose professional destiny has driven them to be proprietors of private asylums, their state seems to be every day becoming more precarious and more unenviable. Nothing may be wanting in their establishments to promote the recovery of the curable, or to make the incurable comfortable, and orderly, and happy; the dress of the ladies and gentlemen may be carefully attended to, their diet excellent, and all their treatment liberal and cheerful; but still the caprices of minute legislation hang over the directors of the establishments, and, leaving them seldom free from uneasiness about trifles, abstract their thoughts from matters more important. There has been recently a perceptible change in the general conduct of official visitors; partly, perhaps, the reflection of popular prejudices, but more originating, apparently, in an altered view taken of official duties; and which, to whatever causes attributable, can but have the effect of driving men of independent character out of its reach. This would be a result productive of many lamentable consequences. If Physicians of liberal education withdraw themselves from the superintendence of private asylums, men of less sensibility to frivolous rebukes, and of a front more hardened, must succeed them. The care of private patients will then truly become a mere trade, carried on by rival companies in asylums where patients of all classes and characters will be admitted, and where every arrangement is shaped to the end of a dividend in favour of the miscellaneous shareholders. Patients of the higher classes will be then, even more than at present, secluded or concealed, and tended by servants only; or be transmitted, as many of them now are, to *oubliettes* on the Continent, to be confined for life, their letters intercepted, their very names kept secret, and their eventual fate uncared for. These dismal prospects are not such as might have been expected to follow the amelioration effected in English asylums during the last quarter of a century; and they deserve serious and immediate consideration. Unpropitious as the circumstances alluded to are to the more general study of mental science, with a view to the enlargement of our limited knowledge of the nature of insanity, and to giving more certainty to our curative intentions and efforts, their principal effects will be felt by the insane themselves. A retrograde progress, slowly but surely made, will after a time consign them to many of the grievous neglects, if not to all the horrors of times which we flattered ourselves had passed away for ever.

These considerations, and a knowledge of the general discontent prevailing among Medical men who are especially engaged in the practice of insanity, have interrupted the Recollections which these papers are intended to record; but, in looking back on what has really been done in asylums, it was impossible to avoid being turned aside by the strange fact that the undeniable improvements in them is disregarded, and the especial study that might so favourably be exercised after such preparations receives so little encouragement.

Among the results of the changes which have been effected in houses for the insane since Samuel Tuke, in 1813, gave expression to the feelings which animated the founders of the York Retreat, and contemplated the loss of reason as "pre-eminent in the catalogue of human afflictions," two are chiefly conspicuous. The excitement of a visit to a mad-house has been removed from the attractions of the idle, who contemplated an asylum with less human interest than a general zoological collection; and the various combinations and shades of mental confusion, or delusion, or excitement, or depression, or other disturbances, numerous and various, and throwing new and curious light on the workings of the mysterious gift of mind, now attract the attention and stimulate the inquiries of the philosophical and benevolent portion of society; an advantage of which all the fruits cannot be gathered in one age. The Physician, however harassed and impeded, now enjoys, in this department of physic, a pleasure long almost exclusively associated with the treatment of bodily ailments; he sees the progress of improvement in numerous cases from plain and intelligible methods of relief and cure, and he finds a field of contemplation opened to him, full of interest and even of novelty, the rich products of which will be diffused not only over the disordered and suffering in mind, but mingle with all the intellectual movements now directed to the comprehensive views of that social science to which all useful knowledge is subsidiary, and which embraces not only the relief of social troubles and vices, but their prevention. To use the language of Pinel, he will no longer profess a mystery; what he discovers he does not hesitate to avow; and if there are difficulties that he cannot master, he leaves them, still with the impression of his hand upon them, to be considered and overcome by those who are following him in the same path.

It is still necessary, however, in accordance with my intention to record some particulars of the past time, yet scarcely past, to withdraw the reader's contemplation and my own from these more general considerations, and to take what is to be hoped may be a farewell look upon the rude instruments of coercion now banished from all the public asylums of our own island, although not yet fallen into complete disuse in other countries.

The general character of the wards of asylums where mechanical restraints form a part of the plan of treatment is always marked by a sort of hopeless confusion, mingled with an oppressive and unnatural gloom. Turbulence and violence, and even every minor form of mischievousness or of troublesomeness being met by some form of bodily coercion, the number of attendants is small in proportion to the number of patients; those of whom the management is not difficult, being for the most part imbecile, who are little heeded, or tranquil, well-behaved, and intelligent patients who are engaged in some work or other useful to the establishment. Thus the habit of considering the patients as requiring much personal care and attention is lost; whatever they do for themselves, or whatever they cannot do for themselves, is performed in the most slovenly manner; and nothing is done, either directly or indirectly, to improve the habits or to benefit the minds of the patients, who are, indeed, not regarded as patients, but merely as troublesome prisoners. This customary indifference produces numerous evils, which are little thought of, or which are deemed unavoidable in an asylum; and the amount of these is incalculably increased by the positive impairments of bodily action and of mind in those submitted to mechanical restraints. Restraints, erroneously imagined to be preventive of violence, or danger, or other evil, are seen actually to add to the irritation which causes the violence, and increases the danger, and fills the house with disturbance and alarm. As regards the cure of violent propensities, or of any part of the malady which exists, no one employs them with so visionary an intention. A patient is angry, and strikes; or he is restless, and tears his clothes; or he runs about with inconvenient activity; and his arms or his legs are tied or fastened by handcuffs, or leglocks, or straps, or a leather muff, or a strait-waistcoat, or in some manner varied by the ingenuity of successive superintendents. Or the patient is, on the other hand, desponding, disinclined to take food, weary even of life, and inclined to hang himself. Without respect to the state of his brain, which is diseased, all these results of malady are equally met by brutal force, which increases the malady. Force alone is depended upon. The hands are tied, the mouth is forced open by resistless screws, the teeth being, if necessary, knocked away, and food is poured into the parched pharynx and œsophagus, and into the disordered and reluctant stomach of the victim. Nothing is done to soothe his sensations or to improve his reflections; everything to add bitterness to them. Nothing is done to make life less undesirable to him; everything to make it less endurable. Other patients are very feeble in body as well as in mind, and require aid in moving about, but there is no aid for them; they are paralytic, helpless, unable to keep themselves clean, suffering

from complicated miseries; for these complications of wretchedness a more compendious treatment is prepared. The patients are placed in what is termed a restraint-chair, which is in fact a perpetual close-stool; and if they are fidgetty when so disposed of, their hands are fastened to the arms of the chair, and their feet restrained by straps to the lower part of it. If any of these unhappy people are ever taken out into the open air, they are still fastened, and sometimes chained to rings fixed in the walls. When the hours of meals arrive, their food is sometimes given to them uncut, placed on a kind of bar or shelf in front of the chair, to be devoured as the carnivorous animals devour, but without the help of anterior extremities. As for their drink, it is perhaps sometimes given to them; but much oftener drank for them. When night comes, it brings no relief to them. They are fastened in miserable beds, to court what sleep they may. I pass rapidly over what are merely prominent parts of this system, of which my memory would supply fearful details. But let any man possessed of reasonable mind, yet conscious of the uncertainty even of mental health, imagine for a moment the effect of all these terrible and galling restraints upon a human being—upon a creature possessed of faculties not merely animal, of a soul of which the manifestations are disturbed by bodily disease. Even on a mere animal such treatment, long continued, would produce physical torture, mental distress, and death. A patient in restraint cannot dress or undress himself, cannot feed himself, cannot keep himself clean, cannot relieve his wearied and pained muscles by change of posture; cannot read or write, or walk, or partake of any one blessing intended for the comfort and recreation, and well-being and health, of a rational creature whom the Great Creator has endowed with life. His higher faculties are disdainfully regarded; kind words never reach him; his thoughts are left in tumult, and allowed to rage uncontrolled; his sorrows and his pains are unpitied; and whatever aspirations remain in his poor distracted heart, no one condescends to lead them to the Throne where Mercy, even though fled from earth, is ever to be found. The very doors of the chapel were closed against patients in restraint; the heavy chairs could not be moved into that place of prayer; manacled hands could not be lifted to Heaven, nor leg-locked limbs be bent in supplication. The patients became desperate, or more and more desolate, and no man in such places laid it to heart. If through the clouds of mental oblivion some ray of restoration beamed, no attendant saw it or helped its entrance, or reported it; if some hope shed temporary light on the oppressed and fearful mind, no one encouraged it; if the patient became worse, the malady took its course, and not unfrequently the patient died in restraints. Many times, when I have visited these patients, already reduced to the extremest debility, and about to be released from life, and have wished to ascertain the temperature of the lower extremities, I have found the cold and half-dead ankles fastened to the foot of the bedstead; and the order to unfasten them was evidently regarded as resulting from the fancy of a Physician new to the work of asylums. All officers of the old asylums who have lived to acknowledge the benefits afforded by newer institutions must remember how much the mortality of the asylum population was in former days increased by placing patients in straw beds, not always clean, not always supplied with blankets, and never with good blankets; and how this uneasy lodging, and scanty diet, led to ulcerations, and how ill these ulcerations proceeded in unwholesome air; and all the long chain of consequences of which the first great link was mechanical restraint.

To all these things the older officers of asylums became so accustomed, that many of them saw them daily without any effort tending to put an end to what seemed hopeless. The attendants became careless, and unscrupulous as to the mode of meeting sudden difficulties in the unrestrained; every duty connected with such establishments was performed irregularly; dirt, and noise, and violence prevailed in the kitchens, in the laundries, in the workshops; and offenders were daily brought from all the precincts of the main building, to be put in restraints until quiet enough to be employed again. The quieter patients in the wards, and especially the newly-arrived, were thus made liable to daily disturbances; furnished with examples stimulating their morbid love of imitation; more deeply impressed with the irrevocable wildness of asylum-life, and more unfavourably placed in respect to recovery. Younger Medical officers, trained in Hospitals where the relief of disease was habitually regarded as the first object of exertion, were, however, afflicted to see mechanical means made substitutes for more scientific auxiliaries; and gradually attempted to assimilate the wards of asylums, or at least the infirmary wards, to those of Hospitals for patients affected with bodily ailments. Numerous difficulties surrounded and embarrassed them, and usages so strange as only to be explained by the rude character of superintendents of asylums in former days. It was difficult to secure an infirmary of any kind. The attendants were unqualified for any strictly Hospital duty; and numerous and scarcely credible neglects were observable, of which it is now unnecessary to preserve the memory.

Viewing the things which I have described, day after day, and often reflecting upon them, and with a deep impression, partly derived from the perusal, again and again, even when still a student, of that excellent "Description of the Retreat near York," already alluded to, and which I would still urge every student to read, and to add to his library; and partly from what I had actually seen at Lincoln, a few weeks before commencing my residence at Hanwell; I was not long before I determined, that whatever difficulties there might be to encounter, no mechanical restraint should be permitted in the Hanwell Asylum. This resolution was greatly confirmed by an inquiry into the number and nature of the instruments of restraint employed in an institution of which the excellent and humane management had, not without reason, been much extolled: for although faults still remained in it, I was never so unjust as to deny my appreciation of the number of ancient faults that had never found admission there. Their exclusion, I knew, must have been as difficult as anything that was left to be accomplished.

When the plan which I had determined to pursue was understood throughout the Asylum, I had the satisfaction of finding every officer disposed to assist me, with one exception, that of a Medical officer long since dead, and yet who himself lived to establish the same plan in another asylum. The attendants were gradually made acquainted with its advantages, and were generally faithful. Wishing to ascertain the actual number of instruments of mechanical restraint under the roof of the Asylum, I applied to the steward for information, and was surprised to find that—without reckoning a reserve of strait-waistcoats and old devices of coercion in closets of which he kept the key—there were scattered through the wards, to be used for the most part at the discretion of the attendants, according to their anger, or fear, or tyrannical caprice, or idle convenience,—of restraint-chairs, forty-nine; of restraint-sleeves of ticking or leather, seventy-eight; of leg-locks and handcuffs, three hundred and fifty-two; and of long leather straps, for various extemporaneous application, fifty-one; besides ten leather muffs, very narrow and very hard; two extra-strong iron chain leg-locks; and two dreadful screw-gags. Having often wondered at the alacrity with which some of these aids to treatment had been imposed by the attendants, particularly on returning unexpectedly through the wards after having gone through them; and often finding that no better excuse was offered than that such a patient had scratched his head, or such a patient would keep drinking cold water, or that such a man would not keep his coat on, or such a woman would keep running up and down the gallery; and finding, moreover, that when I desired any form of restraint to be taken off, the attendants, among all their keys, could seldom find a key to unlock the restraint-locks; it appeared evident that there was no other way of effectually abolishing all this abuse than by requesting the steward to remove every instrument of restraint from the wards, and to keep them under his own lock and key, and never to give one of them out again without an order signed by myself. When this was done this particular difficulty was put an end to, and the instruments of restraint were never used more. The restraint-chairs were not so easily got rid of, but they were eventually broken up in January, 1840; not altogether without tears on the part of those attached to the old appliances. The minds of the attendants, as well as of the officers of every department, were then turned to the methods to be substituted for mechanical restraints, of which many soon suggested themselves, either to myself, or to other officers of the Asylum, whose important assistance has never been forgotten by me, and without whose aid my own efforts would probably have been frustrated. Some of these substitutes, and various contrivances for lessening the incon-

veniences supposed to be incidental to the non-restraint system, were, in their turn, found to be almost as unnecessary as the restraint which they superseded; whilst others, not merely adopted to meet emergencies, but originating in careful reflection on the *juvantia et lædentia* in cases of disordered mind, must continue to be observed as long as the care of the insane is entrusted to Physicians. The consideration of these must be deferred to my next paper.

ON LITHOTOMY CONSIDERED AS A CAUSE OF DEATH,

WITH REMARKS ON THE PRESENT STATE OF THE OPERATION USUALLY CALLED "THE RECTANGULAR OPERATION FOR STONE;" AND ON THE BEST METHOD OF EXTENDING THE ORDINARY INCISIONS IN THAT OPERATION, FOR THE PURPOSE OF EXTRACTING STONES OF UNUSUALLY LARGE SIZE.

By Professor A. BUCHANAN, M.D., University of Glasgow.

(Continued from p. 312.)

To simplify the subject as much as possible, we shall abstract from our consideration all accessory causes of danger, such as disease of the bladder or prostate; and restrict our inquiry to the causes of death when the operation is performed on organs not unsound, and on persons in good general health —conditions very frequently combined in cases of stone in the urinary bladder.

There are, according to my views, four causes which render the operation for stone in itself dangerous or fatal. These are—1. Infiltration of urine into the subserous cellular tissue of the peritoneum, and the passage of it through that membrane, by osmosis or simple percolation, into the interior of the peritoneal cavity. 2. Infiltration of urine into the subfacial cellular tissue of the pelvis, while all access to the peritoneal cavity is debarred by the dense fibrous membrane. 3. Mechanical contusion of the bladder and parts adjacent, of which what is called "shock" is the most severe form. And 4. Hæmorrhage.

1. It may be objected to this arrangement that the two first causes are comprehended under the general expression, infiltration of urine. But it is the very generality of that expression, as employed to indicate a cause of death after lithotomy, that renders it objectionable, from its being ambiguous and devoid of definite meaning. Infiltration of urine is not in itself a cause of death, for it occurs after every operation for stone, but only infiltration in certain situations; and unless these situations are specified, no accurate idea has been expressed. That mere infiltration of urine is not a cause of death, we have evidence in whst we see occur every day in urinary abscesses, or effusion of urine under the superficial fascia of the perineum. That the urine must be largely absorbed after such effusion is certain, but we never see any bad effect thence resulting; nor apprehend anything more than the local mischief arising from the irritant action of the urine, which occasions sloughing of the cellular tissue, and that may be so severe and extensive as to cause death, especially if not mitigated by incisions. Such external effusions warn us what must be the extreme danger of effusions of urine proceeding inwardly into situations where there is no possibility of its escaping, and where it comes into contact with parts more susceptible of irritation. Still, however, the affections induced, whether by external or internal effusion, proceed alike from a local irritation. But such affections are so totally dissimilar in respect of the symptoms which they exhibit and the course which they run, according to the seat of that irritation, that no man who has any pretension to scientific accuracy in his discrimination of diseases can possibly confound them together; which is clearly done when they are referred indiscriminately to infiltration of urine.

The two forms of urinary infiltration, which become causes of death after lithotomy, take place in consequence of special errors in the mode of cutting for stone, which it is most important to signalise. The first kind of infiltration has been observed chiefly after the rectangular operation, and was, indeed, never discriminated as a distinct affection till that operation came into use. It may, however, occur readily after the common lateral operation; after which, however, the second form of infiltration more frequently presents itself. These specialities depend upon the particular errors into which the operator is most apt to fall in adopting these respective modes of operating.

The six cases, described above, present no illustration of the second kind of infiltration, and all of them but one seem to me to be instances of the first. Of these cases, I have described minutely the appearances that presented themselves after death in the second, third, and fourth. The two first of them, notwithstanding the care with which I examined and reflected over them, completely baffled me, and left my mind in a state of utter perplexity and darkness with respect to their true nature: the only point which admitted of no doubt as to both, being that the patients had been, in some unascertained and mysterious way, stabbed in the lower belly. It was only on examining the third case that daylight broke in upon me, and gave me a glimmering idea of the probable nature of them all. An accidental circumstance, which I have mentioned above, first put me upon the right path. The ecchymosis, described above, terminating in a well-defined line on the sigmoid flexure of the colon, attracted my attention. The blood forming it had obviously come from below. I traced it all round the rectum, where that intestine is covered with peritoneum, and beyond the reflection of the peritoneum I found the blood extending downward, between the rectum and bladder, as far as the external wound. The source of the blood was thus obvious. From the external wound it had made its way into the cellular tissue between the bladder and rectum, till it reached the reflection of the peritoneum (recto-vesical pouch), and thence, following the course of that membrane, it had been diffused alike over the bladder on the one side, and the rectum and colon on the other.

But granting this to be the true origin of the blood, it will be said that blood is an innocuous fluid; and that the effusion of blood under the peritoneum never could give rise to the grave symptoms under which those patients laboured. It must, however, be considered that, wherever blood passes, a more subtle and penetrating fluid will pass more readily and extensively. The urine, therefore, with which the surface of the wound after lithotomy is continually bathed, entering by the same aperture as the blood, will diffuse itself in the cellular substance between the bladder and rectum, and will thence make its way into the subserous tissue behind the peritoneum covering the parietes and viscera of the abdomen. But will it stop behind the peritoneum? Assuredly not. It will pass through that membrane by osmosis, or by simple percolation; and will enter the peritoneal cavity. That the sanguinolent fluid, which was in four out of five of these cases found in the cavity of the abdomen, consisted of urine holding the colouring matter of the blood in solution, I entertain no doubt; although it was not proved to be so by chemical tests. But, if urine be infused into the cavity of the peritoneum, it will produce the same effects, whether it enter by the circuitous route just described, or be directly effused from a rupture of the urinary bladder. Now, the known effect of the effusion of urine, of bile, or of the contents of the alimentary canal into the peritoneal cavity is death in about twenty-four hours; and I refer to the same cause the fearfully rapid death that takes place after a badly performed rectangular operation for stone.

Such is my view of these rapidly fatal cases, and there seems to me to be two causes of the rapidity of the fatal event. First, the rapidity of the infiltration, taking place from a wound situated immediately beneath the open urethra, along which the urine secreted into the bladder continually passes to be diffused laterally over the cut surface, and the orifice of the open wound beneath the prostate; and, second, the circumstance that the urine passing inwardly by a wound beneath the prostate is not confined by any fascial covering, but comes into immediate contact with the peritoneum.

This view of the subject is to my mind, at least much more probable, as being more consonant with facts and with physiology, than the theory which ascribes to shocks all deaths that occur rapidly after lithotomy. How, it may be asked, can such a cause be assigned in such cases as No. 3, in which the whole duration of the operation was less than a minute, and the wound was of small size?

2. In the absence of cases illustrative of the mode in which death takes place after the second kind of urinary

infiltration, we must, for the purpose of comparison, borrow the descriptions which have been given of them. The patients, instead of being seriously affected immediately after the operation and dying in twenty-four hours, are described as sometimes appearing to do well for several days, when they rolled round upon their bellies, and died in great agony; or, as sometimes surviving for a longer period, with gradually increasing emaciation, or hectic symptoms: while after death there is found purulent infiltration into the cellular tissue of the pelvis, or circumscribed abscesses. There is, therefore, a total dissimilarity in these cases to the former, whether we look at the symptoms during life, or the pathological lessons after death. We may infer also from the kind of operation performed, that the wound extended beyond the rim or base of the prostate had divided the deep perineal fascia, or levator ani muscle, in such a way as to permit the infiltration of urine under the recto-vesical fascia where it lines the sides of the pelvic cavity.

The views stated above as to the cause of the infiltration of urine have a most important bearing upon the operative process in lithotomy. If it be true that the greatest danger of lithotomy arises from urine getting into the cellular space beneath the prostate, or rather between the bladder, prostate, and urethra on the one side, and the rectum on the other, then the great rule for performing lithotomy safely, is to avoid carefully this hypoprostatic space, as I shall take the liberty of calling it. This space is inclosed by strong and well-defined boundaries. It lies just beneath the recto-vesical pouch of the peritoneum, and is therefore conterminous with the abdominal cavity, from which it is separated by a thin membrane. It has the bladder, prostate, and a small portion of the membranous part of the urethra in front; the rectum behind; and on each side the recto-vesical fascia, or lateral ligament of the bladder. The vas deferens and the vesiculæ lie within it, and it is filled with a delicate cellular tissue free from fat. When the bladder is folded forward over the pubes, the hypoprostatic space has very much the shape of a four-sided pyramid, of which the apex is truncated, and lies a little below the apex of the prostate. The boundary forming this apex consists of the deep perineal fascia where it intervenes between the urethra and rectum, and forms there the only fibrous septum for the protection of the abdominal viscera. If this septum be divided, while the bladder is at the same time opened, infiltration behind the prostate must necessarily ensue.

It is of great importance, therefore, to study the boundaries of the hypoprostatic space, with the view of determining at what points they are most apt to be violated by the knife of the lithotomist. I am satisfied that the great source of the danger of lithotomy has been generally misunderstood. We may see this in the admonition invariably given to the student and young operator never to extend his incision beyond the base of the prostate. This admonition, in so far as it represents such an incision as the great source of danger in lithotomy, involves a double error; for there are certain directions in which the base of the prostate may be both safely and advantageously cut; and there are other directions in which a fatal error will be committed, although the gland is not divided half way to the base. The just and true admonition, which I would substitute for the above, is never to do the slightest violence to the fibrous tissues, which form the three planes at the apex and the two sides of the pyramidal space beneath the urethra, prostate, and bladder.

The mode and place in which the hypoprostatic space is laid open, differ in the old operation and in the new. In the latter the lateralized knife, penetrating too low, divides the deep perineal fascia behind the urethra; and being thought to be in the groove of the staff, it is carried deep under or through the substance of the prostate into the lax cellular tissue beyond (a). The lateral incision to the left side completes the violence inflicted on these delicate parts. The operator now ascertains with his finger that he has not entered the bladder, and rectifies, as he supposes, his mistake, by carrying his knife higher up and dividing the prostate; but it would be much wiser in such circumstances to send the patient to bed after the first unsuccessful thrust: for the wound, though a severe one, is not yet necessarily fatal, but by the second incision, infiltration of urine into the subserous tissue of the peritoneum and death in twenty-four hours becomes inevitable. This is, I believe, the true explanation of the frightful rapidity of these fatal cases. They constitute a new phase in the history of lithotomy, altogether peculiar to this new operation. Five out of six fatal cases that have occurred in our Hospital have been of this kind, and cases in every respect similar have occurred in private practice. This is now so generally known in this city, that an operator, if his patient is not dead or obviously dying at the end of twenty-four hours, is congratulated on the success of his operation.

There are two other modes in which the hypoprostatic space may be laid open in performing the rectangular operation for stone, which I think it important to signalise. It is well known that in whatever part of the urethra or prostate the angle of the staff be made to rest, that part is protruded in front of the orifice of the groove projecting in the perineum. If, therefore, the operator be not careful to ascertain that the angle of the staff is sufficiently far forward, if he allow it to rest at the back of the membranous portion of the urethra, the deep perineal fascia is folded over the mouth of the groove, and must be divided in entering the groove with the knife; and if the angle rest on the prostatic portion of the urethra, on the body of the gland, or farther back, a still deeper wound will be inflicted on entering the groove, as it is easy to verify on the dead body.

The third mode in which I have seen the accident happen, is the result of a mode of operating, which some operators have tried, but which, as appears to me, is not to be recommended. They make the external incision first, that they may enter the groove of the staff with more facility by a second incision. But in thrusting the knife into the middle of the perineum for the purpose of commencing the first incision, the deep perineal fascia, which is only a few lines from the surface, must be very liable to injury, as the knife can enter the middle of the perineum in no way safely unless lodged in the groove of the staff. The wound thus produced may not be very deep, but I have seen the most formidable symptoms result from it—long-continued shivering, profuse sweating and diarrhœa, lasting for several days, and causing great anxiety for the patient's safety, although he ultimately did well.

In the lateral operation, from the direction of the incisions they are less apt to do injury to the hypoprostatic space, and cannot do it to the same formidable extent; but that space must be laid open more or less by those misdirected incisions that penetrate into the rectum and injure the vesiculæ seminales. It seems to me at least not improbable, that in many of the rapidly fatal cases, death may be owing to this cause rather than to shock, to which it is usually ascribed. The more the incision of the prostate is directed downward, the accident must be the more likely to happen. Perhaps, therefore, we may thus explain the increased mortality after the lateral operation of lithotomy, which seems to me beyond all doubt to have taken place in our own day. Cheselden cut the prostate outward, keeping the edge of his knife turned up. But we have since been recommended, upon high Surgical authority, to divide the prostate downward and outward, in the line of the external incision. By following this precept, I cut the rectum in one of my first lateral operations, and I abandoned it ever after, cutting directly outward; now any precept that tends to endanger the rectum will also render the space under the prostate more liable to be laid open.

The importance of the subject must be my excuse for one further reference to anatomy. The hypoprostatic space, as above defined, is divided diagonally from before to behind by that portion of the recto-vesical fascia, which, to avoid the confusion of names, I shall call the fascia interposita, from its lying between the rectum and bladder. It comes off from the deep perineal fascia behind the urethra, forms the proper tunic of the lower part of the prostate, and stretches from the base of that gland towards the rectum, in front of which it runs upwards, gradually assuming the characters of mere cellular tissue. When, therefore, the deep perineal fascia has been divided behind the urethra, there are two routes by which the infiltrated urine may reach the peritoneum; the one between the rectum and fascia interposita, which is circuitous and probably less fraught with danger; the other between the fascia interposita and bladder, which to lay it

(a) I am aware, it may be urged in opposition to these views, that in the rectovesical operation, and in the operation of M. Nélaton, the bladder is opened from the under part of the prostate; but the difference of result is probably due to the greater freedom of the outlet for the urine in these operations.

open requires a deeper wound, dividing either the fascia interposita or the substance of the prostate (b).

3. *Mechanical Contusion of the Bladder and Perineum.*—The sixth case seems to me to be an example of death from this cause. The man seemed never to rally from the shock of the operation; he continued weak and with a rapid feeble pulse, but he had not the incessant restlessness observed in the other fatal cases. Towards the end of the second day a subacute peritonitis set in, marked chiefly by tympanitis with little vascular injection. After death there was no ecchymosis nor effusion. A train of symptoms quite similar might have followed the extirpation of a tumour near the abdomen, but remote from the urinary bladder, if the operation had been severe. The death was not rapid enough to have been occasioned by effusion of urine into the peritoneum, which the kind of incision probably prevented.

4. *Hæmorrhage.*—As none of the cases sunk from this cause it might have been omitted; but, on account of its importance, a few words may be said of it. In a rectangular operation properly performed it can only take place when there is some anomalous distribution of the blood-vessels. But if the staff be held too high, the bulb and corpus spongiosum of the urethra are doubled over the angle of the staff, and can scarcely escape the knife. A very profuse hæmorrhage may be occasioned in this way.

II. With respect to the best mode of extending the ordinary incisions of the Rectangular Operation for the purpose of extracting stones of large size, we must take for our guide the preceding considerations derived from anatomy, and the observed results of different modes of incision. We have seen that there is danger in extending the ordinary incisions laterally, and still more downward. In the former way we run the risk of subfascial infiltration of urine, and, in the latter, of the more dangerous form of infiltration into the subserous tissue of the peritoneum. The incision upward is, therefore, all that remains to us. It is clear that, if a moderate lateral incision has been first made, above the level of which the urine in the bladder can never rise, there will be no risk of urinary infiltration from an incision upward, even though carried beyond the base of the prostate, for the urine can never come into contact with such a wound. Even without the precaution of a previous lateral incision, Dr. John Thomson recommended the incision upward, and Dupuytren found it to be safe in practice.

The mode in which I perform the incision upward is by means of an instrument, which I name a *finger-director*, which I have for many years past used in cutting for anal fistula. It is a metallic cylinder, tapering from the rounded point to the base, open in front, and fitting like the finger of a glove to the index finger, while the handle attached to the back part of it lies flat upon the back of the hand; unlike the clumsy rectangular handle of the speculum ani, which, in imitation of the above instrument, has been more recently introduced to answer similar purposes. For these its structure shows that it was never intended; and those who know the history of the operation in question are aware that it was never till of late years generally so applied. This tapering cylinder, fitted upon the index finger, enters the wound with the same facility as the index itself; and the part of it, at which its further progress is arrested, gives an accurate measurement of the circumference of the wound of the prostate. The handle of the instrument being now securely held, while the open side of the cylinder is turned upward, the forefinger feels with much nicety the tense fibres stretched over the open groove which require to be divided; and this is done by one or more incisions with a curved bistoury. The director can now be pushed further in, while an exact measurement of the size of the enlarged internal aperture is given as before. If need be, this incision can be carried beyond the base of the prostate, dividing the bladder to whatever extent may be deemed necessary; and this, with the lateral incision first made, will allow any stone to be extracted that can pass between the bones and the soft parts over them. After making a sufficient incision upward it is, I believe, never necessary to cut the right side of the prostate, and much safer not to do it. But a bilateral section of the external parts may be required for a large stone, and even a third incision directly upward, or a little to the left of the raphe of the perineum; thus giving the enlarged external incision a tricuspid form, not unlike a leech bite on a great scale.

III. I conclude by making a few observations on the somewhat singular position which the operation here referred to now occupies in the estimation of Medical men and in Surgical practice. It is to me a matter of regret that in so doing I shall not be able to exhibit the Surgeons of this country under the aspect of a purely scientific body of men.

Had I discovered some new compound in chemistry or devised some new problem in mathematics, how would my labours have been received by the professors of those sciences? Would the mathematicians have asked whether my problem was wrought out in Glasgow or in London; and even though my new chemical compound were not of more importance than many of the innumerable compounds of the four cardinal organic elements, would it not have undergone a searching investigation in every laboratory throughout the kingdom, till its true place as a chemical body had been thoroughly ascertained? How then should it be otherwise with a surgical invention? Is Surgery not a science? and if it be, why are not the principles of that science paramount to the authority of names? Why should we have a local Surgery, any more than a local mathematics or a local chemistry?

To show how completely the principles of Surgery are in this country at the present day subordinate to local prejudices and the caprice of individuals, I have only to record the history of the rectangular operation for stone. It is now twelve years since an account of it was first published, and for more than one half of that period it has been well known to effect a saving of human life to the extent of one-half of all those that undergo the operation for stone, as has been shown from the unquestionable evidence of the records of a public Hospital; but, if instead of calculating the result from the admitted average mortality of the operation of lithotomy, we assume as true what is currently reported and believed, that the average mortality in the London Hospitals is one out of two, that is, one-half of all adults that are cut, then would the adoption of this operation be the means of saving ten out of every twelve persons that now perish after the operation for stone in the metropolitan Hospitals. There is here an appeal to humanity as well as to Surgery. How, then, has that appeal been responded to?

(To be continued.)

(b) I have pleasure in acknowledging that for some excellent dissections illustrative of the surgical anatomy of the perineum, I have been indebted to my young friend, Dr. George Buchanan, son and assistant of Dr. M. S. Buchanan, the able Professor of Anatomy in the Andersonian Medical School of Glasgow.

Representation of the University of London.—A circular, addressed to members of the University of London, has been issued from the Conservative committee-rooms, King's Bench-walk, Temple. The subject of this document is the right of the University of London to send a member to Parliament, proposed to be conferred by the pending Reform Bill. The alleged reason for drawing attention to this matter is the fact of a candidate having been brought forward by a section of the Liberal party. In repudiating the pretensions of that gentleman, the committee deem it expedient to state what, in their opinion, are the indispensable qualifications of any candidate for the suffrages of the new constituency; these are—"1. When the Reform Bill has become law, and a subject which has for years disturbed the country has been set at rest, he should on conviction be opposed to any further movement in a democratic direction. 2. He should be opposed to the ballot. 3. While distinguished by that liberality of feeling which is essential to the representative of a constituency containing so many various religious elements, he should have no sympathy with the attempts which are being made in certain quarters to disturb the position of the Church by uprooting her connection with the State. 4. He should be prepared to give an independent and discriminating support to the Conservative party in Parliament." As an additional consideration, it is suggested that, as the Medical faculty is unrepresented in Parliament, and as Medical men are too much engaged to solicit the confidence of popular constituencies, the University would do credit to itself, and confer a benefit on the country, were it to return to Parliament some gentleman of eminence in that profession. The circular is signed by R. N. Fowler, chairman; and Percy Greg, B.A., honorary secretary. Mr. Grote, Sir James Clark, and Mr. Layard, are all spoken of on the Liberal side; but it is understood that the two former gentlemen will not stand.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

EXCISION OF HIP-JOINT—DEATH.

(Under the care of Mr. FERGUSSON.)

[From Notes by Mr. MASON, House-Surgeon.]

We have often reported cases of excision of the head of the femur in which the operation had appeared to confer great benefit on the patient. In a few the reverse has been the result. It is very necessary to the safe development of conservative Surgery that fatal cases of this class should always be brought into prominent notice, and with that view we record the following :—

J. W., aged 12, admitted, under Mr. Fergusson, on September 17, 1859. He was a native of London, and stated that, nine years ago, while out in a thunder-storm, he was struck by lightning, which felled him to the ground. On being raised, he was found perfectly insensible, and he imagined that in the fall his left hip had come in contact with the ground, for from the time of the accident he had more or less pain in walking, and an inability to stand on the diseased leg. These symptoms gradually increased in severity until two years ago, when he was compelled to lie in bed; so he continued up to three months before his admission, when two abscesses formed—one in the fold of the groin, the other by the trochanter major. These had discharged freely up to the time of his admission. On admission, the patient was a pale and emaciated-looking boy, having, however, a cheerful expression of countenance. On examination of the affected limb, the leg was found flexed on the thigh, and the thigh flexed on the trunk. There were two openings about the hip-joint in the situation above mentioned, which discharged unhealthy pus, and led to the bare bone. Manipulation gave the patient considerable pain, but otherwise he made no complaint. He had no pain in the knee-joint; his appetite was good, and tongue morbidly clean. He was ordered nourishing diet and cod-liver oil.

October 4.—Continues much in the same state, but looks if anything a little better. Chloroform being administered, an attempt was made to bring the limb into the straight position; this was only partially accomplished, and a distinct grating was felt in the hip-joint.

8th.—The patient continuing weak from the discharge, and not seeming to improve so rapidly as could be wished, Mr. Fergusson determined to perform excision of the head of the thigh-bone. Chloroform having been administered, the following proceeding was adopted. An incision having been made of about three inches in length in the usual situation behind the hip-joint, the diseased parts were readily exposed, and the head of the bone easily disarticulated. This and the trochanters were removed. On examining the acetabulum, a small piece of necrosed bone was found imbedded; this was removed, and the cavity gouged. The head of the bone was found much absorbed, and the cartilages gone. A great quantity of matter escaped from the sinuses during the operation. A long splint was then applied on the outside of the leg.

10th.—Going on well, sleeps tolerably, and makes no complaint. Pulse 124; respiration 26.

12th.—Complains of pain in the knee-joint; the discharge from the wound is most fetid, and the patient's appetite is not so good; tongue morbidly red; complains of great thirst.

18th.—The wound looks healthy, is dressed with red lotion; the discharge is profuse and most fetid; the patient takes brandy, ʒvj., every day, with good nourishing diet.

26th.—The patient still continues very weak; the appetite being bad, is unable to take anything but arrowroot and brandy; vomited very much last night. Pulse 126; bowels regular; tongue clean.

November 4.—Is much better in every respect. The discharge from the wound is not so offensive, but is still very profuse. Takes meat at dinner, and the appetite is improving; sleeps well. Pulse 120.

10th.—Has not been so well the last few days. The appetite has diminished; the bowels have been purged violently, and he has vomited a quantity of bilious-looking matter. The discharge from the wound is not so profuse, but is still extremely offensive.

14th.—Is much worse. Takes no food except brandy and arrowroot. Seems to be sinking.

17th.—Died this morning, at 4 a.m. No post-mortem was allowed.

WARTY GROWTHS FROM THE VENTRICLE OF THE LARYNX—TRACHEOTOMY—DEATH—AUTOPSY.

(Under the care of Dr. BUDD.)

[From Notes by Dr. E. SYMES THOMPSON, House-Physician.]

A florid-looking woman, aged 30, married, and nine months pregnant, was admitted into King's College Hospital on March 10, 1860. She stated that she had always been healthy, had had four children, two miscarriages, and had been subject to occasional sore-throat. She first observed an alteration in her voice in July, 1859, and on admission she could not speak above a whisper; her breathing was attended with a loud, stridulous noise; there was an occasional feeling of suffocation, but no difficulty in swallowing; she had a slight cough, with muco-purulent expectoration, which microscopical examination proved to contain lung-tissue; her face was dusky, lips blue, respiration hurried; the breathing over both lungs was feeble; there was some dulness at the apices, with harsh breathing and gurgling crepitus. There was no tenderness over the larynx externally; on introducing the finger into the fauces, the epiglottis felt somewhat thickened, and the vocal cords tumid and cushiony. A solution of nitrate of silver, ʒss. to ʒj. of water, was freely applied to the vocal cords, and iodide of potassium was prescribed, with some temporary relief. On the evening of March 16, however, the breathing became much more difficult. Various antispasmodics and counter-irritants were tried, and local depletion instituted, but without success, and towards morning the lividity of countenance and dyspnœa became so great that a fatal termination was anticipated. She became rapidly unconscious, and it was evident that she could not live many minutes. Tracheotomy was performed without difficulty by Mr. Mason, the House-Surgeon, who, having exposed the windpipe, drew it forward by means of two hooks inserted on either side, opened the trachea, and introduced the ordinary tube. No pain was experienced during the performance of the operation.

The patient was a good deal relieved by this proceeding, and recovered her consciousness. The breathing, however, still continued much embarrassed, the bronchi being obstructed by frothy mucus, the face and integuments of the chest being emphysematous. Stimulants were freely administered, but she gradually got weaker and sank fourteen hours after the operation.

Being pregnant, and at her full time, an attempt was made to deliver by turning, but without success. The Cæsarian section was performed, immediately after death, by Dr. Sansom (the Physician-Accoucheur's Assistant) but the child gave no sign of life, and all attempts at resuscitation were fruitless.

At the post-mortem examination a vascular warty growth was found occupying the interval between the true and false vocal cords on the right side, obliterating the ventricle of the larynx, and projecting across into the opposite ventricle, so as almost completely to obstruct the passage; the posterior surface of the epiglottis was rough and thickened, and the mucous membrane at the upper part of the trachea was thick and corrugated. The apices of both lungs were riddled with small cavities.

CLINICAL REMARKS ON OPERATIONS FOR CANCER OF THE TONGUE.

(Under the care of Mr. FERGUSSON.)

On Saturday last Mr. Fergusson made some interesting clinical remarks in reference to an operation for the removal of cancer of the tongue. The patient was a man advanced in life. The disease was situate at the anterior part and right side, and not involving the root. Mr. Fergusson some time before had removed a portion of the tongue for the original cancer. It had again returned, and was now the size of a small walnut. There was no affection of the glands. He stated that he operated with the hope of relief only, and he remarked that the relief afforded by removal of cancer of this

organ was very great. He alluded to a case in which he had twice removed portions of the tongue during the past winter. And now, although the disease was returning for the third time, the operation had been most satisfactory as regards the objects for which they had been undertaken, viz. to prolong, as far as possible, the period of comparative comfort. Mr. Fergusson fixed the diseased part by a vulsellum, and then cut it off by a few touches of the knife. The patient, who had no chloroform, bore the operation remarkably well. It was the custom, Mr. Fergusson added, at one time for Surgeons to dread incising the tongue for fear of severe hæmorrhage, and hence the practice recommended of applying a ligature to strangulate the diseased part, and allowing it to slough off. This was a tedious and a very painful process, and in his experience not necessary for the reason given for its adoption. It was true, he said, that wounds of the tongue often bleed freely, and the bleeding was controlled with some difficulty. It often happened then that vessels were merely wounded and not completely divided, and hence kept pouring out blood, as they could not go through the process nature adopted in the spontaneous arrest of hæmorrhage, viz. retraction of the extremities of the divided vessel. In cases of wounds from removal of parts of the tongue the vessels were easily seen and secured, and, as in the present instance, though the divided vessels poured out blood freely, they were at once controlled, one or two ligatures only being required, and the quantity of blood lost was but trifling.

THE LONDON HOSPITAL.

LARGE TUMOUR IN THE THIGH—OPERATION—EVACUATION OF HYDATIDS.

(Under the care of Mr. CRITCHETT.)

A week ago a case was operated upon—and thereby cleared up—which had previously excited much interest among the staff of the London Hospital. It was that of a married woman, aged 31, who had been admitted on account of a large tumour in the inner part of her thigh. The tumour was as large as three adult fists merged together into an elongated oval mass. It lay over the vessels, and pressed upon the adductor muscles, to which it was firmly united. The skin over it was quite sound, and free from redness. In the most prominent part of the tumour unmistakeable fluctuation was detected; but it existed only over a limited area, and around and below that area was a very extensive solid mass. The boundaries of the tumour, excepting in front, were ill-defined. As regards history, the woman stated that she had had a small swelling in the middle of her thigh for about nine years; but that until about a year ago, it had not been larger than a pullet's egg, and had caused her no pain. During the last few months it had been painful, and had rapidly increased in size.

Mr. Critchett remarked before the operation, that the diagnosis was exceedingly obscure. The patient's good health, and the long duration which she assigned to the tumour, as well as the fact that the fluctuation was detectible in its centre, made it very improbable that it was of a malignant nature. It might be a cyst with very thick walls, and a large amount of solid growth around it. The idea that it might possibly turn out to be a hydatid had, he said, crossed his mind. In some cases of hydatid tumours which had come under his notice, the history of a small tumour which had for long remained in a state of quietude, and had at length become painful and increased, remarkably resembled that given by the patient in the present instance.

The Operation.—The woman having been placed under the influence of chloroform, Mr. Critchett made a longitudinal incision, about eight inches in length, over the most prominent part of the tumour. The cyst having been cut into in the middle of the incision, a quantity of thick pus escaped, but its flow was almost immediately arrested by plugging of the opening by a membranous substance, which proved on removal to be a collapsed hydatid. The opening having been freely enlarged upwards and downwards, a vast number of hydatids escaped, varying in size from a pea to a tennis-ball. Most of them were tense and round, but some of the largest were collapsed. The cavity in which these entozoa had been lodged, and which, owing to the recent inflammation, had become that of an abscess, was surrounded by a dense wall of indurated tissues. On the inner side it was quite inseparable from the structure of the adductor muscle, and backwards it passed deeply under the bone. An important practical question was now raised as to whether any attempt should be made to get the wall away, or whether the cavity should be treated like that of a chronic abscess. Mr. Critchett adopted the latter plan, and having cut away such portions of indurated tissues as presented themselves in front, declined to interfere with those which were deeply placed among important parts. The cavity was left to suppurate and heal by granulation. The patient has since done well in every respect, and is now nearly convalescent.

In reference to the sources from which these curious parasites obtain their entrance into the human body, inquiries were made of the woman as to her dietetic habits. She stated that she had been very fond of pork, and had often eaten it underdone, but never raw. She was not aware that she or any of her family had ever suffered from any form of intestinal worm. There appeared no doubt from the woman's history that the hydatids had remained in a quiescent state during the greater part of the duration assigned to the tumour. It was only during the last few months that suppuration had taken place, by which had been caused the pain and increased size which had induced her to seek surgical relief. This feature, as adverted to by Mr. Critchett, is not an unusual one in the history of hydatid tumours. Until they suppurate and become painful, their subjects rarely apply for advice. It must be remembered that the suppuration is of the tissues, among which the hydatid cysts lie, not of the cysts themselves. The cavity is therefore that of chronic abscess, and is not bounded by any membrane belonging to the animal, but only by the indurated and half-organised products of inflammation. This fact it is important to bear in mind, since it will prevent ineffectual and useless attempts to remove a "cyst" which has no existence.

TABULAR REPORT OF THIRTY-THREE CASES OF HYDATID TUMOURS.

We have collected into the following table all the Cases of Hydatid Tumours which have recently come under our notice. It will be seen by the references appended (in column II.) that most of them have previously been recorded in our Hospital Reports during the last six years. The reader will, however, find his convenience much consulted by being there collected together, and placed in juxtaposition. These tumours are of sufficiently frequent occurrence to come occasionally under the notice of all engaged in the practice of our Profession, and it is often of great importance to the patient that their true nature should be early recognised. If mistaken for a solid or for a malignant growth, a hydatid cyst may not unfrequently be left to do great damage to adjacent parts, and even to cause the death of the patient, by rupture into some important cavity. Instances of the latter event are far from rare, and we well recollect seeing one of the former, some years ago at the Ophthalmic Hospital, in which a cyst of this kind, deeply placed in the orbit, had been permitted to disorganise the eye by its pressure. Of course in the latter instance, had the nature of the tumour been known, a timely puncture would have effected an easy cure. When the cyst is situated in the cellular tissue of the pelvis, and presses either upon the bladder, ureters, or rectum, its early treatment may become important. Of the thirty-three cases in our Report the location of the cysts were as indicated in the following list:—

Pelvic Cellular Tissue.—Cases 7, 9, 10, 11, 15, 16, 17, 20, 22.

Liver.—Cases 1, 5, 6, 8, 12, 13, 14, 19, 24.

Pericardium.—Case 28.

Inter-muscular Cellular Tissue of Extremities.—Thigh, Cases 2, 4; Upper Arm, Cases 3, 21, 23, 26; Loin, Case 18; Neck, Cases 29, 30; Forearm, Case 33.

Tibia.—Case 25.

Female Breast.—Cases 27, 32.

In addition to the above we are acquainted with three cases in which hydatid tumours existed in the orbit behind the globe, and were treated by puncture. Of these, unfortunately, we do not possess sufficient details to allow of our introducing them into the table, and the same remark applies

TABULAR STATEMENT OF THIRTY-THREE CASES OF HYDATID TUMOURS.

No.	Sex and Age of Patient, Hospital, etc. etc.	Position of the Tumour.	Duration and History.	Additional Particulars and Remarks.
1	Man, aged 56. (Medical Times and Gazette, Jan. 6, 1855.) The Westminster Hospital: Mr. Holthouse	A large fluctuating tumour occupying the whole of the right hypochondrium, the epigastrium, and part of the left hypochondrium	It had been noticed four months before his admission. It was, when first observed, the size of a pigeon's egg; when seen a fortnight after the puncture he was apparently quite well	Mr. Holthouse punctured it with a trocar, and evacuated nearly five pints of a thick tapioca-looking fluid, with which were numerous broken-down hydatids. No re-accumulation took place.
2	Woman, aged 27. (Medical Times and Gazette, March 10, 1860.) St. Bartholomew's Hospital: Mr. Lawrence	Lower third of the inner part of the thigh	Five months. It had only interfered with her duties for twelve days before admission	It was evacuated. The patient got rapidly well.
3	Man, aged 31. (Medical Times and Gazette, March 16, 1860.) University College Hospital: Mr. Erichsen	Outer side of arm, near the insertion of the deltoid	The tumour had been noticed two years before, and had slowly increased without pain. It had been painful at times of late	The cyst had not suppurated at the time Mr. Erichsen attempted its removal. It contained a single large acephalo-cyst hydatid. The containing cyst extended very deeply among the muscles.
4	Woman, aged 31. (Medical Times and Gazette, March 30, 1860.) The London Hospital: Mr. Critchett	Inner side of the right thigh. The tumour was as large as three adult fists placed side by side.	The tumour had been very slowly increasing for nine years, but rapidly for the last four months. It had suppurated and been painful	Mr. Critchett laid open the abscess and removed a large number (probably more than a hundred) of hydatid cysts of various sizes. The containing cyst extended deeply in different directions.
5	Irish boy, aged 14. (Medical Times and Gazette, March 10, 1855.) The Middlesex Hospital: Mr. Shaw	This boy stated that there was a swelling in the right hypochondrium, which had broken and discharged yellowish-brown matter, (fæces?) and "bits of jelly." In a week the discharge became purulent. On admission, the abdomen was full, and the hepatic dulness extended four inches below the ribs.	Four months	When discharged at the end of the four months the opening had nearly closed. There was no actual evidence of the case being one of hydatid cyst.
6	Man, aged 40. (Medical Times and Gazette, March 10, 1855.) Guy's Hospital	Hydatid cyst in the right lobe of the liver found at the autopsy	The patient was admitted moribund. No history could be obtained. He died of thoracic disease	The cyst was collapsed and filled with pulpy-like material. It was probably a case of spontaneous cure.
7	Man, aged 25. (Medical Times and Gazette, March 10, 1855.) St. Thomas's Hospital: Mr. Solly	In this case eleven distinct hydatid tumours were found in various parts of the abdomen—viz. right hypochondrium, right iliac fossa, between the bladder and rectum, etc. etc.	No dates are given	This patient died of peritonitis.
8	A young boy. (Medical Times and Gazette, March 10, 1855.) Western General Dispensary: Dr. Hale	Left (?) hypochondrium	No date of the duration of the tumour previous to the treatment is given. The decrease from this time occupied three months	Iodide of potassium was steadily given. Under its use the tumour disappeared. The boy continued well, without any symptom referable to the tumour for nine months. He then died after a short illness of what appeared to be ill-developed variola. At the autopsy an hydatid cyst, which had undergone spontaneous cure, was found in the left lobe of the liver.
9	A young, delicate man. (Medical Times and Gazette, Feb. 17, 1855.) A patient of Mr. Gay's	There was no tumour, but the patient states that there was an attack of severe pain in the region of the right kidney. This subsided, but was followed by a discharge of blood in the urine, and in a week by the passage of hydatid cysts	The cysts were only noticed for one day. He was seen three weeks after, but no urine had been passed, and the man was almost well	One month after the last note he not relapsed. He had not been under observation since.
10	Man, aged 26. (Medical Times and Gazette, March 10, 1855.) Winchester Hospital	In this case the passage of hydatids by the urine was the only symptom	He had been passing hydatids three weeks when last under observation	
11	Man, aged between 20 and 30. A patient of Mr. Parry	Except slight pain and uneasiness in the region of the kidneys, the passage of hydatids in the urine was the only symptom	Four months. A tonic plan of treatment was adopted, and he recovered	A year after, when seen by Mr. Parry, he had had no return of symptoms.
12	Man, aged 54. (Medical Times and Gazette, May 10, 1855.) The Middlesex Hospital: Dr. Hawkins	In this case the right pleural cavity was found at the autopsy to be filled with disintegrated hydatids and purulent matter. It communicated with an hydatid cyst in the right lobe of the liver	Four months. He was admitted into the Hospital fifteen days before death for jaundice. He died ultimately from the accumulation of fluid in the right pleura	All the other abdominal viscera were healthy.
13	Girl, aged 16. (Medical Times and Gazette, May 10, 1855.) The Middlesex Hospital: Dr. Hawkins	This patient died of rapid phthisis in little more than two weeks. No symptom in connexion with the hydatid was present in life	....	A cyst the size of an orange was found in the liver.
14	Woman, aged 27. (Medical Times and Gazette, Feb. 17, 1855.) Guy's Hospital: Dr. Babington	At the time of her admission, there was a tumour about the size of a fœtal head in the right hypochondrium. The peculiarity of the case was that she passed many hydatids in the urine, and also had, following a sensation of bursting, a discharge of matter and blood	Four years ago a painful tumour followed a kick in the abdomen	The size of the tumour decidedly diminished during her stay in the Hospital, and recovery was confidently anticipated. Iodide of potassium was given in this case.
15	Man, aged 35. (Medical Times and Gazette, Feb. 17, 1855.) A patient of Mr. Ewen, of Long Sutton	In this case there is no note of any tumour, but the patient felt one day "a sudden crack" in the loins. This was followed by the appearance of hydatids in the urine	No definite information as to the duration	In this case there were a few hydatids passed after a month's intermission. From this time to the time of note (some years) the patient remained well.
16	Woman, aged 38. (Medical Times and Gazette, Feb. 17, 1855.) A patient of Mr. Gay	There is no note of any tumour, but for two months before she saw Mr. Gay she had severe pain in the left hip-groin, and left side of abdomen. There was also a marked location of pain over the anterior superior spinous process of the ilium. In this, also, the evidence was the passage of hydatids in the urine	The symptoms, dating from the commencement of the pains to the disappearance of hydatids from the urine, were present about five months	She improved, and at the time of note had been well for eight years.
17	Husband of the woman in the above case	....	....	His symptoms, and the duration of the disease, were almost similar. He recovered in about the same time.

No.	Sex and Age of Patient, Hospital, etc. etc.	Position of the Tumour.	Duration and History.	Additional Particulars and Remarks.
18	Woman, of middle age. (Medical Times and Gazette, May 1, 1858.) Metropolitan Free Hospital: Mr. Chance	It was at first suspected to be a lumbar abscess, as the tumour presented and pointed in the left loin	Some weeks	The hydatids were evacuated by pressure, ulceration and opening of the cyst having previously taken place. Discharged at the date of note.
19	Man, aged 29. (Medical Times and Gazette, June 20, 1857.) Guy's Hospital: Dr. Owen Rees	Liver	He had an attack of jaundice five years before death	He vomited and passed hydatids by stool at various times. He died ultimately of peritonitis.
20	Man, aged 34. (Medical Times and Gazette, Feb. 17, 1855.) Guy's Hospital: Mr. Birkett	In this case the patient stated that he had had a "lump in the side" in 1841 and in 1843. In the latter year he began to pass "skins" in his urine	Ten years	It is believed that for some years from the date of this note (1855) he has been free from the disease.
21	A stout, robust man, aged 40. (Medical Times and Gazette, August 14, 1852.) St. Bartholomew's Hospital: Mr. Laurence	A circumscribed, very hard moveable tumour, the size of an egg, above the inner condyle of the humerus	Three years before he had pain, following a strain. The tumour then appeared of the size of a nut. It was inflamed and tender at first, but in a little time these symptoms passed. It remained quiet until very lately, when it increased, and became again painful and was inflamed	An incision was made into the tumour and the contents, consisting of hydatids, with a quantity of pus, were evacuated. The parts soon healed.
22	Pale, delicate man, aged 21. (Medical Times and Gazette, August 14, 1852.) St. Bartholomew's Hospital: Mr. Stanley	A soft, freely-fluctuating tumour in the left iliac region	He had had this swelling since infancy; but for the last year it had increased in size, become painful, and interfered with walking, etc	It was laid open, and its contents, several pints of fetid pus, with many large fragments of dead and broken up hydatids. Under tonics he improved in health, and the large cavity healed.
23	A healthy, florid man, aged 27. (Medical Times and Gazette, August 14, 1852.) St. Bartholomew's Hospital: Mr. Stanley	A freely-fluctuating tumour, the size of an egg, above the inner condyle of the humerus	Two months. It had never been attended with pain	About half an ounce of pus and one globular hydatid, the size of a marble, were evacuated.
24	A very stout man, aged 47. (Medical Times and Gazette, April 30, 1853.) King's College Hospital: Mr. Partridge	An hydatid cyst, the size of an infant's head, was found in the right lobe of the liver after death	The patient died rather suddenly, after operation for strangulated hernia	
25	A healthy woman, aged 28. (Pathological Society's "Transactions," Vol. IX.) St. Mary's Hospital: Mr. Coulson	The tumour was (prior to operation) of an oblong form, and extended from a point two inches below the tibia for four inches	It followed an injury received eight years before. It had, previous to this note, ulcerated in two places, and hydatids had escaped	Mr. Coulson removed the anterior wall of the osseous cavity, evacuated the contents, and then applied nitrate of silver to the interior. Subsequently, a piece of necrosed bone was removed. The patient recovered well.
26	A healthy boy, aged 10. (Pathological Society's "Transactions," Vol. VIII.) Mr. Hutchinson	A subcutaneous moveable tumour, the size of a hazel-nut, near the insertion of the deltoid	Nearly a year	The tumour was dissected out, and found to be a thick, fibrous cyst, in which was a cysticercus.
27	A young woman. (Pathological Society's "Transactions," Vol. VIII. Mr. Hutchinson	A small nut-like subcutaneous tumour in the mammary region	....	This, too, proved after excision to be a cysticereus.
28	A girl, aged 16. (Pathological Society's "Transactions," Vol. VI.) Guy's Hospital: Dr. Barlow	"She had been affected with rheumatism a year before admission, and was suffering from dyspnœa, and the symptoms resembling obstructive valvular disease. A loud systolic bruit was heard"	....	At the autopsy it was found that the pericardium was universally adherent. At the anterior aspect of the heart was a prominence about half an inch above the rest of the surface; in length two and a-half inches; and in breadth one inch. It contained cysts and secondary cysts: they were semi-gelatinous, elastic, and, examined under the microscope, were found to consist of a great number of parallel layers. No cysticerci or echinococci could be found.
29	A robust country girl, aged 10. (Medical Times and Gazette, August 14, 1852.) St. Bartholomew's Hospital: Mr. Stanley	A tumour, almost globular, the size of an orange, on the outer side of the left sterno-mastoid muscle. It was thought to be a cyst, and was believed to be connected with the deep tissues in the neck	It had existed for three years, and had been slowly increasing in size	Mr. Stanley made an incision, and evacuated nine ounces of pus, and an hydatid, the size of a small egg.
30	Stout, plethoric woman, aged 40. (Medical Times and Gazette, August 14, 1852.) York County Hospital	A large fluctuating swelling in the left supra-scapular-fossa. It was nearly globular, and quite loose	It had been increasing without pain for more than a year	A large collapsed hydatid was removed with some pus.
31	Woman, aged 48. (Medical Times and Gazette, August 14, 1852.) St. Thomas's Hospital: Dr. Peacock	"At the present time (Aug. 6, 1850,) she is much debilitated, her countenance being pale, pulse rapid and feeble, tongue clean, but morbidly red. Her cough is very troublesome, the whole of the right side of the chest is dull on percussion, and cavernous, cough and voice are heard over the right apex both before and behind."	The symptoms began two years ago, the expectoration of hydatids appearing in three months	She was under Dr. Peacock's care from August 6, 1850, to May, 1852. For the last five months of this period she had not expectorated any hydatids.
32	A woman, aged 51. ("Birkett on Disease of the Breast.") Guy's Hospital: Mr. Bransby Cooper	A firm, not hard, tumour the size of a walnut, in the breast	Six years	Incision.
33	A patient under the care of Mr. Simon. St. Thomas's Hospital	A very tense, rounded subcutaneous swelling on the front of the fore-arm	....	An incision was made, and the hydatid was evacuated along with a quantity of matter.

to a ease under the care of the late Mr. Filliter in which they were located in the spleen.

In about two-thirds of the whole number it will be seen that the tumour was in or near one or other of the abdominal or thoracic viscera. On this class of cases we have frequently had occasion to comment (see *Medical Times and Gazette* for May 10, 1855, June 20, 1857, and August 14, 1852), and we do not here propose to enter further. It is to the twelve cases in which the entozoa had lodged themselves in the inter-muscular cellular tissue of the limbs or trunk, and constituted an external tumour, that we especially direct our attention in the following remarks:—

(To be continued.)

A TURIN JOURNAL speaks of the punishment of a female servant, who, by way of vengeance, mixed with a lavement administered to a lady, the ends of phosphorus matches. The poisonous attempt occasioned fearful pain.

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Medical Times and Gazette.

SATURDAY, APRIL 7.

THE COLLEGES OF PHYSICIANS' MEMBERS AND LICENTIATES.

The three Royal Colleges of Physicians are in a state of fermentation and travail, each after its own peculiar fashion. The state of the times, and the conditions of things Medical, necessitate these throes and labour-workings. There are different kinds of fermentations, and different resultant products, and time has yet to show what sort the different Colleges will bring forth. The tantalising demon of Medical Reform is dancing around these ancient and august assemblies, enticing them to march on, and on, and on, into the unknown regions of change and novelty. Even a reforming spirit must, however, some time cease the exercise of its restless energies, and the most richly-growing of the Colleges may perhaps one day be called to the reflection that a luxuriant and excessive growth is not always a true and perfect growth.

Perhaps as the famed Collegiate year of grace is drawing to a close, it may be well to cast an eye for a few moments to the proceedings which have characterised our Colleges, and particularly the London College of Physicians during the aforesaid term.

The Edinburgh College has not yet informed the Profession how many Licentiates it has made according to grace; nor has it made known who they are who have been admitted to its privileges and honours. This much, however, is certain, that their season has been unprecedentedly successful, and that never since Kings and Queens chartered Colleges has there been such a gathering of chickens under the wings of a fostering parent. We believe that there is scarcely to be found in this country any town so retired as not to be graced with the presence of a Licentiate of the Royal College of Physicians of Edinburgh. Now, for the first time, has been effected by its offices the union into one person of those heretofore incompatibles, the Physician and the General Practitioner; and most assuredly for the completion of this excellent work the Edinburgh College must alone be praised. What sums have been added to the exchequer of that College we shall be able to tell when it publishes its list of new men. We can only now note of them, that they must be such as have satisfied the President and others of his countrymen that England can sometimes do justice to Scotland.

Our London College has also had some good shooting, but its sport—being conducted on more select principles—has assuredly neither been as extensive nor as productive in numbers and in money as the Scotch practice. It has, however, bagged some hundreds of new members during the year, and if we consider that these are all bound to practise as pure Physicians, according to the old style, we must confess that the College still well keeps up its credit in the Professional market.

Hence, then, it appears that during this blessed year of grace the Edinburgh College of Physicians has come out in the light of a College of General Practitioners, and that the London College has gone on sinning or shining in its old position as a College of Physicians. Such is the actual result of these two Colleges' annual campaign.

The close of the year has also closed up the wounds of the opening year. Our readers may remember that harsh words between the aforesaid parties were flying across the border twelve months ago, and they will rejoice to hear that all the gall of those days has been turned to honey. Compliments and professions of amity—instead of hostile messages—are now reciprocated between the authorities of the Colleges, who are ready to march through Parliament together in perfect union, flags flying and drums beating.

But, still, even amidst this scene of modern fraternity there is an unpleasant thought which will obtrude itself. In its secret heart the London College is ill at ease; it is envious. It knows the Scotchman is making awful raids across the borders, and is fattening silently and deliciously on the fat beeves which it half thinks ought to be its own proper nourishment. And its envy has driven it into action. "We must gird up our loins," it says, "and learn the lesson these Scots have taught us; let us make Doctors after their manner; let us also have our General-Practitioner-Physicians. Thereby we shall become very rich, and the Scot shall, then, no more rob us of our rightful men and rightful money."

Such, we understand, is the present proposal of the London College authorities. They have failed to negotiate a *tertium quid* with the College of Surgeons; and therefore resolve to have one of their own—in plain words, to establish a third order, to be called "Licentiates of the Royal College of Physicians." This class is to be permitted to act just as the Edinburgh Licentiates as regards making up and dispensing physic, *but they are not to assume the title of Doctor*. They may act *Hamlet*, provided they leave *Hamlet* out of the play. Now, this proposal, it seems, meets with strenuous opposition within the walls of the College; and we think it only fair that the attention of members of the College should be called to the point now seriously under discussion, because we conceive it to be one which most materially affects their interests, and because they have no voice or spokesman within the College.

Those who argue against this new scheme say that it is useless for the London College *now* to attempt competition with the Edinburgh College in this matter of the Licence; "*Too late, too late; you cannot enter now.*" The Edinburgh College has got full possession of this new property, and competition now would only lead to utter confusion, for the constitution of the Edinburgh College differs wholly from ours. Their members are General Practitioners—ours are Physicians. To compete successfully with them we must go as far as they have gone and will go; we must not only permit the making up of drugs, but also grant the assumption of the Doctorate, and the title of Physician; and must also, as before said, sacrifice our members—Edinburgh College has no members to sacrifice—and all this for the sake of money, like a legitimate nation of shopkeepers. The measure is bad in itself, but not bad enough to be successful; a last dash of virtue in its framers has destroyed its efficacy, but yet does not conceal the ill nature of its construction. So argue the opponents of this new measure.

And there is one other position assumed by them which seems sensible enough. They say: Let us still strive to effect a union with the College of Surgeons; let us at all times be ready to enter into such a desirable union; but in the meantime, amidst the chops and changes of Medical Reformations, let us remain true to ourselves,—let us, whatever betide, be still a College of Physicians, widening our portals by inviting among us those of our brethren who are willing to disconnect themselves from the trammels of supplying drugs to their patients. Let us ask, and entice, if you like, others

to come up to our position; and by all honourable means make the ascent simple and easy and pleasant to them; but do not let us, urged by a spirit of competition and money-getting, drive our College a race down hill in an endeavour to catch another who is gliding gaily on down the *facilis descensus*. Let us still have the moral courage to assume and maintain a high position. We shall one day most assuredly meet with our fitting reward; only be steadfast, and we shall find our College still a pre-eminent body—one which will bestow on its Members an *especial position*. We shall find its Licence an article which will be prized and sought for as a mark distinctive of the Physician of this country; and all in good time shall find the country itself attaching to the Licence a value which it will not accord to all Licences which bear upon them Collegiate seals and Presidents' signatures. These College Licences will one early day undergo a questioning; and then there must come a separation of the wheat from the chaff. Such are the facts, important enough, which we signalise to the Members of the College of Physicians of London.

It is only fair, however, to say, that the views of the supporters of this third class of Licentiates must be fairly considered, for there is clearly much to be said in their favour. They wish to rescue the general Practitioners from the hands of the Apothecaries' Company; and as they cannot do it as they would wish in combination with the College of Surgeons, they must do it as best they can. They affirm that the interests of the Members of the College of Physicians will not, eventually, suffer; that the great body of English Practitioners would rather join the London than the Edinburgh College; that things will after a time quietly settle down into their fixed position—each class taking his proper standing in the Profession. Besides, they add, by thus attracting to us, as Licentiates, a large class of Medical Practitioners, we are paving the way for their eventual admission to the Membership—in fact, shall hold an inducement to them to become Physicians, *i. e.* to throw overboard the compounding of medicine. The doings of the Edinburgh College cannot be ignored; and it is high time, to step in and supply the wants of the General Practitioner. It is clear, therefore, that much may be said on both sides of this question; and we hope that those of the Profession who are most interested in the matter will express their sentiments upon it, while it is still *sub judice*.

NEW ARMY MEDICAL SCHOOL.

The Senate of this School met for the first time on Saturday last at the War Office, Pall Mall, and was formally constituted by the Secretary of State for War, under whose administration the School has a distinct and independent existence. The government of the School is vested in its Senate, which will hold its meetings for the dispatch of business at least once a month, or oftener if necessary.

At this meeting there were present:—The Right Hon. Sidney Herbert, Secretary of State for War, and the following members of Senate, namely:—James Brown Gibson, Esq., M.D., C.B., Director-General of the Army Medical Department, and President of the Senate; J. R. Martin, Esq., F.R.S., Examining Physician to the Secretary of State for India in Council; John Robert Taylor, Esq., C.B., Inspector-General of Hospitals and Principal Medical Officer at Fort Pitt, Chatham; Charles Morehead, Esq., M.D., Professor of Military Medicine and of Clinical Medicine; Thomas Longmore, Esq., Deputy-Inspector-General of Hospitals, and Professor of Military Surgery and of Clinical Surgery; Edmund A. Parkes, Esq., M.D., Professor of Hygiene; William Aitken, Esq., M.D., Professor of Pathology. To these gentlemen are entrusted the regulation of the business of the School; but no act of the Senate is binding till it has received the approval of the Secretary of State for War.

We are glad to see, from the organisation of the School, that its functions do not supersede, nor in any way take the place of, the instruction given at the Medical Colleges and Schools of the country. The instruction to be given at the Army School is of a practical kind, and exclusively directed to the specialities of the Military Medical Service.

The Invalid Hospital at Fort Pitt, the Garrison and other Military Hospitals at Chatham, afford a very large and important field of study for the young Medical Officer of the Army. It is intended that this field of Medical observation shall be fully taken advantage of; and the four Professors already named have been appointed to direct and superintend the courses and methods of practical investigation which have been deemed the most essential for the requirements of the Army Medical Service.

The Professional reputation of the gentlemen who have been appointed Professors to the School is a sufficient guarantee for the ability, energy, and skill with which the work of instruction will be directed; and which at the same time leads us to entertain the hope that the best results may be expected from the institution of this School.

Dr. Morehead has spent a long period of his life in India, and has been a most successful Clinical teacher in the Grant Medical College of Bombay. He has earned for himself a most excellent reputation by his writings, and especially by his "Clinical Researches on the Diseases of India;" a work which was published at the request of the then Indian Government, and is the text-book followed by all our Army Medical Officers who require a guide for the treatment of disease as they find it modified by the climate of India.

Mr. Longmore, of the Army Medical Department, was a student of Guy's Hospital, and a distinguished pupil of the late Sir Astley Cooper. He has signalized himself in the Army Medical Service by his surgical skill, as well as by his successful administration of the Military Hospitals in the wilds of Bulgaria, and the plains of the Crimea; and still more recently, he has distinguished himself as a sanitary officer in India during the recent and trying campaigns in that vast empire.

Dr. Parkes is well known as a most successful and popular teacher in University College and its Hospital. Thoroughly practical in his methods of observation and research, he was entrusted in 1854 by the then Secretary of State for War (Lord Panmure), with the responsible office of selecting a site for a large Military Hospital, and to superintend its administration. It is well known how successfully he accomplished his task; and how admirable all those hygienic arrangements were devised and carried out in the beautiful hospital huts of Renkioi, on the Dardanelles.

Dr. Aitken is well known as a Pathologist and as a teacher. He was a teacher of Anatomy in the University of Glasgow for six years, and Pathologist at the Glasgow Royal Infirmary; and he too received an appointment from the Secretary of State for War as a Commissioner in Pathology, to proceed to the seat of war in the East to investigate the nature of the diseases from which our troops were suffering in the Hospitals at Scutari. It is known how he exectued his difficult task. He is also the author of numerous papers on Pathology, and on other topics in the Science of Medicine, as well as of a valuable and skilfully-arranged Hand-book of the Science of Medicine, which is recommended as a text-book by the Professors of Medicine in the Universities of Oxford and London, and is used in many other Medical Schools.

We believe that these appointments will be universally approved by the great bulk of the Medical Profession, and trust that the New Army Medical School will fully realise the best wishes of those who have laboured through good and bad report to accomplish its foundation.

THE WEEK.

It may be interesting to some of our readers to know what has been the exact number of members who have been elected by the London College of Physicians during the past year of grace. The total number of applications for the dignity were 597; of these, 75 being Extra-Licentiates, and 522 Graduates of different Universities. The Censor's Board approved of 352 of the Graduates, and of 72 of the Extra-Licentiates, and submitted their names to the College for election. The College, however, made still further use of the pruning-hook, and rejected 14 of the 352 Graduates, and 1 of the Extra-Licentiates. Thus the total number of members elected during the year was 409. We trust that the Edinburgh College may be one day able to render up as honest an account of its stewardship.

The new Medical Register gives us a balance-sheet. It informs us of the receipts and expenditure of our Medical Council during the past year. It also tells us how the registration system went on during that period. 16,081 persons registered as in practice before the passing of the Medical Act, and paid for the honour of registration, at £2 per head, £32,162. During the year, 409 registrations, at £5 per head, have brought to the Registrar's exchequer £2045; and 1218 gentlemen, having obtained additional titles, have had to pay 5s. extra to get them into the Register—altogether, £304;—so that, up to the beginning of this year, £34,511 10s. have been placed to registration account from fees. Nearly £1000 more has been added from different sources—about £500 from sale of Register, about £400 from dividends from money invested in Consols, and some £24 paid as penalties. When we turn to the expenditure account we soon discover that it costs dearly to be properly governed—for one year, £8165. Members of Council have required £2360 to keep them up to their labours, and £700 7s. for travelling expenses. Then the Pharmacopœia has taken off £500; and, wonderful item! £149 has been paid in "returned fees." Printing, stationery, rent, salaries, are all rolled up together, and are put down at £4229:—as we have said, £8165 for the whole thing. Of course, there will be no such receipts as above in future, and it is to be equally hoped that the labours of the Council, and their journeyings, as represented by £3286, will be in future considerably reduced also. £23,878 have been invested in Consols; and a useful sum—nearly £4000—is retained at their bankers by the Council for current expenses. One shilling, the last item, is due to the Registrar;—thus making £27,290 invested and in hand. The Council, of course, must now reduce its expenditure; its present income will not even suffice to pay its last year's salaries, printing, etc. In future, what it has to live upon is the dividends of the sum above mentioned as invested in Consols, and its yearly registration fees, which latter will, of course, form a fluctuating item. We must maintain, that we consider the whole of this expenditure ought to have been borne by the State. The Medical Council is a national affair, and of high national utility: it serves the interests of all classes of the country; it is invested with high administrative powers; and, like all other such-like institutions, ought to be sustained by the State itself. It is a most unfair fine imposed upon the Profession for the good of the country. What good the Profession will derive from it we may one day see.

The Medical and Chirurgical Society of London have refused to accept the pamphlet on Dr. Todd, which was written by, and presented to the Society by, Dr. Granville. The Society, considering the work unworthy of a place on the shelves of their library, returned it to the author—an unprecedented expression of their opinion as to the value of such a gift. We understand that the Athenæum Club have also ordered the offensive pamphlet to be removed from their library, where it somehow or other had found a temporary abode. And, if we are not mistaken, the conduct of Dr. Granville in this business will undergo the consideration of a still more important Society than either of the above.

We comply readily with the request to draw general attention to the following extract from the Council Minutes of the Medico-Chirurgical Society of Glasgow. The question is one of interest to the whole Profession; and we trust that during the Easter recess petitions will be prepared in all quarters against the objectionable clauses in Sir W. Dunbar's Bill:—

"In accordance with a special remit, the Council of the Glasgow Medico-Chirurgical Society respectfully request the serious attention of the Members of Parliament for Glasgow and the West of Scotland, to a Bill presently before the House of Commons, intituled 'An Act to Amend the Act for the Registration of Births, Deaths, and Marriages.' It is therein proposed (Section 25) to be enacted, that in every case of death the Medical man last in attendance shall transmit to the Registrar a certificate of the cause of death (and embracing various other particulars regarding the deceased), within five days after the event, and under a penalty of £2. The Council feel strongly the hardship of subjecting Medical men to a fine, for failing to perform a gratuitous service, on the correct and safe discharge of which, moreover, further responsibilities and important interests are connected; but especially the injustice is felt of being compelled to certify in cases of death, without any authoritative information being furnished to the Medical man, on the part of registrars, relatives, etc. Thus it very frequently happens that the Medical man sees only once, it may be at his own residence, or during a casual visit, a patient, of whom he has no other knowledge than what is gleaned at such short interview, but he is, nevertheless, to be called upon to certify the causes which may have induced the death of the party in question several weeks or months thereafter, and to specify other facts of importance, all of which are often quite beyond his personal cognizance. To relieve the Profession from this anomalous position of hardship, it appears necessary, therefore, to enact—That in every case of death the Registrar shall be bound to transmit to the Medical man, said to have last seen the deceased, a schedule containing all the particulars enjoined by the Act regarding the deceased, excepting the cause of death, the same to be returned with the cause of death filled in, and signed by the Medical man. And it is further only reasonable that the Medical Attendant shall not be held liable to a penalty, except he fails to certify the cause of death within seven days after receipt of said schedule from the Registrar. Unless some such reasonable amendment in the proposed provisions of the new Act be made, there is much reason to fear that the cordial co-operation of the Medical Profession will not be obtained, without which it is very obvious that the efficient working of the Act will not be secured."

The College of Physicians of London, at their last *Comitia*, voted to their Registrar, Dr. Pitman, an honorarium of £100, for services rendered by him to the College during the past year. Every one bears witness to the urbanity, punctuality in business, and industry of this gentleman. The labour which has fallen upon his hands during the past year has been exceedingly great, and often of a kind to test a man's temper, requiring also a *savoir faire* and a delicacy—in fact, a combination of qualities which rarely meet together in the same individual. The College indeed made a most excellent choice in electing Dr. Pitman their Registrar.

An objection is made to Mr. Pigott's Bill now before Parliament that it is a "Doctors' Bill," and that it will add a quarter-of-a-million annually to the income of the Poor-law Medical officers. Mr. Griffin asks very properly, "Is it

more than the Medical officers ought to have? Is 2s. 6d. without medicine, or 3s. 6d. with, too high a payment for attending an illness, the average duration of which is twenty-two days?" Which of our legislators would work on the same terms? There may be some matters of detail in which many gentlemen may differ from Mr. Griffin, but on the whole we trust they will give a general support to Mr. Pigott's Bill by petitioning during the Easter recess.

GENERAL CORRESPONDENCE.

DR. TODD'S LECTURES ON ACUTE DISEASES.

LETTER FROM DR. SYMONDS.

[To the Editor of the Medical Times and Gazette.]

SIR,—While the loss of so distinguished a Physician as Dr. Todd is still fresh in our remembrance and regret, it seems almost heartless to enter upon a cool criticism of his teachings; and yet the review of his last work, which you have lately given to the world, will go forth with too much authority (having the credentials of your personal plural), not to make those who dissent from the doctrines of Dr. Todd and his able reviewer, anxious to protest against the assumption that those doctrines are to be received as at once new and incontrovertible revelations of modern science. Dr. Todd by his abilities and unwearied industry won a prominent place among the Anatomists and Physiologists of England. As a lecturer he attracted a devoted band of admiring pupils, and as a Physician he commended himself to his brethren by the boldness and earnestness with which he carried out his views in practice, and to his patients by his obvious intelligence and his mastery of his Profession, as well as by his frankness of manner and his kindness of heart. But these undoubted merits of our lamented friend must not seduce us into a false estimate of what he did—or endeavoured to do—for the theory and practice of Medicine.

In this department I willingly acknowledge the good service which he rendered in furthering that movement which has been most characteristic of his time and ours, the *eliminative* treatment of disease. He also deserves to be remembered with gratitude for having given greater prominence than had ever been given by any teacher who preceded him to the fact that delirium in the course of fevers and of inflammation is much oftener significant of a condition in the patient calling for supporting remedies, than of one requiring measures of depletion and reduction. But I venture, humbly, to express a doubt as to the benefits likely to result either to the Profession or to the public from these "Lectures on certain Acute Diseases." After what I had heard, previously to my perusal of them, I was surprised to find so little that was novel, although so much that was questionable, in the general views which they set forth. A rapid survey of them gave me the impression that Dr. Todd, like many Physicians before him, in all ages, as well as among his contemporaries, was disposed to rely on the natural tendency of disease to subsidence and self-reparation; that his treatment, except in one important particular, resembled that of the old-fashioned expectant method, or reliance on the *vis medicatrix*, which was the old equivalent for "natural curative processes;" that pneumonia in particular often subsides with little or no interference on the part of the Physician, as Dr. Balfour observed many years ago in the Hospitals of Vienna; that the local inflammations which occur in the course of rheumatic fever are not so amenable to cure by strong antiphlogistic remedies as are the common phlegmasiæ (a fact which certainly was not ascertained for the first time in the present, or even in the last generation); and, finally, that notwithstanding the emphatic appeal to the natural curative processes, alcohol was employed more profusely than in any hands, excepting, perhaps, those of the celebrated John Brown.

Such, I say, was the result of a cursory view of the Lectures. I now beg to draw your attention to one or two points of detail. The Lecturer anticipates "that a time is not far distant when all men who practise Medicine in a scientific spirit, and divested of the trammels of routine, will discard the distinction of acute inflammations and acute disease in general, into asthenic and sthenic—that all these maladies will be regarded as more or less asthenic, and as promoting more or less an undue waste of tissue; and that in treatment an object of primary importance will be the early adoption of means to uphold vital power, and the watchful and continued use of them throughout the duration of the case."—Preface, p. viii.

Now, I do not see how Practitioners who (to use a favourite formula of our day) study the natural history of disease, are to avoid the distinction which is presented to them in strong relief by the mere unbiassed observation of morbid phenomena. The groups of facts are surely very different. Let the inflammation be seated in a part subject to sight and touch. In the so-called sthenic group we find vivid redness, tension, swelling, preternatural heat, distended arteries and veins, with increased afflux of blood to the neighbouring tissues, and proportionate return from the part. With these local phenomena are associated certain general symptoms, which used to be termed high inflammatory fever, *alias* synocha; consisting of general heat, quickened and strong action of the heart, quickened respiration, diminution of natural secretions, and a state of the nervous system which would bear without disturbance, and indeed with marked relief, an amount of loss of blood, of withdrawal of food, and of forced intestinal evacuation, sufficient, in the ordinary state of health, to throw the patient into temporary faintness, and long-continued exhaustion.

The so-called asthenic group will present, in the inflamed part, dull redness, comparatively low temperature, passive, rather than active, hyperæmia of the neighbouring tissues, accompanied with a frequent, or slow, but feeble pulse, and a condition of the nervous system so prone to depression or ataxic symptoms that not only are evacuants very ill borne, but that, on the contrary, the instinct of the patient and the tact of the experienced Practitioner concur in the demand for stimulating food and medicine. Why are these obvious differences to be ignored or discarded? Has modern pathology brought anything to light which makes it worth while to efface these well-known landmarks? If it has, I confess that I have yet to learn it; and certainly I have not found it in this volume. I venture even to uphold the terms affixed to these classes of phenomena—sthenic and asthenic—as denoting respectively a *plus* or a *minus* amount of vital power. No one can be more ready than I am to admit that the term *vital power* is used very loosely in Medical language. Often it is but a very shadowy metaphor. But in the present instance it is the x, y, or z, symbolical of those phenomena in blood and tissue, chemical, mechanical, or dynamical, which collectively make organic action. If exalted power can be predicated of any processes, surely it may be of those which give origin to a greatly increased temperature, which again indicates a corresponding conversion of force from the altered textural actions—also of that condition of the organs of circulation which resists copious blood-letting. Also of that development of brain-force which distinguishes the active vigilia of inflammatory fever from the low, muttering delirium of adynamic fever. It is not, however, merely increased power; the power is also misdirected. The force that should have been expended in the normal textural nutrition, or secretion, or innervation, has gone off into I know not what perverse forms of force, eventuating in structural lesions, morbid secretions, and aberrant sensations and motions.

But perhaps after all, and notwithstanding the passage quoted, the object of instruction in this volume is not so much the denial of the existence of sthenic inflammation, as the assertion that it is not to be cured by antiphlogistic remedies, and that from the beginning of the illness we are to "uphold the vital power." Now as to the efficacy of antiphlogistic treatment, I shall perhaps offer a few words presently; but first I should like to inquire what is meant by this early upholding of vital power. Those who think with me do not need to be told that after—and indeed in the course of—acute inflammation, there will ensue loss of strength and loss of tissue. So inevitable are these results, and so directly proportionate to the duration and extent of the inflammation, that we are prompted by our knowledge of them to do all in our power to shorten the time and limit the extent of the disease. If this cannot be done can we do any thing to uphold the vital power?—This is what the Lectures emphatically maintain. But in the early period of inflammation and its attendant fever, where and what is the vital power that is to be upheld? Take the three great functions of life, is it

the power of the Heart? This is already inordinately and dangerously strong. Is it the power of Respiration? This too is, excepting when the lungs are themselves diseased, above the normal rate. Is it the power of the Nervous System? Already sensibility is too acute, and thought too active, while increased motion would be positively detrimental. But other expressions made use of, such as "treatment from the beginning of a decidedly supporting and stimulating nature" imply that strong nutriment is to be given, in order I presume to repair waste. But as yet there is no waste to be repaired. The skin is obstinately dry, and there is far less expenditure than natural from the liver the bowels and kidneys and other excretory organs. The only function of the system that denotes anything like tendency to the restoration of order, is the instinct which refuses food. More fluid is craved, because though it leaves the system so scantily through the natural outlets, it disappears in a mysterious way, and seems to enter into some abnormal chemical combinations with the blood and tissues.

I cannot then see any reason in theory for the precept alluded to, and I cannot but observe that the instinct, and comfort, and well-being of the patient as matters of fact are against it. But not the less is it to be acknowledged that when evacuation, and waste, and reduction of vital power have taken place, that then there is great appropriateness in "treatment of a decidedly supporting and stimulating nature."

And now to revert to the question of the efficacy of so-called antiphlogistic remedies. To me, remembering much that I have actually seen by the bedside, and much that I have heard from the lips, and read in the writings of masters of our art, who for power of observation, nicety of discrimination, and accuracy of logic, were certainly not inferior to the eminent Lecturer whose views I am considering, it does appear most strange to meet with the following sentence, which is not thrown off in the heat of argument or discussion, but which is set forth as an aphorism, or an outcome of long thought and experience:—"The notion so long prevalent in the schools, that acute disease can be prevented or cured by means which depress and reduce vital and nervous power, is altogether fallacious."—Preface, p. vii.

One is tempted to ask, did the author of this opinion ever see the early treatment of acute inflammation by blood-letting, antimony, and opium? For my own part my memory seems to swarm with cases, each pressing forward to be the first to give a wondering and emphatic refutation of this extraordinary dictum. I will allow only two to speak; one of incipient, the other of developed acute disease.

A middle-aged married lady, of delicate constitution, was seized early in the afternoon with rigor. At 8 p.m. I was called to her; she complained of sharp pain in the inferior lateral region of the left side of the chest, aggravated by inspiration, unaffected by movement of the arm, and unaccompanied by tenderness. The breathing was frequent and short. The action of the ribs on the left side was instinctively restricted, and on auscultation the respiratory sound was feebler than on the right. The pulse was 96, and tense; and the skin hot. I could not doubt that the case was one of incipient pleurisy, and I advised my patient to be bled from the arm at once. At first she hesitated, fearing the weakness that would ensue; but when I pointed out the probability that the attack would be stopped at once by this method, but that if it were omitted or deferred she might have an illness of two or three weeks or more, she at once consented. She was bled till partial faintness came on, with immediate relief to the pain and the dyspnœa. She was ordered to take a pill of calomel and opium, and a mixture containing salines and small doses of antimonial wine. On the following day she was convaleseent, and suffered no return of pain or dyspnœa. I have taken this case because it is one of the most ordinary description, such as might be matched by hundreds from the practice of men who treated disease twenty or thirty years ago. The next case, also, though not of a kind so frequently met with, has nothing exceptional in its character.

A gentleman, aged 65, was seized with coma and convulsions. After the convulsions ceased, the coma continued for many hours, and was suecceded by delirium. He was cupped on the neck, and strong purgatives were administered. I saw him two days afterwards, when his case was considered to be hopeless. He was insensible, and could not be made to take nourishment, or to put out the tongue. His head was hot, the superficial vessels of the forehead and temples were loaded, and the conjunctivæ deeply injected. The bowels had not acted. Twenty leeches were applied to the forehead and temples, and a strong dose of calomel and scammony was forced into the mouth, and was swallowed. Cold water was poured over the head, and directions were given that the application should be repeated according to circumstances. After six hours the patient was visited again. He had recovered sensibility enough to recognise me, and to put out his tongue. In a few hours afterwards the bowels acted freely, and all his symptoms gradually mended. He recovered from the illness, but his mind, disposition, and spirits indicated that the brain had suffered some injury, though there was no paralysis of sensation or motion. Ten months afterwards he died of apoplexy. On examination, a large recent extravasation of blood was found in one of the hemispheres. In the other was the remnant of an old clot, with a patch of *ramollissement* surrounding it, which had been doubtless contemporaneous with the illness which I have briefly described. Nor could I doubt that that illness was an attack of encephalitis, following an extravasation, and that it was cured by antiphlogistic remedies employed after the attack had been fully developed.

I must now proceed to notice a singular passage in the preface:—"The following problem lies at the root of the pathology of acute disease, and it has never yet received an adequate explanation, and is uniformly ignored by the zealous advocates of the so-called antiphlogistic method. A man has a patch of pneumonia in the base of his left lung, brought on (he conjectures) by some exposure to cold. Why is it in his left lung? Why at the base rather than at the apex? How is it limited to a certain patch? In other words, What is the proximate cause of this localised derangement of nutrition? If so much has yet to be determined as regards the very alphabet of pathology, it cannot surely be thought presumptuous to question the soundness of the practice founded on such crude doctrines."—Preface, p. x.

This surely must have been written in haste, for it is difficult to find in the series of consecutive sentences any very logical sequence. What are the "crude doctrines" alluded to at the close? In what goes before, there is the announcement of a problem "which has never yet received an adequate explanation, and is uniformly ignored by the zealous advocates of the so-called antiphlogistic method." At all events, then, these persons are not answerable for the "crude doctrines." The problem is, What is the proximate cause of this localised derangement of nutrition? Though the passage is so strangely composed, we may, I presume, gather from it that the advocates of the antiphlogistic method are pursuing a practice of questionable soundness, because they have not solved this problem "which regards the very alphabet of pathology." Whether the problem propounded be insoluble or not, it does not appear that a solution of it is to be required especially of antiphlogistic Practitioners. Their ground of practice may be purely empirical; they may say that under the use of blood-letting, purgatives, refrigerants, low diet, etc., their inflammatory cases recover more satisfactorily than without such treatment, or they may introduce a little theory, arguing that in the diseased part there is an excess of blood, and that some of their remedies lessen the amount of blood in the great vessels, others lessen the quantity admitted into the capillaries, others favour the return of blood from the part, and that others relieve the sensations of the patient. The advocates may even theorize a little about conversion and revulsion of diseased action in conformity with physiological development and the balance of functions; but still they do not discuss the question as to the selection of seat made by the morbid action; for which question indeed, in their practice, they are in no way answerable, however much it is to be wished that that particular piece of information should be somehow acquired. But, whether the antiphlogistic advocates are right in their practice or not, their theory is matter for a separate inquiry. And in justification of their measures, they say that they imitate those processes in the body which, occurring in the course of a disease, bring that disease to a favourable termination. It is not strange that, when they have seen a patient rapidly recover after an accidental bleeding, such as Galen (I am not ashamed of quoting Galen) describes, or after such spontaneous hæmorrhage as we must all have witnessed, or after an attack of diarrhœa, or copious sweating, or an eruption on the surface of the body, and other analogous phe-

nomena, it is not surprising that, whether they had learned that curious "alphabet of pathology" or not, they should have invented such imitative remedies as blood-letting, local and general, purgatives, sudorifics, epispastics, etc. etc.

It is somewhat remarkable that throughout this volume there is so little reference to the influence of nerves in pathological phenomena. A possible *materies morbi* (the existence of which in a large proportion of acute diseases I do not deny, though it has only been demonstrated in gout, and pyæmia, and uræmia, and perhaps in rheumatism), and certain presumed eliminative processes, are the prominent features in Dr. Todd's pathology. With such elements it is difficult to compose an answer to the question which he propounds, as to the selection and limitation of a patch of pneumonia. For, granting a morbific substance in the blood, it is impossible to say why it should be lodged in one part of the lung rather than in another. If you admit the existence of congestion as a preliminary fact, which Dr. Todd seems to ignore, and allow the production of such congestion by dependent position, or such textural faults as cause limited venous obstruction, you may perhaps come a little nearer to a solution of the difficulty. But is there no light to be gathered from studying the relations between vascular nerves and the first capillary changes in inflammation? and the sympathy between those nerves, and the nerves which on the surface of the body, or in the mucous tracts, receive the first impression of injurious outward agents? The subject is, however, too extensive to be entered upon further in the compass of a brief letter.

The passage commented upon is not the only one that appears to me to have been imperfectly considered, and in that very part of the volume where most exactness might have been expected, seeing that it takes the form of an abstract of what follows. Take the second aphorism:—"That acute disease is not curable by the direct influence of any form of drug or any known remedial agent, excepting when it is capable of acting as an antidote, or of neutralising a poison, on the presence of which in the system the disease may depend (*materies morbi*)."—Preface, p. vii.

This is a very sweeping conclusion. Perhaps such exceptions as the cure of one kind of ophthalmia by dropping a solution of opium between the eyelids, or of a patch of erysipelas by the application of lunar caustic or iodine, or of a mucous hæmorrhage by a dose of oil of turpentine,—are too trivial to be noticed; yet in these cases there is no relation of antidote and poison between the remedy and the disease. The author's mind seems to have been exclusively occupied by the notions of a poison or a *materies morbi*, of natural processes which eliminate it, and of the duty of the practitioner as consisting in efforts to assist those processes, to neutralise the poison, and "to uphold the vital power." It is curious to observe how in this extremely narrow view of the aims of pathology and therapeutics, he draws his illustrations only from diseases to which the application of his principles is comparatively easy; while of a large class to which the application would be impossible he takes no notice. The diseases of which he treats are—rheumatism, gout, fever, erysipelas, pyæmia, and pneumonia. As to all but the last there is, I suppose, a very general concurrence of opinion in the Profession, that the hypothesis which best explains the phenomena is that which assumes the existence of a poison in the blood. Perhaps in the case of rheumatism and pyæmia this view may be worthy of the designation of theory rather than hypothesis; as to pneumonia, the view cannot amount to more than a suspicion. But without reference to its pathology, pneumonia serves the author's purpose of enforcing the doctrine of cure by natural processes, because in this disease the products of the "natural curative processes" are close to the outlets by which they may leave the organism. *Every bronchial tube is a conduit.* Let the same processes accumulate their products on the surfaces of serous cavities, in the capsules of joints, in the cortical substance of the kidney, in the parenchyma of the liver, or in the tissue of the brain! It is all the difference between draining a city on the brink of a river, or intersected with canals open to the sea; and draining a city at the bottom of a valley, or in the heart of a forest, with no fall to a river or ocean. This is why the cure of pneumonia has swelled the pæans alike of Homœopathy and of the Expectant method!

The more I observe and ponder on these so-called "natural curative processes," the more am I astonished at the superstitious reverence which they have inspired. Disease occurs and disease gradually ceases. It is well that it ceases, —would it not be better were it not to occur at all? Nature falls into a difficulty or danger, but she manages to struggle out of it. Help her, by all means, if you can, in her efforts at self-extrication; but you will befriend her more if you arrest her in the dangerous path into which she may be blindly wandering. And, after all, many of those efforts at self-cure are but suicidal. But our enthusiastic *physiolaters* show a good deal of mistrust and apprehension of their idol. If the pneumonia has but to go through its curative stages, why apply sinapisms? why not be content with the eliminative virtues of citrate of ammonia? But their practice is generally better than their creed. They know that much of evil is mixed up with the good, that the natural processes are destructive as well as curative, and that, after all, they must be interfered with and restrained in many ways. Be the inflammation where it will, a position is enjoined which will lessen that afflux of blood which belongs to what in our modern euphemism we are not to call by so rude a name as inflammation, but an abnormal form of nutrition; the pain that also attends it, and is alike distressing to the patient and significant of a state of innervation that keeps up the least favourable part of the process, is assuaged by anodyne compresses or poultices; the inordinate temperature is lowered; and sometimes, if the part can be reached, the tissue is invaded by a few leeches or even an abscess-lancet!

You will gather, my dear Sir, from what I have said that the antiphlogistic method seems to me to be anything but indefensible. I cannot help thinking that a method which has been practised, and observed, and questioned, and canvassed, and confirmed by a series of observers at least as quick in perception, as logical, and as conscientious as the men of our own time, must have too much weight of argument and experience, to allow of its being puffed away into desuetude and oblivion by so faint a wind of doctrine as hitherto has blown upon it. More dangerously adverse than anything in this volume was an able paper, published two or three years ago by Dr. Hughes Bennett, and since embodied in his "Principles of Medicine," to which I have been somewhat surprised to observe that no reference has been made in these lectures. Admirable as were the demonstrations of the histological changes which ensue upon the exudation of liquor sanguinis, we find in them nothing that prevents us from believing that by the antiphlogistic method, applied early enough, the morbid process might be arrested just before the exudation, and that even after the exudation the same method might be efficacious in preventing the extension of the disease. Hyperæmia must be an important antecedent and concomitant of inflammation, and the diminution of it must be salutary, if from no other consideration than, as I have just hinted, that of the influence of posture. Neither the Physician nor the patient's instinct will allow an inflamed organ to be subjected to the disadvantage of a posture which attracts or detains blood in the part. Even in those torpid reparative processes which belong to chronic ulcers of the legs, who has not observed the rapid improvement that takes place when the limb is raised above the level of the trunk? Scarifications, leechings, and cold applications lessen the amount of blood in the part; and no one can deny their efficacy in hastening the cure of inflammation. No valid objection, then, to the antiphlogistic method can be founded on the nature of the process, since this, instead of being interrupted, may even go on better under the operation of agents which belong to that method. The important point to determine, in any given case, is, how far we may safely use remedies which abate the hyperæmia, and especially whether they may be used so far as materially to lessen the amount of the general circulation. In some cases, no abstraction of blood can be practised without affecting the nervous system injuriously; whether by immediate depression, so that the heart's action never recovers the shock through its nerves, or by a slower depression of those processes of innervation with which the capillary circulation and molecular nutrition and secretion are related. In certain periods of life (the earliest and latest), in certain temperaments, and in habits of body determined by climate and mode of life, and by outward agents, and also by idiosyncrasy, this liability of the nervous system to be depressed injuriously by depletory measures, and to reflect its injury on the functions which it regulates, has been noticed at all periods in the history of medicine—though expressed in different formulæ—such as "debility," "weak constitution," "excitement without power," "asthenic type of

disease," and so on. Surely no alleged fact can be so little disputable as the influence of meteorological agents on the nervous system, or as the prevalence of certain diseases at certain times, and the concurrence of these with atmospheric conditions. What, then, is there to exempt the phenomena of inflammation from such influences? The physiological process of exudation and cell-growth may, as Dr. Bennett argues, be the same at all times; but this has nothing to do with the susceptibility of the nervous system to be more depressed at one time than at another; nor is there any proof that this susceptibility may not exist throughout a population over a series of years. That it has actually existed for at least the last quarter of a century is the belief of some of the most eminent Physicians of our time. But, I regret to see that this view is discountenanced by Dr. Todd, in his preface, although in one of the lectures we meet with the following passage:—"Something, too (as to fatality), may be due to what is termed *epidemic constitution;* for it cannot be doubted that typhus fever, erysipelas, and some other diseases, are much more fatal in some seasons than in others; and this may, to a certain extent, obtain in the case of pneumonia."—P. 435.

If this "epidemic constitution" may be admitted as to the progress and termination of inflammatory disease, I do not understand why it may not be admitted as to the state of the system, which enables it to tolerate or not the influence of evacuating and reducing remedies. The sceptics as to the change of type of disease in this most important item are, I suspect, practitioners who, however able, are not old enough to have had personal observation of the very sthenic form of disease which prevailed twenty-five or thirty years ago—to a change in which character, Alison, Watson, Christison, Williams, and other eminent Physicians have borne witness. No induction of facts as to the altered character of fevers in this respect could be more convincing than two papers published by Dr. Christison in the *Edinburgh Monthly Journal* for 1858. It is superfluous that so humble a person as myself should add to such testimony, and yet I cannot refrain from stating in the most emphatic terms, that I have a vivid recollection of cases which, in the combination of the characters of synocha on the one hand, and of constitutional resistance to the most vehement lowering treatment on the other, were unlike any cases that have fallen within my experience for more than twenty years; and moreover that those semi-febrile, semi-inflammatory diseases, erysipelas and dysentery, were often combated with great felicity by active antiphlogistic treatment, such as no prudent Practitioner would think of applying in the present day to those diseases, and which he does not use even in the pure phlegmasiæ. With such remembrances of the success of antiphlogistic remedies, is it likely that one would forego their aid were cases of like description to present themselves? For my own part, I can only say, that for many years no cases have come within my observation that have ever made me ask myself whether such treatment could be in any degree appropriate. It is long, very long, since I saw a case that called for a second bleeding, while those in which more were required or borne belong to the earliest period of my Professional life. But during the last ten years, I think that the venesections which I have directed against inflammation would scarcely exceed one per annum.

How long this asthenic type may last who can venture to guess? But should there be a return to the older form, woe to the subjects of the expectant method! I can remember the stories told in my youth by Medical relatives who had watched such a change, and how contemptuous were their denunciations of the feeble Practitioners who allowed their patients to die for want of the bold measures which in other hands had been so obviously successful in saving life; but which, nevertheless, were they to be used in the present day, would be as obviously fatal.

I have hinted in a former part of this letter at the fact, that Dr. Todd, while repudiating interference with natural curative processes by the antiphlogistic method, has no hesitation in operating most energetically on the economy by another agent, the use of which belongs somewhat to *medicina perturbatrix*. I do not use this expression in the way of blame; for as it cannot be denied that natural processes often tend to detriment and death, it is our duty to disturb and defeat them. But his mode of using alcohol is open to question, as well as the extent to which it is carried. That wine and brandy, opportunely and boldly administered, oftener save life than any other internal remedies, I am quite inclined to believe; and if this fact be generally admitted, it testifies strongly to the adynamic character of our era. One of the first to teach the efficacy of these agents in the cure of inflammation, when used at the right juncture, was Dr. Stokes, whose book on "Diseases of the Chest" was published three-and-twenty years ago. That state of diminished vital power in the inflamed part, and of general depression which was to be looked for at a certain advanced stage of acute disease, and to be met by stimulants, has since that time been observed by every careful practitioner, for many years, to set in much earlier than formerly. Indeed, it is not rare to see cases which begin with a character which used to be noticed only toward the close—which, in fact, are asthenic from the commencement; and in such cases stimulants must be administered at the commencement. But, if we understand Dr. Todd aright, supporting measures are to be adopted in all acute diseases from the beginning, by way of anticipating and preventing depression of vital power. This is a procedure which will, I think, be objected to by not a few Practitioners, who, nevertheless, are fully impressed with the value of stimulating remedies. Because a patient may, at the end of the second or even the first week of a fever or inflammation, require wine or brandy, this is no reason why he should take it from the beginning. On the contrary, we should think that, by the law which makes the susceptibility of all organic beings to any agent vary in a direct ratio with the novelty of that agent, a premature use of such agent must lessen its efficacy at the time when it is most required, even if it be not absolutely hurtful by interposition at a wrong crisis.

I cannot conclude my letter without remarking, that the touching interest attached to this volume by the time and circumstances under which it appeared, is a special reason for pointing out what appears to be erroneous in its suggestions. The author while living commanded a large and attentive audience, and though dead he yet speaketh. A voice from the grave, especially a newly-made one, is listened to with so much affection and reverence that it is needful for us to be on our guard lest questionable injunctions should carry an undue weight. Were the work a mere literary performance, it might be left to the judgment of its readers; but as an embodiment of practical doctrine respecting one of the gravest matters within the whole scope of our art, it is our duty to traverse its statements without scruple, constrained by that very loyalty to truth under the pressure of which the lamented author dissented, as he tells us, "from current views of pathology and practice, sanctioned as they are by great names, both dead and living,—for which the author will yield to no one in admiration and respect."

I am, &c.

Clifton, March 26. J. A. Symonds.

EDINBURGH SURGERY AND OBSTETRICS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your impression of March 24 Mr. Lister avers that Dr. Simpson made "offensive" statements to his class with regard to a case treated by Mr. Lister in the Royal Infirmary. Mr. Lister must have been misinformed. When in the common course of his Lectures, Dr. Simpson came to discuss the diagnosis of breech presentations, he pointed out the mistakes into which practitioners were liable to fall, and cited in illustration a number of impressive instances where extraordinary errors in diagnosis had been committed by qualified men. In none of these instances, of course, did Dr. Simpson mention the name of the Practitioner implicated.

Among the other cases he related how a Surgeon (whom he did not name) in a public Hospital (which he did not designate) had fallen into the error of mistaking the orifice of the bowel in the presenting breech of a child for the orifice of the uterus, and the interior of the fœtal pelvis for the cavity of the maternal cervix uteri in a morbid condition.

I infer from the letter of Mr. Lister that he had made this mistake. But because it may have happened in Mr. Lister's practice (especially in the clinical wards of a public Hospital), ought Dr. Simpson, forsooth! to refrain from guarding us against such an error?

Mr. Lister is by far too honest and upright to pretend to any knowledge of obstetrics—a branch of the Profession which he never practised. Unfortunately for him, however, his

Surgical colleagues in the Royal Infirmary had informed the managers of that Institution, immediately before the occurrence of this case, that they knew the os uteri and other parts so well as to be as capable of diagnosing and operating upon them as Obstetric Physicians.

The circumstances attendant on the birth of this child somewhat controverted that allegation; at all events it is here reported that the Surgeons retired from their position, before the next meeting of the managers of the Hospital called for the purpose of determining whether the Surgeons were to have charge of the operations to be performed on the female organs.

I am, &c. A Member of Dr. Simpson's Class.

Edinburgh, April 2.

POOR-LAW MEDICAL REFORM ASSOCIATION.

Letter from Mr. Griffin.

[To the Editor of the Medical Times and Gazette.]

Sir,—Allow me again to trespass on the columns of your valuable Journal to urge upon the Poor-law Medical Officers the necessity of seeing or writing to their Members of Parliament during the Easter recess, to beg them to support the Bill introduced by Mr. Pigott. If they will carefully read over the Commentary I have written, they will be able to explain the main points of the question, and combat the fallacious arguments of opponents. The Bill will either be read a second time or rejected in the course of this month; it therefore rests with the Profession whether they will make use of the few days that are left them, or will throw away a chance of improving their position and adding upwards of £200,000 a-year to their income. Let them not be led by a few selfish anonymous correspondents, or even by those who are bold enough to give their names, but turn to the tables in the Commentary on the Bill and judge for themselves. A public meeting will be held at the Freemasons' Hall, Great Queen-street, Lincoln's-inn-fields, on Thursday, the 12th instant, at one for two o'clock; and I trust that meeting will be well attended, and a unanimous feeling will prevail in support of the Bill, which I know has the hearty concurrence of a large body, as the petitions already sent to Parliament testify. I also know that there are many men in the House prepared to support it; but I fear there are others who will oppose it. I therefore call upon the Poor-law Medical Officers, I call upon the Profession as a Body, I call upon the College of Physicians, College of Surgeons, Apothecaries' Hall, and all other public Medical Bodies to petition in our favour; and, though last, not least, I call upon the Students of the Public Hospitals to lend us their aid. Let all unite in improving the position of the Profession, and, above all, let us unite in doing our best to improve the welfare of the sick poor entrusted to our care, and, as a consequence, that of the rate-payers.

I am, &c.

Richard Griffin.

12, Royal-terrace, Weymouth, March 31.

HULL MEDICAL REGISTRATION ASSOCIATION.

Letter from Mr. Carnley.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following is a copy of a Petition from the Members of the above Association resident in Hull to the General Council of Medical Education:—

"To the General Council of Medical Education and Registration of the United Kingdom.

"The Memorial of the undersigned, being Members of the Hull Medical Registration Association,

"Sheweth,—That your memorialists observe with regret that at a time when the most strenuous efforts are being made to raise the status of the Medical Profession of the United Kingdom, the Royal College of Surgeons of England should so far have neglected its duty as a guardian of the interests of the Profession as to have admitted to the honour of its membership men who have not followed any regular course of Medical education,

"Your memorialists, therefore, respectfully request that you will exercise the powers vested in you for the purpose of putting a stop to proceedings so calculated to lower the position of legally-qualified Medical Practitioners."

The Petition was signed by twenty-six of the Members of the Association, including the names of Sir Henry Cooper, M.D.; Owen Daly, M.D.; Drs. Lunn and King; Mr. Craven, etc. etc., and has been forwarded to the Registrar for presentation to the Council. By the same post I forward to the Secretaries of the College of Dentists a protest (signed by thirty Medical men of the town), against the granting of Diplomas in Dentistry by the College of Surgeons.

I am, &c. Henry Carnley, M.B., Hon. Sec.

42, Dock-street, Hull, March 31.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 27, 1860.

F. C. Skey, Esq., President, in the Chair.

On the motion of Mr. Pollock, seconded by Mr. Charles Hawkins, the portion of the minutes referring to a vote of thanks to Dr. Granville for his pamphlet, "Dr. Todd and the late Member for Ashton," was not confirmed.

A paper, by Mr. Bernard E. Brodhust, was read on

INTRA-UTERINE FRACTURES.

The author commenced by referring to some points of distinction which have been observed in fractures in utero. He stated that fracture might be simple or compound—disunited or reunited at birth; or that solution of continuity might be owing to imperfect ossification and congenital rickets. Having alluded to these several varieties, he proceeded to remark especially on reunited fractures in utero; and he quoted cases from Ploucquet, Kopp, Devergie, Carus, Schubert, Sachse, and Moffat; relating, also, the cases which had occurred in his own practice. The causes of intra-uterine fracture were lastly considered; and it was stated that neither contre-coup nor compression by the walls of the uterus could act so as to produce fracture, so long as the membranes—the chorion and amnion—remained entire; but there was reason to believe that intra-uterine fractures occurred as effects of physical injuries—that the origins of these fractures and of congenital distortions were similar, and that they were occasioned by abnormal muscular action. Two cases of congenital double club-hand and double club-foot were adduced as examples of the mode in which abnormal muscular action and distortion are induced in the fœtus; and, moreover, the author stated his belief that, in these cases, whether of fracture or distortion, the effect varies as the cause varies, and that temperament or other like condition may probably also modify the effect.

Dr. Little said the subject was one of great interest, and one which they must all feel thankful to Mr. Brodhurst for having introduced. There was, however, considerable difficulty in determining the manner in which these supposed fractures took place, and he was by no means satisfied with the explanation given by Mr. Brodhurst. In attributing the fracture to mechanical violence, there was one point to which the author of the paper had not sufficiently alluded. In every case of fracture which he (Dr. Little) had seen, there had been a deficiency of one or more toes, usually combined with a deficiency of the fingers; and as far as he had made out, from examination, there was always a deficiency of the lower extremity of the fibula. One could hardly avoid the conclusion, that there must have been a fracture from mechanical causes; there was deformity similar to that arising from compound fracture of the leg at the junction of the lower third; there was also, in all cases he had seen, an indentation of the skin. But mechanical violence did not seem sufficient to explain the deficiency of the fibula and the toes. He could imagine that any cause which would give rise to considerable disturbance of the cerebro spinal system very early in inter-uterine life, would be sufficient to produce a compound

deformity. But there still remained a considerable obscurity about the mode of its production.

Mr. Pollock mentioned a case of a child he had seen lately on the second day after its birth. Both tibia were bent, and formed an acute angle at the fractured part. The skin, however, was not broken. On each foot there was a deficiency of two toes, and on the left hand of one finger. The lady confessed to having had a fall between the fourth and fifth month of pregnancy. The child was born about three weeks before the full period of gestation. If this malformation of the tibia was the result of fracture dependant upon the violence of the fall, it could hardly be conceded that the fall would absorb the toes, or that they would drop off into the cavity of the uterus, and be discharged in consequence of a fall. He thought with Dr. Little there must be something more than mechanical violence to account for this peculiar development. There was a doubt with regard to this malformation of the lower extremities, and how far the bending of the leg was dependent upon accident, and how far the defect was natural.

Mr. Fergusson said it appeared to him that they might take an additional view to any yet given, when they considered how many accidents females were liable to, and how many accidents might occur at the later periods of pregnancy, and the children be born in the most perfect state of development. He thought such instances of fracture and deficiency as Mr. Brodhurst had referred to might have been co-existent. In the many cases he had seen of deficiency in the toes and fingers, he had not observed any traces of fracture in the long bones of the extremities.

Mr. W. Adams said it was a remarkable fact, and one confirmatory of the view taken by Dr. Little, that these malformed legs did not grow afterwards. He had had one of these cases under his care for about eight years; the shortening of the leg was now five inches, and that from the tibia alone. There was a *bonâ fide* want of growth in the tibia and fibula. From the deficiency of the fibula, he could hardly make out whether there was a fusion of bones. If it was the rule that these legs did not grow, it tended to confirm the view that there was some malformation added to the supposed fracture. During the last ten years he had had six or eight of these cases; there was no difficulty in dividing the tendons, and, supposing the leg to be improved, the division was beneficial.

Dr. Barclay said he should like to ask Mr. Brodhurst to develope more fully his ideas upon the subject of intra-uterine fracture. He seemed to discard the idea of fracture having been produced by mechanical violence, and fell back upon the theory that they were produced by muscular contraction of the fœtus. There was to him a little difficulty in supposing this violent muscular contraction, and a greater difficulty in understanding how it could produce such a deformity as that mentioned by Mr. Pollock, the fracture in that case having been about the centre of the tibia. It appeared to him that the hypothesis was a much more likely one that there was some original malformation, and that the fracture was rather a coincidence than standing in the relation of cause and effect.

Mr. Brodhurst admitted that the subject was a difficult one, and that perhaps a perfectly satisfactory answer as to the causes of intra-uterine fracture could scarcely be obtained. He thought, however, that from analogy it might be concluded that these fractures were occasioned by muscular action. In the adult even, a healthy bone might be fractured by muscular contraction above, and he submitted that considering the soft condition of the fœtal bones, the same might occur in utero. How else could fracture in utero be explained? He had cited one case where the bone protruded at birth, and where, notwithstanding, re-union had commenced. He had purposely alluded in his communication, more especially to fractures of healthy bones; those to which reference had been made by Dr. Little and Mr. Adams were cases of rachitic origin. He had mentioned that in one of his cases the gastrocnemius muscle was so strongly retracted that it was impossible to straighten the tibia until the tendo-Achillis had been divided; this having been done, the deformity of the bone was easily removed. When a bone had bent by muscular action, and still more so when it had been fractured, continued action of the muscles would increase deformity as in Mr. Pollock's case. Doubtless in these cases an irregular development of osseous structure was frequently found, the lower portion of the fibula or of the ulna, as the case might be, being deficient; and when this occurred muscular action might still more be supposed to be the cause of fracture than when the bones existed in their entire lengths. Mr. Brodhurst therefore concluded that a sudden muscular action of the fœtus might produce fracture, or that from a similar cause a bone might be bent; or, again, that through continued spastic action the limb might be distorted. No other action than that of the muscles could thus affect the fœtus in utero, so long as the membranes remained entire. Montgomery's case was exceedingly interesting. It was probable that in this instance the membranes were ruptured by the fall, and that the fracture was due to contre-coup or perhaps to contraction of the uterus. It was well known that during parturition contraction of the uterus might produce fracture of the cranial bones of the fœtus. Fractures of the long bones were also produced by clumsy manipulation in delivery. But so long as the membranes remained entire, fractures in utero could only be produced by sudden contraction of the muscles of the limb.

Dr. Little said he thought the discussion was in danger of confounding congenital curvatures of bones from rickets with the instances of supposed congenital fractures of the tibia and fibula, such as had been laid before the Society by the author. In the drawing exhibited, some of the figures admirably represented the class of cases supposed to proceed from intra-uterine fracture. He had himself elsewhere mentioned a dozen instances of the kind. It was difficult to say from what cause the deformity in question proceeded. Certainly it looked extremely like intra-uterine fracture. In the cases produced by the author, and in every instance he had seen, the form of the leg was similar to that of a badly-united compound fracture at the junction of the lower third of the leg bones, with an indentation of the skin and an adhesion of it to the salient point of the tibia. In every instance, however, which he had seen there existed also deficiency or absence of the lower end of the fibula, deficiency on the peroneal side of the member of one or more toes in the affected limb, or limbs when both were similarly affected, usually the foot was in the position of valgus, and sometimes the case was complicated with deformity of the hands. As to any opinion whether these supposed intra-uterine fractures resulted from the mother meeting with an accident and the fœtal limbs directly suffering from the violence of the jar to the mother's frame or actual application of violence to the abdomen, or the fœtal limbs being broken from excessive action of the fœtal muscles themselves rupturing the bones, as is occasionally seen at later periods, during independent life, he might remark that the existence of deficiencies of toes and of the lower end of the fibula seemed to point to something more than the effect of muscular action. Certainly a fall or blow experienced by the mother within two or three months of labour could not account for these conditions. The difficulty of arriving at a true explanation lays in the present deficiency of anatomical and physiological knowledge as to the relative development of the structure and functions of the muscles and bones at early stages of fœtal life. He could imagine that if muscles and fibres, as stated by some authors who have studied embryonic development, were distinctly recognisable by the third month, the bones at that period being filled by firm materials, it was possible that excessive muscular action of the fœtal limb, might rupture or otherwise produce the distortion and deficiency of parts noticed in these cases. In reference to the attempts to be made to remedy the distortion, he would cite a case in which twenty years ago he divided the tendo-Achillis, and a band of fibres occupying the place of the peronei tendons in both feet, and succeeded in restoring the position of the feet, but the peroneal bones were never developed, so that with increasing age and weight the distortion of the feet returned. The individual was now a stout, well-grown man, except in the lower extremities; and the case confirmed in this respect the observations of Mr. Adams, that it was a peculiarity of these cases that the limbs do not grow like ordinary limbs. In this adult the lower extremities were probably eight or ten inches shorter than they should have been if they had grown in proportion to the rest of the body. He had seen one of Mr. Brodhurst's cases, and could confirm what he had said as to having considerably straightened the bones in addition to removing the foot deformity.

(To be continued.)

OBITUARY.

MR. BRAID, OF MANCHESTER.

Mr. Braid was born at Rylaw House, Fifeshire, about the year 1795, and his father was the owner of the estates of Rylaw and Walkerton. He was educated at the University of Edinburgh. After receiving his diploma, he accepted an engagement from the Earl of Hopetoun as Surgeon to the miners employed at the Lead Hills in Lanarkshire, which belonged to his lordship. Afterwards Mr. Braid went into partnership with Dr. Maxwell, of Dumfries, and while resident in that town, an accident occurred which had the effect of inducing him to settle in Manchester. Mr. Petty, of the firm of Scarr, Petty, and Co., St. Ann's-square, Manchester, was travelling south outside a mail-coach, which broke down, and resulted in causing him to receive a compound fracture of the leg. This accident occurred at some little distance from Dumfries, and two Medical men, besides Mr. Braid, were sent for to attend to the injured. When Mr. Braid arrived at the scene of the accident, he found two of his brethren in consultation, who had come to the conclusion to amputate Mr. Petty's leg. Mr. Braid told Mr. Petty that if he would put himself under his care, he would guarantee a cure without amputation. Mr. Petty did so, and Mr. Braid fulfilled his promise. Mr. Petty pleaded with Mr. Braid to come to Manchester, and he did so, and carried on his practice unostentatiously, until about the year 1842, when a circumstance occurred which induced Mr. Braid to enter the arena of public life more conspicuously. About that time Lafontaine came to Manchester to lecture upon Mesmerism. Mr. Braid had his attention drawn to the subject. He investigated it, and then contended and proved by experiments that there was no such thing as animal magnetism, but that which was so called was hypnotism, or nervous sleep. In 1843 he wrote "Neurypnology, or the Rationale of Nervous Sleep, considered in Relation with Animal Magnetism," and he subsequently wrote the following works:—"The Power of the Mind over the Body;" "An Experimental Inquiry into the Nature and Cause of the Phenomena attributed by Baron Von Reichenbach and others to a New Imponderable," 1846; "Observations on Trance, or Human Hybernation," 1851; "Electro-Biology, considered Physiologically and Psychologically," 1852; "Observations on the Nature and Treatment of Certain Forms of Paralysis," 1855; and numerous papers to the Journals. Very recently several of his works had been translated into the German and French languages. On the 7th ult., a paper was read before the Chirurgical Society of Paris, in the course of which a work published in 1842 by Mr. Braid was referred to and eulogised. Mr. Braid was subsequently applied to for a copy of his works by the Secretary of the French Institute, which he presented to that learned body. Mr. Braid has left a widow and son and daughter to mourn his loss. He was a man of most genial temperament; he died very suddenly, and his loss is much deplored.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

POLICE AND TOWNS IMPROVEMENT ACT AMENDMENT.

Lord Elcho obtained leave to introduce a Bill to amend the Police and Towns Improvement Act, so as to enable towns and populous places in Scotland to avail themselves of its provisions for sanitary and other improvements, without at the same time adopting its provisions as regards the establishment and maintenance of a police force.

Every fresh turn of the political ball in Italy brings up a new Philosopher and Physician into public life. The following are the kind of men who make up Victor Emmanuel's Council:—The highly distinguished professors, Centofanti, a philosopher, Zannetti, a physician and a philanthropist, a patriot who devoted himself to the welfare of his militant countrymen both in 1848 and this year; Taddei a chemist; Puccinotti, etc. Matteucci, also a professor at Pisa, but a native of Romagna, has been named a senator, but his name occurs in the list published in the Æmilian provinces.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora held on Monday, April 2, the following gentleman, having undergone the necessary examination, was *admitted* a Member of the College:—

Dixon, F. Beverley, M.D., Hoxton-house Asylum, Hoxton

At the same Comitia, the following gentlemen, having been previously *elected*, under the temporary Bye-Laws (no longer in force), were also admitted Members of the College:—

Armstrong, Alexander, M.D., Malta
Durgan, Daniel John, M.D., H.M.S. *Vulture*
Laird, Samuel, M.D., Douglas, Isle of Man
Mackay, George, M.D., Royal Naval Hospital, Plymouth
Mackay, Alexander E., M.D., H.M.S. *Royal Albert*
Rayner, Edward, M.D., Paris

Royal College of Surgeons.—The following gentlemen having undergone the primary examination in Anatomy and Physiology, were reported to have done so to the satisfaction of the Court on the 2nd inst., and when eligible will be admitted to the pass examination:—

Aggett, Francis, Charing-cross Hospital
Angler, George Augustus, Bartholomew's Hospital
Armstrong, Samuel, Bartholomew's Hospital
Armstrong, George William, King's College
Arnold, James Colton, Charing-cross Hospital
Ballard, Charles, Guy's Hospital
Bazeley, William, Bartholomew's Hospital
Beck, William Reginald, Charing-cross Hospital
Bennett, William Shepherd, St. George's Hospital
Bevan, Thomas Kenniel, St. George's Hospital
Brown, John Woodruffe, Bartholomew's Hospital
Byles, Alexander, Bartholomew's Hospital
Cass, William Leonard, Guy's Hospital
Chine, Henry Charles, Bartholomew's Hospital
Close, George Wharton, Newcastle School
Collard, James, Newcastle School
Colquhoun, Archibald Grant, Bartholomew's Hospital
Connor, James Henthorn Todd, King's College
Davy, Humphry, St. Mary's Hospital
Dawson, Richard Henry, Bartholomew's Hospital
Dickinson, James Bathgate, Leeds
Dobson, Thomas, Charing-cross Hospital
Dudfield, Thomas Orme, St. George's Hospital
Earle, James Lumley, King's College
Eccles, George Henry, Bartholomew's Hospital
Eddowes, William, King's College
Edis, Arthur Wellesley, the Westminster Hospital
Edwards, Morgan John, Guy's Hospital
Edwards, Walter, Bartholomew's Hospital
Evans, Thomas Melancthon, Bartholomew's Hospital
Fenn, Edward Broughton, Bartholomew's Hospital
Foate, Augustus Carmichael, King's College
Fothergill, Smart Atkinson, Newcastle Schoo
France, William Henry, Sheffield
Furse, Edwin, University College
Gardner, Sebastian Claude Thomas, Bartholomew's Hospital
Greinwell, Baker, St. Mary's Hospital
Griffiths, Richard, Bartholomew's Hospital
Grimmer, William, Aberdeen
Goodman, Charles Rowland, University College
Haslewood, John Austin, Newcastle School
Hartell, William Henry, Bartholomew's Hospital
Harvey, William, Charing-cross Hospital
Hawkins, Henry Mortimer, Guy's Hospital
Hedley, Edward Anthony, Newcastle School
Hine, Conway, Bartholomew's Hospital
Holden, George Herbert, Bartholomew's Hospital
Howell, Horace Sydney, Bartholomew's Hospital
Humphreys, Matthew Hale, Charing-cross Hospital
Irvine, Charles William, Aberdeen
Jackson, James, the London Hospital
James, Edward Matthews, Bartholomew's Hospital
Jenkyns, Charles, Bartholomew's Hospital
Jones, Richard Owen, Bartholomew's Hospital
Jones, Morris, Bartholomew's Hospital
Kilburn, John Edward, St. Thomas's Hospital
King, Thomas William, Guy's Hospital
King, Edmund Cornish, University College
Lanchester, Henry Thomas, Bartholomew's Hospital
Langworthy, William Froude, Bartholomew's Hospital
Lemon, Henry Morris, Bartholomew's Hospital
Little, Louis Stromeyer, the London Hospital
Little, Frederick, the Westminster Hospital
Lockwood, William, King's College
Lyons, Richard Thomas, Bartholomew's Hospital
Markley, Thomas, St. George's Hospital
Masters, William Hooper, Bristol
Marsh, Frederick Howard, Bartholomew's Hospital
Matthews, William, Bartholomew's Hospital
Meggy, Frederic, Guy's Hospital
Migget, Archibald, Newcastle School
Moore, Daniel, St. Thomas's Hospital
Morgan, Herbert Major, King's College
Murrell, William Henry, Bartholomew's Hospital
Nankivell, Arthur, University College

Neatby, Thomas, Bartholomew's Hospital
Powell, William, the London Hospital
Rogers, William Goddard, Bartholomew's Hospital
Rogers, George Henry, King's College
Rowe, Thomas Henry, Guy's Hospital
Rush, William Arthur, Charing-cross Hospital
Stamper, James Fenton, Guy's Hospital
Scott, Nathaniel Gilbert, Bartholomew's Hospital
Schofield, Frank, St. George's Hospital
Sheppee, William Henry, St. George's Hospital
Shapland, John Dee, University College
Smith, Robert Charnley, Manchester
Smith, Edward, St. George's Hospital
Stewart, Henry Charles, St. Mary's Hospital
Strutt, George Henry, Bartholomew's Hospital
Stephenson, William, Bartholomew's Hospital
Sutcliffe, Henry, University College
Swales, Peter, Bartholomew's Hospital
Tanner, Richard Canning, Bartholomew's Hospital
Tanner, John, Guy's Hospital
Tayler, William George, St. George's Hospital
Thorp, Sidney, Guy's Hospital
Thomas, David Bowen, University College
Venning, Edmund, University College
Walton, Brinsley Marcius, King's College
Wiglesworth, Arthur, Liverpool
Williams, Duckworth, Bartholomew's Hospital
Williams, Edward Humphry, Bartholomew's Hospital

The following gentlemen, also, having undergone the necessary examinations for the Diploma, were admitted Members of the College, at a meeting of the Court of Examiners on March 30:—

Anderson, F. B., Southfield House, Hessle, near Hull, L.S.A., Feb. 3, 1820
Arnison, Charles, Alston, Cumberland, June 19, 1834
Carter, Joseph Barton, Chapeltown, near Leeds, L.S A., July 26, 1849
Eames, John Davey, Melbourne, Cambridgeshire
Greaves, Augustus Goring, Wardwick, Derby, L.S.A., May 11, 1837
Greenup, Henry, Farnworth, near Warrington, L.S.A., May 3, 1838
Hughes, W., Market-place, Llanrwst, North Wales, L.S.A., Feb. 14, 1850
Joy, William, Northwold, near Brandon, Norfolk, L.S.A., March 31, 1825
Ma[illegible]y, Richard, Bromyard, Herefordshire, L.S.A., March 2, 1848
Mickle, David, Kirklington, near Ripon, Yorkshire, L.S.A., August 21, 1851
Phillips, W. W., Gt. Francis-st., Bloomsbury, Birmingham, L.S.A., Dec., 1858
Ross, Thomas, Market-street, Wakefield, Yorkshire, L.S.A., May 20, 1824
Slade, Barlow, North House, Frome, Somerset, L.S.A., June 7, 1821
Stonehouse, C., Horsforth, near Leeds, Yorkshire, L.S.A., Dec. 21, 1854
Teanby, Frederick William, "The Grove," Gravesend, L.S.A., April 7, 1853

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, March 29:—

Axford, Charles John, Staunton, Worcestershire
Dawson, Frederick, Islington
Dean, Thomas, Paddock, Huddersfield
Edger, William, Polton, Barnstaple
Hawthorn, Henry John, Uttoxeter, Staffordshire
Hind, Charles Whiston, Swindon, Wilts
Paine, William, Topsham
Roberts, Carr Holstok, Shaftsbury, Dorset
Rogers, Frederick John, Helston, Cornwall
Shorto, James Reeve, Southampton
Sutton, Henry Grant, Ilminster, Somerset
Thomas, Benjamin, Llanelly
Watkins, Walter, Castle-street, Brecon

The following gentlemen also on the same day passed their First Examination:—

Bartleet, Thomas Hiron, Birmingham
Ellis, Edward, University College
Harvey, William, Penzance, Cornwall
Hunter, Richard Henry, Tottenham
Major, George Aylwin, Guy's Hospital
Smith, Robert Charnley, Manchester School
Sutton, Frederick John, Ilminster, Somerset
Thompson, Herbert, Westerham, Kent

APPOINTMENTS.

ALDERSON—BASHAM—GOODFELLOW—JONES.—The following gentlemen were on the 2nd inst. elected to the Council of the Royal College of Physicians of London:—Drs. Alderson, Basham, Goodfellow, and Bence Jones, in the place of Drs. Bennett, A. Farre, Ferguson, and Markham, who go out by rotation.

COBBOLD.—Dr. Cobbold, F.L.S., Lecturer on Comparative Anatomy at the Metropolitan School of Dental Science, has been appointed to the Chair of Comparative Anatomy at the Middlesex Hospital. The same gentleman is also engaged to give a Course of Lectures on the "Herbivorous Mammalia" at the Royal Institution, Albemarle-street, after Easter.

DEATHS.

GRIFFITH.—November 3, 1859, wrecked in the *Joseph Fletcher*, on the island of Wudiko, one of the Loochoo group, S. H. Griffith, Esq., late of Charterhouse-square, aged 40.

ON the 24th of January, the University of Moscow, which dates from 1755, celebrated its annual festival. It now possesses its four faculties, History, Natural Philosophy, Law, and Medicine, and 61 Professors and Lecturers. The number of students is 1643, of whom 899 are Medical.

"THE original calling of eminent naturalists would form an interesting chapter. Some have come out of the quarry, some out of College cloisters, some out of Inns of Courts, several from the Medical schools, but only one, as far as we know, from a newspaper shop. That one was William Yarrell."—*Athenæum.*

SYPHILISATION still progresses in the North of Europe. The Norwegian Chamber of Deputies, we are informed, has voted 6000 francs for the publication of the large work of M. Boëck in French. Last year, it may be remembered, M. Turenne received the Order of the Polar Star of Sweden.

M. PLANA, who was elected a short time ago Foreign Associate of the French Academy, over the heads of half-a-dozen European celebrities, turns out to be "one of the most industrious mathematicians of Europe. Despite his great age (seventy-eight) he has made frequent communications on his special subject to the Royal Academy of Turin, of which he is President. The Memoirs of this Academy show his zeal. He is of the family of the celebrated Lagrange; and has been Professor of Anatomy at the University of Turin for more than fifty years."

M. CHATIN lately informed the French Academy, *à propos* of iodine, that Coindet had by its use reduced so many women to the condition of Amazons, and had brought such a number of men into the state described by M. Ricord under the term "haricocele," that he dare not show himself in the streets of Geneva, through dread of suffering the martyrdom of St. Stephen.

VITAL STATISTICS OF LONDON.

Week ending Saturday, March 31, 1860.

BIRTHS.

Births of Boys, 1018; Girls, 941; Total, 1959.
Average of 10 corresponding weeks, 1850-59, 1828·4.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	835	873	1708
Average of the ten years 1850-59	718·8	663·4	1382·2
Average corrected to increased population..	..	..	1520
Deaths of people above 90	1	10	11
Deaths in 15 General Hospitals	38	27	65

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Diarrhœa.	Typhus.
West	376,427	4	1	8	4	11	6	1
North ..	490,396	8	4	8	1	18	5	2
Central ..	393,256	5	3	8	1	6	1	4
East	485,522	5	10	16	2	22	14	6
South ..	616,635	13	7	9	3	15	14	3
Total . ..	2,362,236	35	25	49	11	72	40	16

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·378 in.
Mean temperature	45·3
Highest point of thermometer	59·5
Lowest point of thermometer	34·1
Mean dew-point temperature	38·5
General direction of wind	W.
Whole amount of rain in the week	0·23 in.

TO CORRESPONDENTS.

Dr. Hunter's letter on Quarantine shall appear next week.

Mr. May.—Attention shall be directed to the subject.

Mr. Ewen's letter shall appear next week.

Mr. Dolman.—Communication received. Many thanks.

A Subscriber.—About 300; but we do not know the exact number.

Senex had better apply to Dr. Pitman, at the College. The duty has been remitted.

Mr. Clarke's letter on the Irish College of Surgeons shall appear next week.

Mr. H.—The deodorization of the Thames will probably be effected by perchloride of iron. About 5000 gallons will be required per diem. The iron preparation was recommended by Dr. Hofmann and Dr. Frankland. The annual expense they reckon will be about £2800.

The College of Physicians.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have been credibly informed that it is in contemplation by the College of Physicians of London to create a new class of Practitioners, who are to be called "Licentiates of the Royal College of Physicians." This class is to be allowed to dispense medicines to their patients, but are not to call themselves doctors unless they possess a degree from some recognised University. Pray allow me to say, that by this proceeding, if carried out, the College will break its faith with me, as a member of the College. I do not believe a more perfect confiscation of the rights of the members could be imagined. The Members of the College should look to it, and exert themselves before it is too late. I suppose the London College is envious of the fees lately taken by the Edinburgh College.

I am, &c.

A Member of the Royal College of Physicians of London.

[Our Correspondent will see this subject discussed in a leader this day.—Ed.]

Royal College of Surgeons in Ireland.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In reference to my letter in your number of March 24, I regret to say that at the meeting held on Friday last, of the Fellows of the College of Surgeons, no satisfactory explanation was made by the Council of their reasons for not having called the College together to deliberate upon the recent emergency. Dr. Power, indeed, offered as an excuse the statement that there was not time to assemble the Fellows, and that the Council therefore, took upon themselves to act in the emergency. Your readers are aware, that on February 27, Mr. Cardwell stated his reasons for supporting the second reading of the Bill which took away from our College its exclusive right of granting Surgical Diplomas in Ireland, and that its third reading in the Lords was on March 22. The "Medical Directory" will further inform them that nine-tenths of the Fellows are within twelve hours' post of Dublin, and that none are more than twenty-four or thirty-six. Let them put these facts together before judging of the ingenuousness of the defender of the Council's explanation. At the first meeting, a report of which appeared in your number of March 24, Dr. Clarke stated that he had calculated that the Medical School cost the College £700 last year. I have not the annual report of the Council before me, but I think the amount set down last year was about £140. Now, I think the Council were wanting in respect to themselves as men of honour, as well as to the Fellows, not to have offered some explanation as to this discrepancy; if they are not men of business they might have employed an accountant. I for one went over the accounts last year, and could only arrive at the same conclusion as Professor Porter, that the accounts are so unsatisfactorily kept (whether intentionally or not I know not), that no two Fellows could form the same estimate of the cost of the Medical School. In conclusion, I would suggest that the names of the present Council should be written in some conspicuous place in the College, with the following inscription:—"These were the Members of Council during whose year of office this College lost its exclusive right of granting Surgical Diplomas in Ireland."

I am, &c.

7, Upper Merrion-street, Dublin, April 3. Samuel A. Cusack.

The "Great Tasmania."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the matter of the *Tasmania* will you kindly permit me to say a word for those who are too far away to defend themselves?—I allude to the Committee in India that inspected the provisions. We have been concerned in similar cases before; and in the last, curious enough, two ships were mulcted, I think it was to the amount of £1300.

In this the jury would seem not to have been aware that the provisions are included in the ship's "tender," or "charter-party," of so much a head for the voyage. Nor would it seem to have occurred to them, that to have opened the beef casks, the tins of preserved meat, or the bottles of lime-juice, would have been the ready way to have rendered them unfit for use. Neither do they seem to have asked themselves the question, who of the committee was sailor enough to go down into the hold, ferret out, and measure the fresh water, or even to make sure the water-tanks were not partly filled with cargo (every ton saved is to the ship £2 to £5, on leaving India). Nor in short, to perceive the report of all such Committees must rest upon the good faith of the ship's captain and officers, not only that the quantities are on board, but that they are of the quality of the specimens exhibited for inspection. It is true, it is usual to open one of each of those placed on the deck for random selection; but even this we have heard objected to on committee, as tending to lead to erroneous inference, for who is to affirm these are *bonâ fide* specimens, or even to say that they will be on board the following day. We do not speak from imagination. The only way to remove the responsibility from the ship, would be to have all supplied under the Commissariat, and a Commissariat officer sent in charge.

But the ship itself is often more in fault than the provisions. Those can "tender" lowest, of course, that are not fit to carry dry cargo on the lower deck; as we have heard it coolly remarked, "A little salt water won't hurt the soldiers, though it would spoil the cotton." All looks clean, dry, and airy, at inspection, but contrast with the troops on board, and in wet weather, and with the women and children, and not a crevice to stow a box away, till such time as room is made by the consumption of the provisions; nor is there any way of obviating this, but by taking up ships at a rate more remunerative than cargo to the best, and so as to make it the interest, as in first-class passenger ships, to maintain a good name. A certain extra tonnage should also be taken in the hold, for "odds and ends," and particularly if there are to be women and children on board. There should be a clear understanding, too, about reservations on the soldiers' deck, for wet sails, cables, or as sometimes, for a large ship's lumber-room after getting to sea.

I am, &c.

Moffat, Dumfries-shire, March 31. An Old Stager.

Compulsory Certificates.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The enactments recommended in the Greenock petition against Sir W. Dunbar's Bill would not mend the existing state of matters much, as they merely secure that no Medical man can be prosecuted till after intimation of the death has been sent him by the Registrar, and seven days thereafter have been allowed him to make the return called for. This would be but small relief, for the penal clause would be still in full force, and that is the grievance against which all petitions, whatever other things they may pray to be rectified, should unite in protesting; I do trust that as you have laid the Profession under obligations already for the manner in which you have attacked the gratuitous service system in general, you will lend your powerful aid, not only in preventing Sir W. Dunbar's Bill from passing, but in having that most offensive penal clause entirely expunged from the statute-book so far as it affects the Medical Profession. Though it were repealed to-morrow no respectable Practitioner would refuse the Registrar of his district any reasonable information he might request him to supply, but the idea of being compelled within a limited time, be it seven or fourteen days, under a heavy penalty, and at the mercy of any cross-grained Registrar, to furnish such information, is just a little too much of a bad thing.

Hoping for the sake of "ventilating" the subject a little that you will give these remarks a place in your Journal,

I am, &c.

March 29. A Country Practitioner.

COMMUNICATIONS have been received from:—

Professor Simpson, Edinburgh; Dr. Symonds, Clifton; M. Claude Bernard; Professor A. Buchanan, Glasgow; Dr. Conolly; Dr. Jenner; Dr. Cockle; Dr. Pagan; Dr. Lyon; Dr. Wilson; Dr. Merriman; Dr. McWilliam; Dr. Wurms, Paris; Mr. Griffin; Mr. Sercombe; Mr. Maw; Mr. Dahlke; Dr. Baines; Mr. Stewart; Mr. Booth; Mr. Wright; Mr. Crookes; Mr. Cole; Mr. Carpenter; Mr. Wilson; Dr. Hunter; Dr. Fayrer; Mr. Clarke; Dr. H. Hill, Ottawa; Mr. May, Reading; Mr. Tilley; Mr. Bate; Registrar-General; Mr. Vincent; Mr. Ryner; Mr. Dolman; Mr. Haydn; Mr. Ewens; Mr. Fleming; Dr. Anstie; Mr. Copney; Dr. Stewart; and Mr. Cusack.

APPOINTMENTS FOR THE WEEK.

April 7. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

9. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Discussion on Dr. Routh's Paper "On some of the Disadvantages of Employing Fallen Women as We-Nurses."

10. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 8½ p.m. Ballot 7½.

11. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Microscopical Society, 8 p.m.

Hunterian Society, 8 p.m. Council Meeting 7½.

12. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m., London, 1½ p.m.; Great Northern, 2½ p.m.

13. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

North London Medical Society, 8 p.m.

Western Medical and Surgical Society of London, 8 p.m. Practical Evening for the Exhibition of Specimens and the Narration of Cases.

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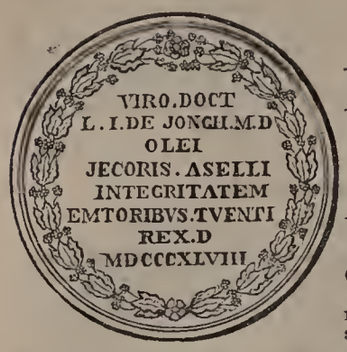

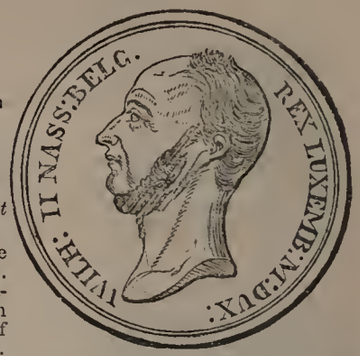

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

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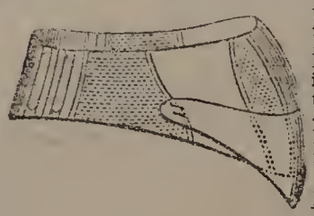

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ORIGINAL LECTURES.

CLINICAL LECTURES
ON
THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXXI.

ON CRANIOCLASM: MODES OF DELIVERY IN OBSTRUCTED LABOUR.

Gentlemen,—I propose to devote the Lecture of to-day to the consideration of a subject rather out of our ordinary course of gynaecological instruction, and appertaining more to the purely obstetric department of our course—viz. Cranioclasm. Under this term (derived from *κρανίον, the skull;* and *κλάω, to break in pieces*) I would have you to comprehend a new kind of operation, which may with great advantage, in my opinion, be substituted in place of Craniotomy and Cephalotripsy, in those rare cases of parturition in which we deem it necessary to have recourse to some means of diminishing the fœtal head, with the view of terminating with safety to the mother labours which appear otherwise impracticable. And I make the proposal with much confidence, believing as I do, that, when put in practice, this new operation will be found to be at once more safe for the patient, and more easy for the Practitioner, than either of those two dangerous forms of operative procedure, which it is intended to supplant and supersede.

In order to enable you to understand aright the nature of the operation, and the class of cases requiring its performance, you must first allow me to state, by way of introduction, that you will find occurring in the course of your obstetric practice cases—not very often perhaps, yet with such frequency as to render it incumbent upon you to be prepared to meet them—cases where there exists such a disproportion between the size of the child that has to be expelled and the capacity of the pelvic canals through which it has to pass, that the unaided efforts of Nature will prove insufficient to complete the parturient process. Or even in the course of a labour where all the elements seem normal, and the adaptation between the maternal passages and the body passing seems just and accurate, complications of such a clamant character may spring up as to compel you to have recourse to immediate delivery if you would wish to save your patient's life. It is chiefly, however, of the former class of obstructed labours that I have now to speak—those, viz. where either the fœtal head is so large, or the maternal canals so contracted, as to preclude the possibility of Nature being able to terminate safely the labour by her own unaided efforts. There are various operations to which we may have recourse in order to procure the artificial delivery of the child in this class of cases. Thus we may sometimes effect delivery by means of

1. *The Forceps.*—From the earliest times in which midwifery was practised, accoucheurs must often have felt the desirability of being able to seize the head of the child between the hands in order to hasten its progress in cases of difficult and tedious parturition. But the human hands are too thick and large to be thus used as the means of seizing and extracting the fœtal head when it is arrested in the maternal passages. In order to get over this difficulty we use the forceps,—which are in reality nothing else than a pair of iron hands,—thinner and slimmer than our own, and thus capable of being pushed past the fœtal head so as to embrace and catch it. This instrument, first made and used by the Chamberlens in this country, and afterwards modified and improved by various obstetricians, is in constant use, and enables us to effect a speedy delivery with safety to both the child and mother in a multitude of cases where the unaided efforts of Nature might prove more dangerous, or might fail entirely to complete the process of parturition. In British midwifery some Practitioners have ventured to suggest that while it is quite proper to extract the fœtal head, when it is low down in the pelvis, with the forceps, it is improper to extract with them the fœtal head when it is arrested high up in the pelvis. In other words, these Practitioners employ, and never hesitate to employ, the so-called short forceps, but they do not employ the long forceps. Certainly this doctrine is utterly untenable. No foreign accoucheur indulges in similar prejudices. Indeed abroad they use alone, as we shall see in another part of the course, a long pair of forceps. And I believe that it would indeed be best for you and for all of us only to use one pair of forceps, viz. a long pair, for seizing the head both when it is situated either high or low in the pelvis. A single pair of forceps would save the bulk of the obstetric armamentarium; and when accustomed to use one pair for all cases, you will betimes assuredly come to use that pair more easily for yourself, and more safely for your patient, than if you employ one kind of forceps for one description of cases, and a second pair for another description of cases. The simplification of our instruments always adds both to their safety and their success in practice.

2. *Turning.*—Another operative procedure by means of which we may often succeed in effecting a safe and easy delivery in cases where the fœtal head is high up in the pelvis or not yet entered the brim, and when Nature is found incompetent to the task, is that known as Podalic Version. The principle of this operation depends on the circumstance that the podalic extremity of the child is the smaller. It thus passes easily through a pelvis where the larger cephalic extremity would pass only with the greatest difficulty. Besides, when the lower extremities and body of the child are first extracted, they serve to distend the maternal passages to some extent, and to prepare them for the transit of the larger and partially compressible head. For when we examine the fœtal head itself with a view to discover how it can most readily pass through a contracted orifice, we find that the hard unyielding base of the cranium is the narrowest part, and that if this be first dragged through, a degree of compression, quite compatible with the safety and life of the child, may be exerted on the wider vault of the cranium sufficient to permit of its transit also. When the vertex, on the other hand, presents, the widest part of the skull and of the whole fœtus is at once attempted to be forced through an opening with diameters smaller than that of the skull itself, and in a position in which compression and a safe degree of diminution in the size of the fœtal head cannot be effected. In short, the whole child represents a wedge or cone, the apex or narrowest part of which is represented by the feet, and the skull represents another wedge or cone, of which the narrowest part is the base. And you know that when we wish to make a conical body that is slightly compressible at its broadest end or base, pass through an orifice or canal that is slightly smaller than this base, we effect our object most readily—not by attempting to force in the base or broadest part of the cone first, but by introducing the narrow portion through the opening and then dragging the rest of the body through. What we do, then, in performing this operation of turning is to interfere with the futile attempt of Nature to force the child through a contracted canal in pushing the head first, by turning it; so that the feet are first brought down, and then using these as media by which we may afterwards pull through the partially compressible head of the infant.

3. *Craniotomy.*—By the use of the forceps, and by means of turning we can bring many children into the world alive that would have inevitably perished had their birth not been hastened by the aids and appliances of art. But there are cases ever and anon occurring where the fœtal head is too large, or the maternal passages are too small, or the uterus is too rigidly contracted to admit of the delivery of the child alive without bringing the life of the mother into the most imminent danger. In such instances we can still save the mother's life by sacrificing that of her progeny. For by opening the head of the infant by means of perforating instruments, we can remove the contents of the cranium and then break down the vault of the skull itself, and bring away the fragments piecemeal, until only the base of the cranium and the bones of the face remain to be extracted by means of crotchets and other instruments. This frightful operation has been recommended and had recourse to, alike in cases where the child was living, and where it was dead; and is that usually spoken of as the operation of Craniotomy. I shall have something more to say of it anon.

4. *Cephalotripsy.*—About a quarter of a century ago, an instrument was invented by the younger Baudelocque, which was intended to supersede all those instruments

by means of which craniotomy is performed, and it has been much countenanced by almost all the leading continental obstetricians. This formidable implement is calledthe cephalotribe, and is used for crushing and diminishing, not the presenting portion of the head only, but all the bones of the head and face as well. At first, this instrument was used alone for all the purposes of diminution and extraction; but now a preliminary perforation of the head, as in the ordinary operation for craniotomy, is always, I believe, first effected. The operation of cephalotripsy is, I repeat, very frequently performed abroad, and I have in my museum now an instrument which Professor Scanzoni, of Wurzburg, has himself used in ten or a dozen instances of obstructed labour.

5. *Cæsarian and Sigaultian Operations.*—Where no amount of diminution in the size of the infant would suffice for the extraction of it with safety to the mother, accoucheurs sometimes,—but fortunately very, very rarely,—try to save the infant's life by having recourse to one or other of these two operations, operations by which, however, the mother's life is almost inevitably sacrificed. We may either make an incision into the abdominal and uterine walls and bring the child out through that opening; or we may divide the pelvis at the symphisis pubis, and, by separating the two sides of the bony pelvis in this way in front, we may produce a dilatation of the passages sufficient to allow of the transit of the child. A mighty improvement on all of these forms of operation is

6. *The Induction of Premature Labour.*—By bringing on labour at a period in utero-gestation, when the child is still small enough in bulk, and its head compressible enough in construction, to pass safely through a contracted pelvis, although sufficiently developed to be able to maintain an independent extra-uterine existence, we can obviate nearly all the risks to which both mother and child are exposed in all of the operative procedures of which I have been speaking. This operation, which represents, perhaps, the greatest improvement that has ever been made in the practice of Midwifery, was first suggested and performed in England about the middle of the last century; and when we know beforehand of the existence of some degree of deformity in the pelvis likely to impede the birth of a full-grown fœtus, there is no safer, or speedier, or more satisfactory way of solving the problem as to how the dangers of delivery in such a case are to be avoided, than by bringing on labour four, six, or eight weeks before the normal period of parturition, by simply separating to some extent the decidual membranes from the interior of the body of the uterus.

When the choice of one or other of these operations lie plainly before us, there are few Practitioners, I believe, who would not at once prefer to adopt one of those forms by which the child may be born with a prospect of safety both to itself and its parent, instead of having recourse to one by which the life of the mother or the child must inevitably be sacrificed. But there are some Practitioners who would go even farther than this. It has lately been maintained in London by Dr. Tyler Smith, one of the most eminent and philosophic accoucheurs of the present day, that the operations of craniotomy and its cogener cephalotripsy ought to be condemned by obstetricians, discarded altogether from obstetrical practice, and never had recourse to under any circumstances. He holds that in all those cases where we have been in the habit of performing craniotomy the difficulty might have been got over by the employment of some of the other and safer forms of operative procedure to which I have just referred. I should be glad to think that my able friend was justified in maintaining such a strong opinion; for the operation of craniotomy, when performed, as I fear it too often is, without due care and consideration, is truly a terrible and revolting one. No Practitioner would dare five minutes *after* a child was born into the world, to drive an iron instrument into its skull, break up the contents of the encephaloid, and thus deliberately mutilate and murder it. We may fairly inquire, therefore, Under what circumstances are we justified —or are there any circumstances which would justify us— in daring to perform such a deadly and destructive operation as craniotomy on an infant five minutes *before* its birth? There may be cases of such a kind that recourse to this operation affords us the only means of escape from a painful and perplexing dilemma. But I greatly fear that recourse has been had to it in these islands far, far more frequently than the exigencies of practice have warranted. Mark the contrast: how carefully our laws guard against the possible unnecessary destruction of human life under all circumstances, and yet how carelessly our obstetric laws guard against the destruction of the life of the fœtus during birth. If a man is evidently guilty of the most dreadful crimes, yet before he is condemned and executed witnesses are allowed to be called in his defence; barristers are allowed to plead for him; juries and judges sit for hours or days hearing and balancing all the evidence for and against him. Yet the child immediately before birth has often been sacrificed and destroyed by craniotomy, with little or no examination as to the absolute necessity of the act—the attendant Practitioner acting in the multiple capacity of witness, barrister, jury, judge, aye and of executioner too. Murder *ante partum* is thus often performed by one man on his own undivided responsibility, where, I fear, the infliction of any form of injury on the fœtus is altogether unwarrantable. Nay, more: so callous and case-hardened have obstetricians occasionally become in regard to this dreadful and deadly operation, that they do not scruple to avow that they have recourse to craniotomy in cases where other men would have safely delivered the child by other and safer means. In Dublin, for example, the operation was in former times performed with fearful frequency. Some obstetric schools have been much more in favour of craniotomy than others; for unfortunately obstetric, like other practices, are apt to become localised The practice of our obstetric brethren in the Irish Metropolis has been much improved in this respect, although up to a recent enough period it certainly was not. Dr. Collins, indeed, avers that the introduction of the stethoscope into obstetric practice, as a means of diagnosis as to the life or death of the child, has had a great effect in reducing the proportion of cases in which resort was had to the operation of craniotomy in the great Lying-in Hospital of Dublin. But Dr. Collins' own statistics of the practice of the Hospital show that the diminution in the number of craniotomy cases consequent on the introduction of the stethoscope was, after all, but very trifling. For if we compare the relative proportion of forceps and craniotomy cases occurring in that Institution during the seven years of Dr. Collins' Mastership,—when the stethoscope was in full use,—with the proportion of the same kinds of cases that occurred during the Mastership of his father-in-law, Dr. Clarke,—ere yet the stethoscope had been applied to obstetric purposes,—we obtain a result which you will most easily comprehend and appreciate, if I present it to you in a tabulated form, thus:—

	Forceps.	Craniotomy.
Dr. Clarke . .	1 in 718 cases	1 in 208 cases.
Dr. Collins . .	1 in 617 ,,	1 in 211 ,,

Thus the relative frequency with which the two forms of operation were performed during the respective seven years of the two masterships is seen to be so nearly equal, that it would appear as if the introduction of the stethoscope, and the knowledge which it enables us to obtain as to the vital condition of the infant, had, for a time at least, little or no influence whatever in modifying the practice of the Dublin Hospital Physicians and changing the actual relative proportion of cases in which they used respectively craniotomy and the forceps as their means of instrumental delivery. In Dublin, formerly, they used, in difficult or obstructed labours, craniotomy nearly three times as frequently as they used the forceps. In most other hospitals, the forceps are used greatly more frequently than craniotomy. Formerly, in the Dublin Hospital, and also some private Scottish and English Practitioners did not use the forceps except in cases where the head was detained low down in the pelvic canal, using craniotomy whenever the head was arrested high up. In those cases which we find so frequently occurring in practice, where the head is fixed high up in or even above the brim, they will not apply the forceps, nor will they turn the child, from a most erroneous notion that either of these operations, although it gives the child an almost certain chance of life, is more likely to prove injurious to the mother than the operation of craniotomy. But according to Dr. Churchill's elaborate and valuable statistics, after craniotomy the maternal mortality is three or four times greater than that which follows the use of the forceps. I was told by an esteemed friend and eminent accoucheur in Dublin, that when a student, he was present at a lecture when a gentleman took up a pair of forceps in one hand, and the craniotomy instruments in the other, and

called upon his students to witness what an easy operation craniotomy was, as compared to the difficult process of extracting a child by means of an instrument so formidable as the forceps! Not in Ireland only, however, but in our own country and in England as well, craniotomy has hitherto, I believe, been far too frequently and unnecessarily performed; and Dr. Tyler Smith, in my opinion, does a great service to humanity in pointing out its dangers, and in reminding us by what other means we may effect a safe delivery instead.

But much as I deprecate the too frequent or unnecessary destruction of the life of the child as a means of terminating a difficult labour; and, much as I detest the performance of such an operation, I cannot concur with Dr. Smith in his unconditional and uncompromising condemnation of the operation; nor can I think it aught else than a fond Utopian dream to suppose that craniotomy in every form may be for ever deleted from the list of obstetrical operations. I should hold myself guilty of fœticide were I to destroy the life of a child in utero by breaking down its skull with a view to facilitate its delivery, if I believed that that child could be extracted alive by any form of operation that afforded an equal hope of safety to the mother, as by the forceps or by turning. But experience has taught me, as it has taught others, that cases may, and do, sometimes, however seldom, come before us where we are shut up to the performance of this operation; and in order that you may be made fully alive to the importance and necessity of acquainting yourselves with all the details of it, you must allow me now briefly to indicate to you some of the cases and conditions in which you may be called upon to have recourse, however unwillingly, to the operation of craniotomy, or its substitute, cranioclasm.

(To be continued.)

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,
DELIVERED AT
The College of France,
DURING THE WINTER SESSION 1859-60,
By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture XI.
OPERATIVE PHYSIOLOGY—
STUDY OF THE PAROTID GLAND—*Continued.*

Summary: The Motor Nerve of Parotid Gland proved by Additional Experiments on Two Dogs to be a Branch furnished by the Facial to the Superficial Auriculo-Temporal Nerve—Its Course and Distribution—Important Results of the Discovery of this Nerve—Explosion of Old Theories and Establishment of Correct Views regarding the Function of the Parotid—The Parotid does not play a Passive Part in the Insalivation of Aliments—Ludwig's Experiments—Difference of Colour of the Venous Blood of the Parotid during its state of Repose and when in Action: Black in the Former; Red in the Latter—Necessity of Nervous Power for its Secretion—Effects of Galvanism on the Motor Nerve—Effects of Camphor on the Salivary Secretion—Saliva can be Produced by Pricking certain Points of the Encephalon—Difference of Effects varying with Point Operated on—Submaxillary Gland furnishes more Saliva than the Parotid under similar excitement—Influence of Fifth Nerve on Salivary Secretion—Difference of Effects of Galvanisation of Periphery of a Divided Nerve and the Extremity of the same Nerve Leading to the Encephalon—Certain Poisons act Directly on Salivary Glands—Their Action shown by Experiments—Woorara acts specially on the extremities of Motor Nerves—Difficulty of Explaining its Action on the Bodies of the Glands.

Gentlemen,—We have continued the series of experiments which we commenced on the motor nerve of the parotid gland. Our observations on it have been made without much difficulty on the present occasion—the natural consequence of our having previously discovered by dissection, during our first experiment, that it is a branch of the auriculo-temporal nerve. Now, you are perfectly aware that this branch of the fifth pair of nerves has innumerable anastomosing branches emanating from the filaments of the facial nerve. It is therefore evident that, far from contradicting the results of our experiments on the section of the facial nerve during our researches on it in the interior of the cranium, this last observation only goes to confirm them. The nerve which animates the parotid gland and presides over its secretion must consequently be one of the anastomosing branches furnished by the facial to the superficial auriculo-temporal nerve. On a level with the condyle of the jaw this latter furnishes a small branch, which pursues its course alongside the internal maxillary artery; but following a direction the inverse of that of the current of the blood: it then enters the parotid gland, where it ramifies freely. It is this bundle of nervous filaments which we must henceforth consider as the motor power of the parotid gland; and we must completely extirpate them in our dissection if we desire to arrest the secretion. The same results have been obtained in the course of our experiments on two other dogs.

The discovery of the properties of this bundle of nerves presents under different points of view no small amount of interest. Call to mind the opinions which were formerly in vogue with reference to the parotid gland; it was regarded as absolutely passive in the act of insalivation; it was regarded by all physiologists as a kind of sponge, which the movements executed by the animal during mastication must have pressed in order to make the saliva flow. It is true that the gland was observed to become active during the trituration of alimentary substances, and no nervous filament was recognised the direct excitation of which was supposed to stimulate the secretion; the conclusion, therefore, seemed to be quite legitimate. To-day, you must observe, this opinion is no longer admissible; for during our galvanisation of the nerve, this filament, which is no longer serviceable (seeing that it is cut), does not give rise to any pain, no movement is produced; the jaws are motionless: it is not, therefore, to mastication that we are to attribute the flow of saliva which follows the galvanisation; here there is an important fact which science has acquired.

The parotid gland does not play an absolutely passive part in the insalivation of aliments.

But this discovery may be turned to advantage in a more general point of view in our study of the circulation of the glands. The mechanism of the secretion was formerly explained by a hypothesis founded on purely mechanical grounds; the pressure of the blood in the vessels which lead to the glands was supposed to determine through their sides a transudation which was believed to pour into the acini a special product for each of the secreting organs. Ludwig has clearly demonstrated the inadmissibility of this hypothesis; he proved that an amount of pressure much more considerable than that occasioned by the circulation of the blood could be applied to the glands without exciting in any way the activity of their secretion. He adapts a manometer to the excretory duct of the submaxillary gland, he then ties this canal so as to completely prevent the escape of the secreted products; he at length excites, by means of galvanism, the motor nerve of the gland, that is to say, the chorda tympani; operating in this manner, we obtain by the accumulation of the saliva a pressure which raises the mercury to thirty or even to forty centimetres; this pressure is evidently directed in an inverse sense to that exercised by the blood; nevertheless the secretion goes on uninterruptedly. The secretion of glands is therefore not due to a simple mechanical cause; and it is this which the rational study of the circulation in the minor vascular systems corresponding or communicating with the secreting bodies demonstrates.

While the gland remains in a state of repose, its venous blood is black; but no sooner does it begin to act, than its blood becomes red, and like that of the arteries, and when the vein is cut, the blood is remarked to issue forth in jerks, as if an artery had been cut. It seems, therefore, at first sight, that the circulation of the gland is accelerated, and that the secretion is the result of this new modification; but these conditions alone do not suffice to determine the physiological phenomenon; it is still necessary that nervous action should come into play. When we excite the secretion by sensations produced by moist substances, it becomes very difficult to decide between the part played by the circulation in the interior of the gland and that which is produced in the surrounding parts; the animal executes movements of deglutition, moves the jaws, and thus causes the blood to flow from all sides towards the vessels of the gland. Nothing of the like kind takes place when we apply direct excitation, by means of Galvanism, to the motor nerve. The animal experiences not the slightest sensation; he remains motionless, and the circu-

lation proceeds with the most perfect regularity. It is then that the observer is placed in excellent conditions for studying it. We have already adopted a method of procedure, as regards this subject, in the case of the submaxillary gland, but it has been impossible for us, up to the present moment, to repeat the experiment on the parotid, and it is especially with a view to this object that we have undertaken a search for the motor filament of this latter gland; for, if it were possible to compare, loupe and scalpel in hand, the act of secretion which takes place in two different glands, such, for example, as the parotid and the submaxillary, and to apprehend, at a glance, the difference and the analogy existing between them, an immense step would thus be made towards the discovery of the real essence of this important physiological function.

The study of the properties of this nervous filament is fraught with interest in other respects; we know, for example, that by injecting into the torrent of the circulation certain substances, camphor for instance, the salivary secretion is powerfully excited; this is a subject which it is our intention to investigate, and especially for the purpose of ascertaining the nervous action which may determine it.

Formerly, during my investigation of the subject of diabetes produced by lesion of certain parts of the encephalon, I proved that a well marked salivation could be produced in an animal simply by wounding certain definite points. The wound which determines these accidents in the economy must be made on the floor of the fourth ventricle. Now when the cutting instrument chances to deviate to the right or the left, instead of acting directly on the median line, there is observed to take place a diminution in the flow of saliva from the gland of the same side; but when the wound is made directly over the median line the flow is the same on both sides.

We have also remarked that the submaxillary gland furnishes more saliva than the parotid. To what is this difference to be attributed? The wound, as we stated, is made on the floor of the fourth ventricle, but the salivation takes place only when the point of the cutting instrument, being directed forwards, wounds the parts adjoining the origin of the fifth pair of nerves. It would appear, therefore, that an injury bearing directly on the nervous centre, which presides over the salivary functions, immediately gives rise to the secretion dependent on it: in fact, we know that it is through the medium of the fifth pair of nerves that most of the reflex actions are produced, which exercise on these glands such a powerful influence; in this nerve may be said to terminate the greater part of the gustatory impressions which may be called the ordinary source of the salivary flow. We have frequently repeated an experiment which goes to confirm the truth of what we have just stated. Cut the lingual nerve, galvanise its peripheric extremity, no result follows; give vinegar to the animal, still no effect is produced; the nerve which should transmit the impression being divided. But if you galvanise the other extremity of the nerve, thus acting directly on the nervous centre, you will produce a secretion similar to what is observed under ordinary circumstances; but if, instead of acting on the nervous centre by galvanisation of the lingual nerve, you irritate directly the nervous centre itself, you will then produce a salivary diabetes, if I may be allowed to use such an expression.

But, in addition to this, there exist certain poisons which act directly on the salivary glands; woorara, for example, which, as you know, kills very rapidly, by producing phenomena characterised by general paralysis, induces at the same time an abundant flow of saliva, which is to be explained, no doubt, by the complete relaxation which it produces in the entire glandular tissue.

It may be objected that the asphyxia which this poison causes of itself suffices to explain the phenomenon: in order completely to solve the question, I injected some woorara into one of the small arterial branches which anastomose with the artery of the gland, at the same time taking care to open all the veins. In this way I poisoned the acini of the gland without poisoning the animal: I thus obtained a flow of saliva which it was impossible could have been produced by any other cause than the woorara.

Woorara acts, therefore, on the *salivary* glands in the same way as it does on the other glands of the economy. Now, we are aware that this toxic agent acts specially on the extremities of the motor nerves; but how does this action on the extremities of their nerves affect the glandular bodies themselves? This is a difficult question, which we shall endeavour to solve at some future time. It has been our object, on the present occasion, merely to show you that a nervous centre presides over the salivary function. Having shown you that a permanent salivation may be produced in animals by artificial means, it follows that there exists a special nerve whose duty it is to preside over the action of each of the glands; and the discovery which we have recently made completes the series of proofs on which this doctrine is founded.

ORIGINAL COMMUNICATIONS.

THE LEPROSY OF THE HEBREWS.

By ROBERT SIM, M.D. M.R.C.P.

What is meant by the term "Leprosy" in the Old Testament? This is a question which naturally suggests itself to any one who reads Leviticus xiii. and xiv., in which the "signs and tokens" for forming a diagnosis of leprosy are given. The dermatologist, by putting the question, "What skin-disease may *not* have been included under the term 'leprosy?'" would, in my opinion, give the most appropriate answer. In other words, I mean to imply that leprosy, when referring to mankind, was a designation for cutaneous affections in general, or, perhaps, more particularly to those of an ulcerative tendency—"The raw flesh is unclean: it is a leprosy." It is not my intention to discuss minutely the two chapters alluded to, particularly as I think Leviticus xiv. 54 is conclusive on the subject. "All manner of plague of leprosy" is a phrase that was surely never meant to be restricted to one specific disease. It would be easy to support this view of the subject by a full discussion of it, but I deem it unnecessary to do more than refer to one or two verses. In Leviticus xiii. 13 we find,—"If the leprosy have covered all his flesh, he (*i. e.* the priest) shall pronounce him clean that hath the plague." If any proof were wanting to show that the disease at present called leprosy could not be referred to, I think it is here furnished, for a more unclean creature cannot well be imagined than a sufferer from elephantiasis Græcorum, the leprosy of the present day, when the disease has made such progress as to cover all his flesh. Most assuredly, there is no reference to it as it at present exists in any part of the two chapters to which I allude. To those who profess to see in elephantiasis Græcorum "the leprosy" of the Levitical law, I would put the question—What, then, are we to understand by it when walls of houses, linen, and woollen garments, etc., are spoken of as being affected by it? I do not deny, that, if the malady now known as leprosy were prevalent among the Jews during the early period of their history, it would have been considered as a leprosy; but I affirm that there is no allusion to it in its present form in any part of the Old Testament, unless it may be as "the botch of Egypt, which cannot be healed." Surely some notice, if the disease had been frequent among the Jews when the Levitical law was promulgated, would have been taken of the hideous mutilations it causes—such as the dropping off of the fingers and toes, and even of the hands and feet, etc. Again, it is asserted by all serious observers, that elephantiasis Græcorum is incurable, and we are not told that any of the leprosies mentioned in Leviticus were so, although some of them may have been; but we find many of them spoken of as being "healed," and we have no reason whatever for supposing that they were so by the intervention of miracle. The cleansing of the leper was simply a ceremonial rite required subsequent to the healing, to enable the person who had been separated from the camp to re-enter it. We have nothing to do with cases such as those of Miriam and Naaman. Whatever was their nature, they were exceptional cases, and miracle did intervene as the cause and for the cure of the one, and for the cure of the other. "White as snow" could hyperbolically be said of common lepra (psoriasis circinatus, Hardy), but it could not in any way apply to elephantiasis Græcorum.

I have been led to offer these remarks by observing, in your number of January 21, the report of a discussion which took place at the Royal Medical and Chirurgical Society's meeting of the 10th.

It was with feelings of disappointment that I read that report, for, instead of elucidating the subject, I think that discussion has only made "confusion worse confounded"—has added confusion of ideas to a confusion of tongues. I find the word "lepra" used as a synonyme for "leprosy," while it is evident that elephantiasis Græcorum was the disease spoken of. I thought that lepra—among members of our Profession, at least—was now restricted to its proper sense, and only applied to a form of psoriasis, the common squamous disease, not peculiar to any country, but frequent in every one.

With your permission I shall offer a few cursory remarks on Dr. Webster's paper and the subsequent discussion on it.

Dr. Webster states that "leprosy chiefly affects the male sex, as it has always done heretofore." However true this may be with regard to Spain, it is not so with respect to all countries, as any one who visits the East may observe. That "all ages are liable to its attacks after puberty." I have seen several cases of it, well marked, before the patients had attained that period of life. That "the malady is not infectious in the strict sense of that designation." I can only understand "infectious" to have one sense or meaning; and I firmly believe that leprosy is not infectious. I knew two cases in Jerusalem where the wives of leprous men had given birth to children in some of whom the disease appeared before puberty, while both mothers remained intact, although living in the leper-huts, and having free intercourse with the lepers. I think these cases also prove, contrary to Dr. Webster's opinion, that the disease is hereditary. This belief obtains among the patients themselves, and among the people generally, not only in Syria, but in other parts of the East. The friends and relations of the lepers visit them freely in the huts, and do not seem to consider that they run any risk by so doing. The lepers are, however, considered "unclean," and, although they are allowed to go about begging, they are still made to dwell apart from the rest of the people. I may here mention that our own Government at Mauritius sends all lepers off the island to a small island in its vicinity. This is, to say the least, a very unnecessary proceeding.

In the city where I now am, the belief that phthisis pulmonalis is infectious—very highly infectious—is so prevalent that, when a person dies of it, the furniture of the room occupied by the sick, together with bedding, etc., is immediately burned. This belief is not confined to the ignorant class of the people, but is shared by the inhabitants of the Palace. This belief is not a harmless one, as it leads to the neglect of the sick, and even to worse consequences. A member of the Royal family, some time ago, was sent to die in a "segregate house" in the country. I need not remark on the inhumanity of sending persons, in the last stage of consumption, to die away from their friends. I firmly believe that the isolation of lepers, for the purpose of preventing the spreading of the disease, is as absurd as the belief in the infectious nature of phthisis; and it seems a hard lot to be separated from the rest of mankind, and banished to a desert island, however well the lepers may be treated there.

To attribute the development of leprosy to any of the causes, or to them all combined, put forth by Dr. Webster, is simply making it referrible to the same causes as very many of the diseases to which our flesh is heir. If those causes were capable of producing leprosy, it is strange that Ireland, where they all abound, should not be the favourite haunt of the malady. I am aware that it may be objected to this view of the subject, that the disease is an endemic one, as, doubtless, it is; but it has a wide range, and does occur, although rarely, in our own island; and why should it not be common in Ireland, if the causes invoked by Dr. Webster had anything to do with its production? Egypt and Syria, where the malady abounds, are notoriously dry, and it is not on the sea-coast where the disease is most frequent. In answer to Dr. Tilt, Dr. Webster observed, that "the number of lepers would doubtless have been greater," if the Hospitals, instead of being situated at Damascus, had been "near the sea-shore." Would it not be more reasonable to suppose that the Hospitals would be placed nearer to the coast if the disease were more prevalent there than elsewhere? The fact is that is not so, in Palestine, at all events. Even the sea-coast is dry and arid in these countries.

There were over thirty cases in the leper-huts in Jerusalem during my stay in that city, and it is impossible that a humid atmosphere had anything to do with the production of the disease. The simple truth is, that leprosy is a specific disease, having its origin, like other specific diseases, in a source to us unknown, and never likely to be discovered. Dr. Webster stated that it is communicable by inoculation. On what grounds does he rest this assertion? From this statement, and for other reasons, I am inclined to think that some, at least, of the cases at Granada are syphilitic, as, doubtless, many of the cases, called leprosy, were in the middle ages. Littré has shown that syphilis probably existed in Europe in the thirteenth century, and there is no valid reason to show that it has not existed from remote antiquity. Ricord himself now admits the possibility of inoculating secondary syphilis; and who can tell if some of the tertiary forms, such as the tubercular, in its ulcerative stage, may not be admitted to be so too? This is the only form likely to be mistaken for leprosy in its early stage, and even then mistake is generally avoidable. Another reason for my belief that some of the cases seen by Dr. Webster at Granada were not leprosy, is, that one of the most constant symptoms of the affection is the harsh, husky voice; and the Doctor speaks of some of the patients as having been "singing." If these were really cases of leprosy, they were in a very early stage of its progress, for singing, at a not very advanced stage, would be impossible.

The statements regarding the lasciviousness of lepers are, I believe, utterly absurd—*i.e.* if we restrict the term *leper* to those afflicted by the elephantiasis Græcorum. These, like many other fallacies, are believed, by some shrewd observers, entirely on the faith of others. That it is true of persons suffering from local pruriginous diseases is well known; but that it is true of the poor creatures in question is most improbable. Do those who profess to believe such statements remember that anæsthesia is an almost constant symptom of the disease under consideration? We hear of a hyperæsthetic form; but I have never seen a case in which it was present, nor do I believe that hyperæsthesia ever occurs in leprosy at any stage of its progress. In one case—that of the husband of one of the women referred to as living in the leper-huts in Jerusalem—the testicles had given place, by substitution, to the heterotopic element, whatever it may be, and I could not produce any sensation of pain by squeezing the scrotum with great force. There was no induration of the scrotum itself, which proves that the skin is not the tissue in every case which is primarily affected. I need not say that the *libido inexplebilis* could not be true of this case. If there be lasciviousness among lepers at the very earliest stage of the disease, it can only be when the organs of generation are not affected, and must be due, as Mr. Acton observed, to comparative idleness. Idleness and "fullness of bread" produce the same results in all conditions of mankind; but, if in a less degree in one class than in another, it is surely in that class in which those forming it are suffering from the effects of a corroding, prostrating, constitutional malady, from which recovery is hopeless.

I entirely concur with Mr. Acton's views of the whole subject, except as to the difficulty of forming a diagnosis of leprosy. When the disease has made a little progress, it is easily distinguished from any other; and when the face is affected, as is generally the case, the leonine expression of the countenance is so characteristic as to render mistake impossible.

Dr. Tilt stated that he was informed by Dr. B. Thompson, "that he had found iodide of potassium the best remedial agent." Did Dr. Thompson mean that he had ever seen any good result follow its use? If so, iodide of potassium being the remedy, *par excellence*, for tertiary syphilis, were not the cases, so benefitted, probably the tubercular form of that disease?

Dr. Webster stated that, after a certain stage, he believes leprosy to be incurable. Does he imply that it is, at any stage, curable? It is against such loose statements that we must be especially on our guard. Coming from such a quarter, great credit is naturally accorded to them; but until one well-authenticated case, at least, be produced, with all the attendant circumstances, diagnosis, duration of the disease, treatment, etc., fully detailed, I think we may fairly decline to yield the point as to the curability of leprosy, at any stage of its progress.

The celebrated Larrey, when in Egypt, said that he cured leprosy in its early stage, "*par le fer et le feu.*" As to curing it by excision and cauterisation, what would be thought of

anyone who should profess to cure tertiary syphilis by such means? Elephantiasis Græcorum is, unquestionably, as much a constitutional disease as syphilis in any form. Larrey also had his theory for the cause of leprosy. His imagination led him to assign the eating of pork as a cause of the malady. Unfortunately for this theory, which has its adherents in France, the Mohammedans, who never even touch hog's flesh, are those usually affected in the East. Among all the cases in Jerusalem, when I was there, there was only one Christian leper; and the relative proportion of the Christian to the Mohammedan population is certainly very much greater than one in thirty. One in three is, I should say, nearer the mark.

It is a fatal habit, and a great obstacle to the progress of Medicine, where observations alone should be our guide, that of giving a reason for everything; and yet how prone most writers are to attempt to explain subjects altogether beyond the reach of our reason.

The fact of leprosy having been so long left in the domain of Dermatology is an anomaly. In the whole range of nosology there is not a disease more decidedly constitutional. It spares no tissue—not even the osseous; and, when the last stage of the malady approaches, the patient is generally carried off by colliquative diarrhœa just as it so often happens in phthisis pulmonalis.

Leprosy is, as much as any disease, entitled to the privilege of being considered apart; but, if it were to be placed in any class, it ought, I think, to be, for the present, among the cancers. The word cancer itself, by the recent advance of histology, has become vague and almost meaningless—the cancer-cell theory having been abandoned by all histologists of note—with, I believe, one exception.

It is probable that all such words shall soon disappear, and that concise, expressive terms will take their place. Till then, however, the word cancer is one which sufficiently denotes a class of tumours, which invade and disorganise all the tissues; the economy having a constant tendency to reproduce similar ones at, or near the place they occupied, or at a remote point.

This is precisely the case with leprosy. Dr. Priestley mentioned the case of a young woman who underwent two amputations,—first of the hand, then of the arm; and yet, after such a barbarous misapplication of the knife, a third amputation was contemplated when he last saw the patient.

Naples.

ON LITHOTOMY CONSIDERED AS A CAUSE OF DEATH,

WITH REMARKS ON THE PRESENT STATE OF THE OPERATION USUALLY CALLED "THE RECTANGULAR OPERATION FOR STONE;" AND ON THE BEST METHOD OF EXTENDING THE ORDINARY INCISIONS IN THAT OPERATION, FOR THE PURPOSE OF EXTRACTING STONES OF UNUSUALLY LARGE SIZE.

By Professor A. BUCHANAN, M.D., University of Glasgow.

(Concluded from p. 341.)

By the members of the Medical Profession in Glasgow, and over the whole district of Scotland connected with Glasgow by education and Professional intercourse, the new operation has been received and adopted in practice with the most cordial unanimity. They have, almost to a man, abandoned the old operation and adopted the new one. This they did after seeing the operation performed and judging of it for themselves; and that they judged independently may be inferred from the fact that they did not wait till some high metropolitan authority promulgated his dictum for their guidance. It would, however, be unfair in me not to mention that the repute of the new operation was greatly advanced by some men of deservedly high name having at an early period given it their countenance—I should particularly mention Dr. Lawrie, Dr. M. S. Buchanan, Mr. Watt, and Dr. Hunter, as among the first to advocate it and adopt it in practice.

Everywhere else throughout this country the new operation has met with a very different reception. With the exception of Mr. Spence, of Edinburgh, I do not know of a single Hospital Surgeon who has ever performed it. I should mention, however, that the late much lamented Dr. Richard Mackenzie, before leaving Edinburgh for the Crimea, had expressed his intention of adopting it. In private, again, the performance of it has almost been limited to the pupils of the Glasgow School disseminated as Practitioners throughout the country. Not only has the operation not been adopted—it has been opposed, misrepresented, and ignored—terms scarcely intelligible in reference to a scientific discussion, but unfortunately too frequently applicable to discussions in Surgery, which, besides being a science, is also an art and means of making money—but I forbear from drawing a picture which those who love our noble art in its purity and simplicity, and not in its meretricious dress, can have no pleasure in contemplating.

Notwithstanding these unfavourable appearances, I am fully satisfied that the seed which I have committed to the ground is not destined to remain unproductive, but is even now in vigorous growth, and will ere long yield an ample harvest. The signs of this result are to me unmistakeable. Twelve years ago, when I first threw a pebble upon its placid surface, the opinion of all Medical men in this country on the subject of lithotomy was tranquil and undisturbed. The lateral operation of Cheselden was accepted by all as an ultimate result of Surgical ingenuity, and the boldest innovators for half-a-century before had never ventured farther than to modify the shape of the cutting instrument, or alter slightly the direction and the extent of the incisions. How different is the case now! Throughout all England the Medical mind is in a ferment on the subject of lithotomy. Every periodical teems with observations and cases innumerable, all indicative of some great change which the public mind is in process of undergoing. And what is that change? It is exactly what I first advocated. All are now thoroughly determined, as determined as I then professed myself to be, to abandon for ever the old homicidal lateral operation for stone. Still further, they are all, without any exception, equally unanimous as to the direction in which the new movement is to be made. It is exactly the direction which I recommended to them. They all try to penetrate into the bladder, directly in the mesial or middle line of the perineum. To be sure, they do not do this exactly in the way in which I recommend that it should be done. But that would have been an honour too great for me to expect from metropolitan Surgeons, more accustomed to give than to receive instruction. They prefer, not unnaturally, using their old instruments to my new ones. Some of them, however, have gone so far as to take my staff into their hands, and they express their surprise at the facility with which it slips into the bladder. But they do not call it by my name, or by the name which, as the inventor, I was entitled to give it. They prefer calling it, I am afraid less in compliment than in derision, "the Glasgow staff." Some have gone further, and have actually used the Glasgow staff in their operations. But do not suppose that they have followed my directions as to the mode of using it. They have more spirit. They hold the groove of the staff in the middle of the perineum, or right up against the pubes, as if to deviate as far as possible from the leading maxim of holding it under the level of the bulb of the urethra, which any tyro at Glasgow could prove to them to be indispensable. Last of all, there are Surgeons more independent still. They do not use the Glasgow staff. They get a small bit added to either end of it; or better still, they drill a hole right through it, and then they consecrate the new staff by giving to it their own name, so that thenceforward no one can justly say of them that they use any other staff than their own. If, in fine, they wish to attain the highest distinction—to add the praise of ingenuousness to that of ingenuity—they publish a description of the new staff, while they admit candidly that some man, somewhere in Scotland, did previously devise and use a staff of a somewhat similar description.

The name of Rectangular Operation has been an unfortunate one, as tending to produce confusion in the public mind between the operation and the instrument used in performing it. It is impossible to dispel from the minds of many Surgeons, more especially of those who have invented rectangular instruments and wish to use them in their own way, that "rectangular operation" can mean anything else than an operation performed with a staff of a rectangular shape, in whatever position that staff may be held. But to perform the rectangular operation, such as I have described it, the staff must be held in one invariable position,—viz. with the groove under the level of the bulb of the urethra; and if the groove be placed in any other position, it is no longer the

operation described by me that is performed. It is only when held in this position that the staff will permit the knife to penetrate into the bladder by the shortest possible route, and to cut outward, making a safe and sufficient opening for the extraction of the stone. Whoever operates with a rectangular staff held in the position just described, performs essentially the operation which I recommend, whatever subordinate modification may be given to the staff. I owe, indeed, and beg to express my thanks, to many ingenious gentlemen who have introduced such modifications, while they retain the essential points of the rectangular shape of the staff, the true position of the groove, and the direction of the section outward. If I have not myself adopted any of the proposed modifications, it is because I have not been able to persuade myself that the simple staff in the hands of a man of ordinary dexterity, duly instructed in the way of using it, is not a superior instrument to any of the more complicated staffs which have yet been constructed, so far as I have seen them. As to those gentlemen again who employ rectangular staffs, whether simple or complicated, held in any other position than that described above, I can only say that I cannot perceive the use which such instruments so held are intended to serve, and that personally I owe them no thanks, but the reverse, for the confusion which they have occasioned in the public mind as to the true nature of the operation which I have named "rectangular."

I must advert more particularly to two operations, in some respects very much akin to my own, which have obtained popularity in England. These are Mr. Allarton's median operation, and Mr. Hutchinson's operation with his rectangular catheter-staff. I may be allowed, without undervaluing the labours of those gentlemen, to urge the similarity and priority of my own.

Mr. Allarton's operation was first given to the public six years after mine—at a period therefore when the practical success of the latter had been fully ascertained. The object of both operations, in so far as incision is concerned, is the same—to penetrate into the bladder in the middle line of the perineum. I first applied the term *mesial*, in contradistinction to *lateral*, as a generic name for all such operations. Mr. Allarton, unwilling apparently to borrow anything from me, with much ingenuity changes two of the letters of this name, and calls his operation "the median operation." Now, as the one word is just as good as the other, and there is no difference in their signification, little objection could have been made to this change had he contented himself with calling his operation *a* median operation, but to call it *the* median operation, as if no other median operation were in existence, is to arrogate for it a degree of importance not warranted by its priority in point of time, or, as appears to me at least, by its demonstrated excellence.

While mesial, or median if it be preferred, is the generic name according to the nomenclature which I have proposed, the different modes of operating in the middle line are denoted by specific names indicating in what way the prostate is divided in each of them. If we apply this principle to Mr. Allarton's operation, it ought to be named the *medio-lacerant*, for I believe this term to express truly the mode in which, for the most part, the prostate is actually divided; but if any objection be made to that assumption, the operation might then be called the *medio-dilatory* which would express the double idea of the process of dilatation and the tediousness of that process.

To represent Mr. Allarton's section as a revival of the "sectio Mariana" is manifestly erroneous. Had Mr. Allarton imitated Marianus, he would not have cut in the middle line of the perineum at all, but to the left of it, and would have gone right through the corpus spongiosum and bulb into the canal of the urethra, leaving the membranous part untouched by the knife. Mr. Allarton's section is a much more scientific one, and the offspring of a much later age. So far as I know the history of lithotomy—if we pass over the crude attempts of the Celsian operators, and come down to the time when anatomy had become a science—Dupuytren is the first surgeon who ever attempted to reach the bladder by cutting from the middle line of the perineum through the membranous and prostatic portions of the urethra. To that great surgeon of the last generation—to whom I owe the respect and gratitude of a pupil to his teacher—I willingly professed my own obligations, assuming his bilateral operation as the starting-point of my own researches. But the bilateral operation was not the first mesial operation devised by Dupuytren. At an earlier period of his career he performed the very section now recommended by Mr. Allarton, but he abandoned it on finding that it was only fitted, even when accompanied with a free section of the prostate, for extracting stones of a very small size (très-peu volumineux). There can be no doubt that this is the source from which Mr. Allarton's operation has been actually derived, although he is not himself aware of it. His own account is, however, quite reconcileable with this view. He says he derived it indirectly from Bresciani di Borsa, through the medium of the *Medico-Chirurgical Review*. But the Italian surgeon obviously adopted his section from Dupuytren's first mesial operation, just as he adopted the double lithotome from the second, in all cases where the size of the stone required it. I have thus shown that in object, in name, and in origin, Mr. Allarton's section is very similar to my own—the great difference being that Mr. Allarton operates with the old staff, as I originally did, to the great danger of the rectum and bulb of the urethra, while I operate with a staff especially devised to guard against these dangers.

There are only two steps in Mr. Allarton's section which he claims as altogether his own. These are keeping his finger in the rectum to guide his knife, and using the knife by stabbing as with a dagger instead of by cutting inward. Now these are the well-known steps of the rectangular operation. From these numerous coincidences, I am satisfied that Mr. Allarton has directly or indirectly profited by my labours more than if in the former way he has thought fit to acknowledge, or if in the latter than he may himself be aware of.

I hope I have said enough to show that Mr. Allarton has no title to the credit which is so generally accorded to him all over England of having introduced the mesial section for stone into this country. Mr. Allarton, as I have above stated, introduced his operation six years after mine, at a period when the practical success of the latter was no longer doubtful. Both operations are taken from Dupuytren — mine directly from his last and most perfect effort, which I have so modified as to render it, I believe, more safe and easy of execution, and more successful in its results; Mr. Allarton's, from an earlier operation which had been abandoned by Dupuytren himself on account of its imperfection, but which was revived by an Italian Surgeon who wrote more than twenty years afterwards, and from whom Mr. Allarton indirectly takes it. The subject may be illustrated thus:—The city of Glasgow has just received a supply of pure water from Loch Katrine, the source of the River Forth; now if, six years after this, it were proposed to bring in another supply of water into the city, taking it not from the fountain-head, but much farther down from the turbid stream, which meanders beneath Stirling Castle; the attempt would be quite parallel to Mr. Allarton's attempt to reintroduce into this country the mesial section for stone.

Although it is only with Mr. Allarton's section, or the first part of his operation, that I have properly anything to do, I cannot avoid offering a few remarks in passing upon the second part of it (a), in which unquestionably he shows himself a genuine disciple of Marianus. One great cause of the slow progress of the human intellect seems to be the tendency which it has not to advance in a straight line, but to move onward in a kind of spiral curve, which brings it frequently back after a wide circuit to some point which it occupied long before. It is impossible to avoid this reflection when we see sensible men emulating each other in devising instruments, for the purpose of renewing, in the last half of the nineteenth century, the barbarities which were the disgrace of Surgery three hundred years before. It must be owned, however, that these proceedings are a genuine result of a principle which has long passed, and passes at the present day unquestioned as an axiom among lithotomists, viz. that the prostate gland is more safely torn than cut. How a proposition so repugnant to common sense, and so inconsistent with our experience of every other tissue of the human body, should have met with a general acceptance with respect to tissues so dense and unyielding, as the prostate and its capsule is difficult to conceive. With whom it originated I do not know;

(a) In giving the history of the process of dilatation, Mr. Allarton has not done justice to my friend, Dr. M. S. Buchanan of this city, who is unquestionably the first Surgeon in this country who practically investigated it. But the result of his investigation has been to make him abandon dilatation in favour of incision to the exact extent necessary, and no further.

but it has since passed as one of the arcana of lithotomy from one operator to another, and been screened from all general investigation, from the belief that none but lithotomists were capable of judging of it. I think, however, it most probably originated in the following way:—If a knife be pushed through an orange, or any similar solid, dividing it in the middle, but leaving it entire at the sides; and if thereafter the finger be forced through the opening, it will be found that a great deal of boring and apparent dilating or tearing is required to allow the finger to pass; but it is merely the effort necessary to change two plane and parallel surfaces into a cylindrical surface capable of adapting itself to the surface of the finger. Now every operator, who thrusts his finger into the bladder, after cutting the prostate gland, experiences similar sensations, and is apt to imagine that he is dilating or tearing the substance of the prostate, when he is doing no more than adapt the two plane and parallel cut surfaces of the gland to the curvilinear surface of his own finger. Tearing the prostate is something very different; few tissues of the body resist it more powerfully, or would, I believe, be more injured by it. While the prostate ought never to be cut a single hairbreadth beyond what is necessary for the extraction of the stone, it ought, according to my view, to be cut, and not torn to the necessary extent.

Mr. Hutchinson, of London, has invented what he calls a rectangular catheter-staff, which he directs to be held in the middle of the perineum. What end can be proposed in holding such an instrument in such a position I cannot conceive, unless it be to render absolutely certain the division of the spongy body and bulb of the urethra, which are doubled over the angle of the staff, and cannot possibly escape the knife. I do not speak of what I have not seen. An eminent Surgeon of this city took up at one time the same idea as Mr. Hutchinson, and insisted that his rectangular staff should be held up under the arch of the pubes. I held it myself, reluctantly indeed, but without one word of remonstrance, which I knew would have been vain. Such a gush of blood followed the introduction of the knife as I never before witnessed in lithotomy. It would have been called a flooding in the other sex; but most fortunately, although quite unlooked for by either of us, the bleeding stopped almost completely as soon as the patient was unbound and the staff withdrawn from the urethra.

With respect to the future of this operation, it might, perhaps, be most prudent to allow the future to speak for itself; but having once succeeded in foretelling its success, I am tempted to hazard another prediction. When the operation was yet a mere speculation in the dissecting-room, I had the presumption to anticipate, and say openly, that in ten years the lateral operation for stone would be a matter of history; and in less than half that time the new operation had completely superseded the old one on the only field where they have hitherto come into competition—in this city and around it. I now venture to predict that in less than the period above mentioned, it will be the dominant operation throughout England, counting from the day when the operation shall be first performed in the theatre of a London Hospital by a man who has carefully studied it, and is duly qualified to perform it. In saying this I am quite aware that while there are prophecies that bring about their own fulfilment, there are others that have an opposite tendency, and may even pervert the natural course of events by the opposition and hostility which they excite. But I know well of what I speak, and have calculated the chances upon both sides. The petty prejudices of individuals by which the operation is now opposed will become every day more feeble, and at length pass away; while what is conformable to truth and to nature is enduring, and will gather every day new strength from every fresh manifestation of its power.

I must, however, be understood to speak solely of England. To those who know Scotland it would not seem strange that a Glasgow invention should find little favour, and should not even be tolerated within the bounds of Mid-Lothian. The example of Mr. Spence, although his operation was successful, never met with a single imitator in Edinburgh; and what is excluded from Edinburgh is excluded virtually from a large part of the ancient kingdom of Scotland. No! I prophesy only of things possible. Dr. Livingstone—a pupil of the Glasgow school—will plant the new operation on the Zambesi and Shirwa; it will pass the famed Hydaspes, and penetrate into China and Japan—and perhaps, thereafter, a traveller from those remote regions will re-import it under a barbarous name as the invention of some Eastern sage, and then, but not till then, it will find a ready welcome, and become the dominant operation in the capital of Scotland.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

UNIVERSITY COLLEGE HOSPITAL.

EXCISION OF THE WRIST-JOINT AND CARPUS—RECOVERY.

(Under the care of Mr. ERICHSEN.)

When patients refuse to submit to the measures recommended, opportunities are sometimes afforded for trying experiments which under other circumstances the Surgeon would not feel warranted in doing. Such was the case in the following instance, and the result obtained is certainly instructive and very much better than might have been expected. Excisions of the carpal bones, more or less extensive, have of course been performed deliberately by Surgeons, but the results have been for the most part very unsatisfactory, and not at all of a character to encourage the undertaking of an operation in which it would be needful to remove the entire carpus, the ends of the metacarpal bones, and those of the radius and ulna.

The following brief account of the case is taken from the notes of Mr. T. B. Lyon, the dresser of the patient:—

J. W., aged 34, a tall and thin man, was admitted into University College Hospital, on the 19th of January last. About twelve months before he had received a severe kick from a horse on the back of the right hand. Abscesses formed, from which the sinuses still remained. On probing a good deal of rough and carious bone was felt. He could not move his wrist or fingers; the latter were semiflexed, and there was much swelling of the whole hand. As he had been for some time under a variety of treatment, with the hope of saving the hand, but without any benefit, Mr. Erichsen recommended amputation, to which, however, the patient would not consent; Mr. Erichsen therefore determined to excise the diseased bones. Accordingly, on January 24, Mr. Erichsen removed the carpus, the carpal end of the metacarpal bones, and the lower ends of the radius and ulna. The incision made was a single longitudinal one over the dorsum of the hand. The hand was afterwards kept in a splint. The patient made an excellent recovery, and left the Hospital on March 29 with the wound completely closed, and the hand and fingers in pretty good position, and with more power of moving them than he had before the operation. There was also some mobility of the wrist-joint, and it seemed probable that he would eventually obtain a very useful hand.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE HULL INFIRMARY.

EXCISION OF THE KNEE-JOINT—RECOVERY.

(Under the care of Dr. KING.)

J. B., a delicate girl, aged 16, was admitted on November 30, 1859, with disease of the left knee-joint. She had received a severe twist of the part eight years ago; by which inflammation was set up in the joint. She had been under the care of different quacks, and subsequently under that of a Surgeon. The joint assumed soon a quiet state, and remained so until about a year ago. In April last severe pain returned in it. It was then blistered, leeched, etc.; but spontaneous dislocation of the tibia and fibula, backwards and outwards, gradually took place. At the date of admission the joint was very stiff, and she rested the limb on the other leg, which habit would seem to have aided in producing the form of dislocation which existed.

Operation on December 6 under Chloroform.—The operation was performed with a crucial incision; rather more than an inch was sawn off the end of the femur and tibia, the latter

including a portion of the head of the fibula. The patella was also removed. The joint was found completely disorganised, and the whole of the cartilages removed by ulceration. The wound was brought together with iron-wire sutures, and the limb placed in a strong leather splint, previously moulded on the sound limb. From the date of the operation until January 10, the limb was never moved in the least, but merely the dressings removed when required. A few of the sutures sloughed out, and the wound had not yet entirely healed. The foot was in good position; the upper part of tibia only appearing to have sunk a little. Her general health had much improved. She had taken nourishing diet, and four ounces of wine daily.

On January 23 the limb was removed from the leather splint, and placed on one of iron. The girl's health had improved, but there was not at that time any union between the bones.

At the present time (April 2) the girl is in very greatly improved health, and only a very small part of the wound remains unhealed. There appears to be fibrous union between the ends of the bones, but they are not very firm, and the splint is still retained.

We are indebted for the above particulars to Mr. C. E. Evans, the Resident Surgeon to the Hospital.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1859.

The subjoined Report comprises the cases supplied by the following Hospitals (a):—

Addenbrooke's (Cambridge), the Carlisle Infirmary, the Derby Hospital, the Cheltenham, the Dorset County, the Gloucester, the Hull, the Leicester, the Leeds, the Liverpool Southern, the Norfolk and Norwich, the Nottingham, the North Stafford, the Sussex County, and the York County Hospital.

LITHOTOMY.

Number of cases 41. Recovered 35. Died 6.

Case 1.—The South Staffordshire Hospital: Mr. Coleman.—A boy, aged 4. The lateral operation. Recovered. *Case* 2.—The Leeds Infirmary: Mr. Teale.—A man, aged 40, in good health. Removal of a stone weighing six drachms and a-half by the median operation. Recovery. *Case* 3.—The Leeds Infirmary: Mr. Teale.—A feeble old man, aged 61, the subject of chronic bronchitis. He had been twice operated on for stone during the last three years. The median operation. Slow recovery, *Case* 4.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A man, aged 55, in good health. The lateral operation; removal of a lithic acid calculus, weighing more than five drachms. After the operation he suffered from severe rigors, but without any signs of local inflammation. This symptom subsided under the use of quinine, and he made a good recovery. *Case* 5.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A delicate boy, aged 7, who had suffered severely. Removal of a lithic acid calculus by the lateral operation. Recovery. *Case* 6.—The Leeds Infirmary: Mr. Teale.—A boy, aged 5. Removal of a small stone by the median operation. Recovery. *Case* 7.—The Leeds Infirmary: Mr. Teale.—A boy, aged 7.—Removal of a stone about the size of a hazel-nut, by the median operation. Rapid recovery. *Case* 8.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A stout healthy boy. The lateral operation. Removal of an oxalate-of-lime calculus weighing one drachm and a-quarter. Recovery. *Case* 9.—The Dorset County Hospital: Mr. Tapp.—A boy, aged 7, in whom the calculus was impacted in the prostatic urethra, and a false passage existed by its side. The stone subsequently slipped back again into the bladder. His urine was loaded with phosphates and was very alkaline. Lateral lithotomy. Removal of a stone about the size of a walnut. Rapid recovery. *Case* 10.—The Hull Infirmary: Dr. Lunn.—A healthy boy, aged 8, for three years the subject of stone. Lateral lithotomy. Removal of an oxalate-of-lime calculus weighing more than three drachms. He did well for a few days, and then had an attack of peritonitis which all but ended fatally. Subsequently he had also an attack of bronchitis, and was reduced to a state of great emaciation. The wound healed very slowly, but at the date of the last note, ten weeks after the operation, although he had left the Hospital, there was still an open fistula. *Case* 11.—The Hull Infirmary: Dr. Lunn.—A boy, aged 5, for four years the subject of stone. A calculus, weighing very nearly two drachms and a-half, and consisting of lithates, was removed. Rapid recovery. *Case* 12.—The Brighton Hospital: Mr. Furner.—A man, aged 43, for four years the subject of stone. His urine was loaded with pus. A smooth oval calculus, weighing nearly an ounce, was removed by the lateral operation. Recovered. *Case* 13.—The Brighton Hospital: Mr. Blaker.—A boy, aged 8. Lateral lithotomy. Recovery. *Case* 14.—The Nottingham Hospital: Mr. Thompson.—A man, aged 72. The lateral operation. Removal of a phosphatic calculus weighing about two drachms. Recovery. *Case* 15.—The Nottingham Hospital: Mr. Thompson.—A healthy man, aged 45. Lateral lithotomy. Removal of a lithic acid calculus. Recovery. *Case* 16.—The Nottingham Hospital: Mr. Thompson.—A healthy man, aged 62. Removal by the lateral operation for a lithic acid calculus weighing an ounce and a-half. Recovery. *Case* 17.—The Norwich Hospital: Mr. Cadge.—The median operation. Removal of a stone weighing one drachm. Recovery. *Case* 18.—The Norwich Hospital: Mr. Crosse.—A man, aged 31. The lateral operation. Removal of a stone weighing one drachm. *Case* 19.—Norwich Hospital: Mr. Firth.—A man, aged 31. Removal of an oxalate-of-lime calculus, weighing one ounce. Recovery. *Case* 20.—The Norwich Hospital: Mr. Firth.—A boy, aged 4. Removal of two calculi, weighing thirty-three grains. Recovery. *Case* 21.—The Norwich Hospital: Mr. Nichols.—A man, aged 20. Median operation; removal of calculous matter, weighing one drachm and two-thirds. Recovery. This patient had been operated on for stone several times before. *Case* 22.—The Norwich Hospital: Mr. Nichols.—A man, aged 52. The lateral operation; removal of a stone weighing one ounce. He suffered subsequently from pyæmic abscess of the right shoulder. Recovery. *Case* 23.—The Norwich Hospital: Mr. Cadge.—A man, aged 67. Median operation; removal of a stone, weighing nearly half-an-ounce. He had an attack of angina pectoris shortly after the operation. Recovery. *Case* 21.—The Norwich Hospital: Mr. Firth.—A man, aged 61. The median operation; removal of ten calculi, weighing three drachms. Recovery. *Case* 25.—The Leicester Infirmary: Mr. Paget.—A short, corpulent man, aged 49, in fair health; lateral lithotomy; removal of a calculus the size of a pigeon's egg. Recovery. *Case* 26.—The North Stafford Infirmary: Mr. Walker.—A healthy child, aged 5. Lateral lithotomy; removal of a lithic acid calculus as large as a walnut. Some symptoms of peritonitis were present during the first few days, but they subsided, and the child made a good recovery. *Case* 27.—The North Stafford Infirmary: Mr. Garner.—An infant, aged 2, whose elder brother had previously been operated on for stone. Lateral lithotomy; removal of a lithic acid calculus, the size of a large pea. Recovery. *Case* 28.—The North Stafford Infirmary: Mr. Folker.—A boy, aged 8. Lateral lithotomy. Removal of a large lithic acid calculus. Recovery. *Case* 29.—The Leeds Infirmary: Mr. Teale.—A healthy man, aged 63, four years the subject of stone. Median lithotomy. Removal of three calculi, two large and one small, weighing altogether an ounce and a-half. Recovery. *Case* 30.—The Leeds Infirmary: Mr. Teale.—A healthy boy, aged 5. Median lithotomy. Removal of a calculus, weighing eighty-four grains, consisting of lithates. Inflammatory œdema of the penis and scrotum came on after the operation, and lasted for a few days. Recovery. *Case* 31.—The Leeds Infirmary: Mr. Smith.—A delicate boy, aged 5, two years the subject of stone. Lateral lithotomy. Removal of a calculus weighing seventy-two grains. Recovery. *Case* 32.—The Leeds Infirmary: Mr. Smith.—A healthy man, aged 73, fifteen years the subject of stone. A mulberry calculus, weighing nine drachms, was removed by the lateral operation. Recovery without a bad symptom. *Case* 33.—The Leeds Infirmary: Mr. Teale.—A feeble man, aged 61, suffering from chronic bronchitis. Median lithotomy. Removal of a

(a) Two or three of the Institutions also furnish a few cases which had been omitted in previous reports, and are now inserted in order to completeness, although the Hospitals referred to do not supply us with their cases operated upon during 1859.

phosphatic calculus the size of a hazel-nut. Good recovery. *Case* 34.—The Leeds Infirmary: Mr. Teale.—A boy, aged 8. Median lithotomy. Removal of an oxalate of lime calculus the size of a marble. Recovery. *Case* 35.—The Liverpool Royal Hospital.—A delicate boy, aged 4, for two years the subject of stone. Lateral lithotomy. Removal of a lithic-acid calculus the size of a horse-bean. Rapid recovery.

FATAL CASES.

Case 36.—A delicate boy, aged 13, for ten years the subject of stone. Lateral lithotomy; removal of a very large stone in fragments, and with much difficulty. The stone weighed one ounce. Two days after the operation well-marked symptoms of peritonitis supervened. The boy gradually sunk, and death took place a fortnight afterwards. Inflammation of the parotids occurred two days before death. At the autopsy, excepting the slightest traces, there was no evidence of peritonitis having existed. There was an abscess in the cellular tissue near the fundus of the bladder on the left side; the parts about the bladder were much ecchymosed. *Case* 37.—An infant, aged 1½ years. Removal of two calculi, weighing together about half-a-drachm, by the median operation. Death from convulsions on the following day. No autopsy. *Case* 38.—A man, aged 68, of spare habit, but healthy; symptoms of a year's duration. Lateral lithotomy; removal of a phosphatic calculus. He sank gradually, and died on the sixth day after the operation. *Case* 39.—A very stout man, aged 47. Median lithotomy; death on the third day from inflammation of the cellular tissue of the pelvis, and of the peritoneum. The details of this case will be found in the *Medical Times and Gazette* for December 10, 1859. *Case* 40.—A boy, aged 8. Median lithotomy; removal of a mulberry calculus the size of a small walnut. Peritonitis gradually developed itself, and death occurred on the ninth day. The autopsy showed infiltration of the cellular tissues behind the bladder, and the effects of peritonitis. *Case* 41.—A man, aged 64, of very feeble health, the subject of a stone for a year and a-half. Lateral lithotomy; removal of seven lithic acid calculi. He did fairly for about a week, and then became feverish, and had rigors, followed by diarrhœa. Death on the tenth day. At the autopsy the bladder contained thick mucus; the wound in the prostate had nearly closed; the external wound was pale, and without granulations. The left groin was infiltrated with pus, and the left testicle was in a state of suppuration. The organs of the body were generally healthy, but the emaciation was extreme.

HERNIOTOMY.

Number of cases 28. Recovered 18. Died 10.

Case 1.—The Leeds Infirmary: Mr. Smith.—A brewer man, aged 40, the subject of left inguinal hernia, about the size of a fist, and strangulated for twelve hours; sac opened. Recovery. *Case* 2.—The Leeds Infirmary: Mr. Hey.—A woman, aged 32, the subject of a small right femoral hernia; strangulated two days; sac not opened. Severe peritonitis followed. The bowels did not act until the eighth day after the operation. Recovery. *Case* 3.—The Liverpool Royal Infirmary: Mr. Long.—A healthy man, aged 41; hernia, femoral; of large size; very tense and painful. The sac was opened, and found to contain omentum and intestine. The gut was returned, and the omentum left in the sac. Recovered. *Case* 4.—The Gloucester Infirmary: Mr. Lovegrove.—A woman, aged 59. Hernia, femoral; strangulated 35 hours; sac opened Recovered. *Case* 5.—The Gloucester Infirmary: Mr. Lovegrove.—A man, aged 53. Hernia, scrotal; strangulated 20 hours; sac opened. A portion of adherent omentum was left in the sac. Recovered. *Case* 6.—The Norwich Hospital: Mr. Cadge.—A man, aged 60. Hernia, inguinal; strangulated 12 hours. The spermatic cord was found spread over the intestines. Subsequent to the operation the man had an attack of orchitis. An abscess formed, and a large slough came away. Recovered. *Case* 7.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A healthy man, aged 45. Hernia, scrotal; of large size; the strangulation had only existed a few hours; the sac was opened, and a large portion of colon was found in it, which adhered extensively; the stricture was freely divided, and as the portion of bowel could not be returned on account of its adhesions, the sac was carefully closed by the uninterrupted suture. Some sloughing followed, but the bowel did not give way. The wound was for long in an unhealthy state, and the man had symptoms of phthisis. Under tonics, etc., the man gradually regained his health to a considerable extent. He finally left the Hospital with the wound quite healed. *Case* 8.—The Leeds Infirmary: Mr. Hey.—A woman, aged 62. Hernia, femoral; of the left side; strangulated three days. The sac was opened, and found to contain a small knuckle of intestine, with a small portion of omentum. The intestine was returned, and the omentum removed. Recovery. *Case* 9.—The Leeds Infirmary: Mr. Smith.—A stout man, aged 40. Hernia, inguinal, of large size, strangulated eight and forty hours. The sac was opened, and contained only bowel. Profuse deep-seated hæmorrhage occurred, three hours after the operation, and was restrained by plugging. The bowels did not act for eight days after the operation. Good recovery. *Case* 10.—The Leeds Infirmary: Mr. Hey.—A woman, aged 64. A femoral hernia, of small size, strangulated twenty-four hours. The sac was not opened. The woman was very feeble at the time of the operation, and made a slow recovery afterwards. *Case* 11.—The Leeds Infirmary: Mr. Hey.—A woman, aged 56, the subject of an omental hernia at the umbilicus for many years. A portion of gut had been extruded. Strangulation had existed for thirty hours. Sac not opened. Recovery. *Case* 12.—Addenbrooke's Hospital (Cambridge): Mr. Lestourgeon.—A woman, aged 67. Hernia, femoral, strangulated eighteen hours. Sac opened. Recovered. *Case* 13.—Addenbrooke's Hospital (Cambridge): Mr. Lestourgeon.—A healthy woman, aged 48. Hernia, femoral, strangulated three days. The sac was much thickened, and was opened. After the operation she had tenderness of the abdomen, sickness and diarrhœa; the sac sloughed, and the recovery was tedious. *Case* 14.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A delicate woman, aged 42. Hernia femoral. Strangulated about twenty hours. The sac was opened, and found to contain bowel and omentum, both in good condition. Recovery, without a bad symptom. *Case* 15.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A healthy old woman, aged 69. Hernia, femoral, strangulated twenty-four hours. Sac opened. Recovery. *Case* 16.—The Derby General Infirmary: Mr. Johnson.—A man, aged 75. Hernia, inguinal; of old standing; strangulated four days. Sac opened. Recovery. *Case* 17.—The Brighton Hospital: Mr. Lowdell.—A man, aged 49. Hernia, inguinal; strangulated seventeen hours. Sac opened. Recovered. *Case* 18.—Liverpool Royal Infirmary: Mr. Long.—A healthy woman, aged 48, the subject of a large irreducible umbilical hernia. Symptoms of strangulation had existed for some days previous to admission. They were relieved somewhat by the application of ice to the tumour. An incision was made, over the linea alba, and the tendinous structures external to the sac divided. Immediate relief followed, and he recovered without any further symptoms.

FATAL CASES.

Case 19.—A man, aged 24, the subject of scrotal hernia for seven years. It had been strangulated thirty-six hours; sac opened. Peritonitis commenced the day after the operation. He died on the eighth day. *Case* 20.—A man aged 59, the subject of scrotal hernia for six years. Strangulation, twenty-one hours; sac opened. Marked relief was given; but peritonitis set in next day; and death followed on the fourth day. *Case* 21.—A man, aged 30, congenital hernia, strangulated twenty-seven hours; sac opened; the omentum was adherent to the intestine, and to the neck of the sac. Pain, vomiting and hiccough returned shortly after the operation. He died on the third day; the bowels not having been moved. *Case* 22.—A woman, aged 36, irreducible omental hernia (femoral) from childhood; strangulation twenty hours; sac opened; intestine dark red, and, as it were, enveloped in omentum. Death on the fourth day from sloughing of the sac and exhaustion. *Case* 23.—A woman, aged 69, old femoral hernia; she had never worn a truss; strangulation three days; sac opened. She progressed favourably until the eighth day, when an attack of hemiplegia came on; she died on the eleventh day. She was suffering during the whole time from bronchitis. *Case* 24.—A healthy man, aged 24, a large right inguinal hernia; strangulation sixteen hours. The testis had never descended on this side; sac opened. Severe peritonitis followed, and he died on the next day. *Case* 25.—A woman, aged 24, hernia right femoral; strangulated thirty-four hours; sac opened; intense peritonitis followed, and death occurred on the fifth

day. At the autopsy puriform effusion was found on the peritoneum, with much plastic matter about the crural ring. The portion of ileum which had been strangulated was of a deep purple colour, with a small perforation at its margin. *Case* 26.—A man, aged 61, hernia, right inguinal, of thirteen years' duration. Sac opened; it contained both intestine and omentum. He died on the third day from peritonitis. *Case* 27.—A man, aged 66. Right femoral hernia about the size of half an orange; had been strangulated sixty-eight hours; sac opened; it contained bowel and omentum. Some omentum was removed; severe peritonitis came on, and he sank on the third day. At the autopsy peritonitis with effusion was found; the strangulated bowel had given way at one point. *Case* 28.—A woman, aged 55, femoral hernia (right); sac opened; it contained both bowel and intestine, both of which were returned. She died. At the autopsy general peritonitis was found. The strangulated bowel seemed to have recovered itself, but the omentum was putrid and gangrenous. *Case* 29.—A feeble man, aged 60, hernia, scrotal; strangulated thirty-six hours. He died six hours after the operation. At the autopsy slight traces of peritonitis were found. The portion strangulated was about eighteen or twenty inches of the lower portion of the ileum. It was very much congested, but there were no ashy spots.

LITHOTRITY.

Number of cases 3. Recovered 3.

Case 1.—The Leicester Infirmary: Mr. Paget.—A man, aged 49, the subject of stone for about a year, in good health. The stone was crushed nine times. The fragments passed in abundance after each crushing with the exception of the last. On the first three occasions chloroform was administered. Apparently cured. *Case* 2.—The Nottingham Infirmary: Mr. Thompson.—A boy, aged 4. Lithotrity. The stone was subsequently voided in three or four fragments, their escape being attended by rigors. Recovered. *Case* 3.—The Carlisle Infirmary: Mr. Page.—A man, aged 29, from whom, three years previously, a large calculus had been removed from the urethra. The recurred symptoms of stone were of about three months' duration. His general health was good. Four lithotrity sittings. Removal of several large fragments of a lithic acid calculus. Cured.

OPERATIONS FOR STONE IN THE FEMALE.

Number of cases 3. Recovered 3.

Case 1.—The Carlisle Infirmary: Mr. Page.—A girl, aged 10. Symptoms of stone for eighteen months. Lithority repeated six times. Very small portions were passed with the urine. The larger fragments were subsequently extracted by forceps. The stone consisted of oxalate of lime. Recovery. *Case* 2.—The Leicester Infirmary: Mr. Paget.—A girl, aged nearly 4, in good health, the subject of stone for eighteen months. The girl having been placed in the lithotrity position, the urethra was incised downwards, in the median line. Two calculi, of about equal size, were extracted, and subsequently several fragments, which had broken off from the sides. The stones weighed altogether when dry four drachms and a-half. The girl was discharged a fortnight after the operation, not having had a single bad symptom. Her incontinence of urine was gradually diminishing. *Case* 3.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A healthy girl, aged 10, subject of stone from the age of one year. Dr. Humphrey crushed the stone three times. Fragments came away after each operation. Recovery.

OPERATIONS FOR FRACTURE OF THE SKULL.

Case 1.—The Liverpool Royal Infirmary: Mr. Long.—A lad, aged 14, was kicked by a horse, and received a compound comminuted fracture of the frontal bone, with depression. The depressed portion was elevated, and the lad regained his consciousness. He progressed favourably for four days, when erysipelas occurred from which he died on the tenth day after the operation. Post-mortem examination was not permitted. *Case* 2.—The Liverpool Royal Infirmary: Mr. Long.—A healthy young man, aged 18, received a compound fracture of the frontal bone from a blow on the head from a piece of timber. A portion of the bone was depressed, there was complete insensibility with stertorous breathing. The depressed portion was very firmly wedged, but after the use of the trephine, was successfully elevated; the patient, however, never regained consciousness, but died on the following day. At the autopsy, there was found great extravasation of blood into the substance of the brain. *Case* 3.—The Derby Infirmary: Mr. Johnson. — A labourer, aged 35, was admitted having been kicked over the left eye by a horse, the frontal eminence was driven in, and there was a fracture of the zygoma; several portions of the external table of the bone were removed, including that which surrounded the supra-orbital nerve, there was no injury of the inner table of the skull and no head symptoms. The man recovered without any drawback.

LIGATURE OF ARTERIES.

Case 1.—The Carlisle Infirmary: Mr. Page.—A man, aged 30, who had been under care the previous year (by a Surgeon out of the Hospital), with a popliteal aneurism of the left leg, which was cured by compression, was admitted in July, 1859, with similar disease in the opposite ham. The compression treatment was again adopted, and persevered with for sixty days, with the effect of diminishing the pulsation. In February, 1860, he was admitted under Mr. Page. The tumour was then about the size of an egg, and its pulsation was very strong. Mr. Page continued the compression treatment, which was pursued until March 21. On that day the tumour suddenly increased, extending up the side of the thigh, and it became necessary to apply a ligature to the femoral. This was done, and up to the date of our report the man was progressing favourably. *Case* 2.—The Norwich Hospital: Mr. Crosse.—A girl, aged 9, was admitted with a pulsating tumour in the palm of the hand, close to the wrist, which had followed a punctured wound. It was believed to be an aneurism of the ulnar artery. The trunk of the ulnar artery was tied, and pressure applied to the tumour. When the compress was removed on the fourth day all pulsation ceased. The ligature fell on the tenth day. Cured. *Case* 3.—The Norwich Hospital: Mr. Crosse.—A man, aged 44, was admitted, having received a wound in the ham from a scythe. There had been very profuse hæmorrhage, and it was supposed that the popliteal artery was wounded. Mr. Crosse enlarged the external wound, and proceeded to search for the source of the hæmorrhage. The anastomotica magna proved to have been divided, and its ends having been secured, all bleeding ceased. Recovered. *Case* 4.—The Leeds Infirmary: Mr. Teale.—A man, aged 27, was admitted, having had his left leg severely injured by machinery. A sharp iron instrument had punctured his thigh from behind, and wounded the femoral artery. He had been carried a mile, and had lost an immense quantity of blood. Mr. Teale extended the wound from behind forwards across the course of the vessels, and secured the artery above and below the injured spot. The man had, however, lost too much blood, and sank two hours after the operation. *Case* 5.—The Brighton Hospital: Mr. Blaker.—A man, aged 49, in good health, was admitted with popliteal aneurism of three weeks' duration, which he attributed to a blow which he received six weeks before. The femoral artery was tied in the usual situation. The ligature fell on the nineteenth day, and he left the Hospital quite well six weeks after his admission.

At St. Petersburg the number of births in 1858 amounted to 17,685 (9,174 boys, 8,511 girls), while the deaths were 19,077. This fact, which occurs every year, demonstrates that, as the deaths exceed the births, the population of that city is only kept up by immigration. The number of illegitimate births increases, while marriages are diminishing. At Moscow, the number of births was 11,267 (5,822 boys, and 5,445 girls), and that of deaths 11,703.

East India Medical Service.—An Assistant-Surgeon of H.M. army writes the following from Calcutta, March 3, 1860:—"There is a great agitation here about our pay, etc. It seems that the Queen's last Medical Army Warrant is not recognised out here; so that, instead of holding the rank of Captain after six years' service, we still retain that of Lieutenant, and also get the old pay, 6s. 6d. a-day; whereas, we got 11s. per diem in England. Certainly the Indian allowances, such as house-rent, etc., make our pay out here more than in England, but that is not as it should be. Our Warrant ought to be recognised, we ought to have our English pay and the same allowances, which would bring our pay, as Assistant-Surgeons, to nearly £40 a month, whereas now, in Calcutta, it is only £25 and something odd a month."

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Medical Times and Gazette.

SATURDAY, APRIL 14.

THE ANNUAL BILL OF HEALTH OF LONDON.

The Registrar-General has just published his annual report of the births and deaths in London during the past year. We need not say how deeply interesting to all of us the records of this functionary are, nor need we speak of the immense service they render to the community. Facts like those contained in his reports are unanswerable, and the most bigoted admirers of ancient ways and foul customs is forced to be silent in their face. They have demonstrated the partial untruth of the old Horatian maxim, that the King of Terrors tramples *with an equal foot* upon the inmates of the palace, and upon the "wretched low," "stretched upon uneasy pallets." But the lessons they have taught those who have wisely read their tale have been practically wrought to a good purpose, and we may, indeed, now boast that sanitary and other regulations have actually brought death at this moment to treat with the king and with the pauper on nearer terms of equality than at any previous period of the history of civilisation.

Let us shortly see how the health accounts of this great metropolis of ours stand. Its population is reekoned at 2,774,000; and it is still increasing at the rate of 1000 weekly —30,000 by births, and 23,000 by immigration. The females exceed the males by about 175,000, because it has more female immigrants, and because man's mortality, by reason of his occupations, is greater than the woman's. Of 1,394,900 inhabitants of the age of twenty and upwards, in the last census about 750,000 were born beyond the bounds of London. "It is a vast stage upon which the people of these Isles play their part, and then retire to country life, to foreign lands, or to the life beyond the grave." 92,500 ehildren were registered as born during 1859, *i. e.* 1780 weekly, or 254 per diem—the boys exceeding the girls by 1822: 61,600 died, death taking them off at the rate of 1185 per week, or 7 per hour. The mortality was at the rate of 22 in 1000, while it was 24 in 1000 during the previous eighteen years.

Heat and cold, in their excesses, both tell their tale in these mortuary bills. Cold affects the breathing apparatus; and heat the bowels, and sometimes the brain. And our own follies have had their influence. The strike of the building trades drove many a nail into a prematurely filled coffin; the children of these people first made a sensible effect on the increase of the mortality, and then came the turn of the men and women—their fathers and mothers. The mortality from all causes in 1859 was at the rate of 2229 in 100,000; 592 being from diseases of the zymotic class. Two centuries ago the mortality was at the rate of 7000 in 100,000, 3400 being deaths from zymotic diseases. The improvement therefore is very great, and it is happily still progressive, thanks to Sanitary Science, which is altogether a modern invention. "The improvement," says the Registrar, "in the health of London has proceeded step by step with the amendment of the dietary, the drainage of the soil on which the houses stand, the purification of the water which the people drink; with the sweetening of the air; and with the progress of Medical science, which is the source of sound sanitary doctrines."

Let those who delight to dwell upon the glorious differenees of Doctors, and never miss an occasion of casting a stone at the Medical art and its Practitioners, reflect upon all this immense good which has been done by our Profession,—for we may most truly boast that the diminution of mortality here recorded, and the increased value of human life is due almost wholly to the earnest labours of bright ornaments of Medical science. And now, indeed, we all well know and readily admit that Medical science is never so highly, and never so effectually and usefully employed as when it is engaged in anticipating the occurrence of diseases, in drying up their sources, and eradicating their causes. And let those others —the abnormal productions of Medical knowledge—the Homœoquacks and Mesmerists, whether honest and silly, or dupers and dishonest,—just take a hint from this great lesson. Let them answer this question, What has any single one of their crew ever done either for the advancement of the Science of Medicine or for the benefit of humanity? Has the false nonsense which they palm on human credulity ever produced a single expounder who has done one item of tangible, permanent good to his fellow men? It is really a curious, and, we may say, a satisfactory fact to find that this worship of false doctrines should bring with it its own blighting influence. There is not a single one of these pseudo-scientific men who has done an act in any branch of science which has given him a name known beyond the street in which he lives.

To show the marked difference between the death-rate in the seventeenth and the nineteenth centuries, the Registrar-General has given us some very interesting details; and it appears that the comparison may be relied on as tolerably correct. In the 20 years, 1660—79, the death-rate was 7000 in 100,000; in 1859, it was 2229. Small-pox took off 357 in the first period, and 42 in the second; fever, 749 and 59 in the two periods. In those days, 86 died in childbed, now 17 die in the 100,000. Now 8 die of dysentery, then 763 died. Syphilis was twice as fatal then. Scurvy also took off its 142 instead of 2 as now. Respiratory diseases were very fatal; 1079 then, against 611 now. Convulsions and teething carried off 1175; and now (sadly still too many) carry off 136. Besides this, in those days there were visitations of the plague—in 1665, for instance, nearly one-third of the population perished by plague.

Some few exceptions are worthy of note, however, in this category. Apoplexy, paralysis, affections of the brain, and suicide are more than double as fatal now as they were then. Stone, and diseases of urinary organs, are as fatal now as they were in those days.

"Of the violent deaths, some are now more frequent, as the forces by which they are occasioned are greater; of fractures and wounds 19 died then, 25 now; of poison, more accessible, 2 now, and then only 1; of burns, as fires are probably more common, and dresses more inflammable, now 13, then 3; drowning and suffocation were then twiee as fatal (23 and 20) as they are (10 in 10) in the present day."

The Registrar truly says:—

"That these past occurrences do not possess merely an historical interests for the inhabitants of London. Are the diseases of those times ever likely to recur? The answer must be:—undoubtedly they will recur if their causes come again into action; and not otherwise. If a eomet—if the stars—it volcanic action—if some mystical telluric influence destroyed the population of London at the rate of 7 per cent. annually, and at times in paroxysms at the rate of 20 and 30 per cent. in a single year, such powers are evidently beyond the reach of the will, and of all human effort. The population must

resign itself to its fate. Vesuvius may perhaps be extinguished artificially; but the cause of the volcanic action which pervades the world is inaccessible.

"All the evidence, however, goes to show that comets, stars, and volcanic action had as much to do with the mortality of the population of London in the seventeenth century as with the mortality of the British troops in the Crimea; and no more. The supply of food, and particularly of vegetable and fresh animal food, in certain seasons of the year, was defective, so that a large portion of the population became scorbutic. The houses were nearly as close and dirty as the houses now are in Constantinople and Cairo; the water supply was imperfect, as London Bridge works and Hugh Middleton's New River were for many years unappreciated. Water has in itself little attraction for people unaccustomed to ablution. Parasitic insects and diseases of the skin betrayed its impurities. The dirt of the houses struck foreigners. The sewers were imperfect; and the soil gave off marsh malaria in some parts, and in others was saturated with the filth of successive generations."

The Registrar has done well to carry us back to the history of other days,—to show us into what depths of misery we may again, through our own negligence, fall; and also to remind us how much yet has to be done before the great work of Sanitary Science is perfected.

"So long as these improvements are maintained, the diseases of the seventeenth century will not recur; and all further progress is in the hands of the people, They can work out their own salvation, with God's blessing. The causes of disease are numerous; but everyone that has hitherto been discovered can be to a certain extent controlled. If by persevering in the exact observation and analysis of the diseases of the population, science succeeds in bringing to light the evils of unnatural diseases still existing, we may hope confidently that those evils will be averted; and that, rising from the Thames, the site of London, which was pronounced in the seventeenth century a field of blood and terror, will be a field of health, concourse, and security to the population of the Metropolis of the Empire."

THE WEEK.

One of our Profession does not seem to have shone in an action brought by him the other day at Cheltenham. Dr. Wollaston, it seems, sues Dr. Hewson for damages. Dr. Hewson had for some years practised at Cheltenham as a General Practitioner, and in 1858 agreed to surrender his practice to the plaintiff for £500, for which he was to have the defendant's furniture and book debts, and was to be introduced to his patients. The plaintiff entered on the practice, but soon found (as he asserted) that it was not of the least value, the income for the first three months producing only £20. The book debts realised £110, but the list of patients he said was wholly fallacious. He therefore wished to cancel the agreement and get back his £500; but as the defendant declined to do this, he gave up the house in June, 1859, and sold off the furniture. The sale realised £150, and this, together with the book debts (£110) and the produce of the business (£20), was all he had realised. He now sought to recover the difference between those sums and £500, as damages for the false representation. The complaint he now made was, that many persons whose names were in the list furnished by the defendant had never been the defendant's patients at all, and others had ceased to be so for years. It appeared, however, on cross-examination, that soon after entering on the practice he was appointed Physician to the Dispensary. It was one of the rules of the Dispensary that the Physician should practice only as a "pure Physician;" and the suggestion made on the part of the defendant was, that, having obtained that appointment, a new vista opened to the plaintiff of practice of a higher class. In pursuit of this object he wished the defendant to take back his practice and refund the £500; but, as the defendant refused, he himself sold off the old furniture and took a new house. It appeared that the plaintiff had caused a draught agreement to be prepared for cancelling the original agreement, and in the draught so prepared there was a recital that each party had fulfilled the terms of his agreement. This was much relied upon by the defendant as showing that there had really been no misrepresentation on the part of the defendant. The defendant denied that he had ever given the plaintiff the list produced as a list of patients;" it was a list of "patients and friends." The Jury, without hesitation, found for the defendant; and Mr. Baron Bramwell said that of all unfounded actions he thought this was the most unfounded.

In another part of our columns will be found a very sensible note on the subject of the Income-tax. With the tenour of its remarks we fully agree. It is, indeed, high time that the adjustment of this tax was taken in hand. The Medical and other Professions have been heretofore contented to put up with the manifest injustice—the class legislation—distinctly manifest in its details, because they have been year after year cajoled with the idea that *this* was positively the last time of asking for it. The "going, going, going," has never yet reached the "gone!" and we may be pretty sure, from the aspect of the political world, and from the determination with which the country is setting its defences in order, that there is little chance of our seeing an end of this tax for many a year to come. If, then, this tax is to become one of the fixed institutions of the country, let us insist, as far as in us Medical men lies, to have it fairly levied. There wants no kind of hair-splitting on the subject, for it comes home to the eyes and senses of every honest man, that there is a serious difference between income derived from capital, and income derived from professional labours; and we assert that the legislation which assumes an identity between the two is a most selfish Legislation, and most unjust. It would be well, therefore, that the Profession should use its influence as a body in attempting to abate this iniquitous tax—for of course the isolated efforts of individuals are almost lost, and are soon forgotten.

John Daubeny Hind was, a few days ago, sentenced at Stroud to six years of penal servitude, for having used an instrument to procure abortion. It would appear that this was a regular business of his. The unfortunate woman upon whom he practised on the present occasion succumbed after the event; and it was entirely on her confession made before death that Hind was convicted. This is her account of the affair:—She said that she was advised to go to the prisoner at Stroud, and that she went there on Monday, and it was done on Wednesday; the prisoner first used his instrument on Monday, and the child was born on the Wednesday. She left on the Friday, though prisoner wished her to remain till the Monday. She soon fell ill, and told the Surgeon who was called to her that from what she could see of the child it was a good-sized one, and that the prisoner kept it. The deceased had made a similar confession to the nurse, and added that ladies used to go to the prisoner in their carriages, and that the prisoner got his bread by it. The report of the trial is very unsatisfactory in one respect, viz. that it does not point out what was the *immediate* cause of the poor woman's death. On a post-mortem examination it appeared beyond a doubt that the deceased had miscarried, but there were no injuries on her person to show that any instrument had been used. Neither is anything said as to what became of the child. There can, however, be no doubt whatever that the man procured abortion, and that death was the consequence. Everyone will rejoice that such a villain should be removed from the possibility of exercising his infamous trade; but it is only too much to be feared, that

the number of those who carry on this kind of trade is much greater than is generally supposed. This man was called a *Surgeon*, but his only certificate was one of attendance on a course of Midwifery Lectures.

We asserted some time ago, that a plan so monstrously unscientific as that of Mr. Hawkesley's for the purification of the Serpentine, would never be eventually adopted by a nation of so practical a turn of mind as our own; and we were right. The Committee of the House of Commons,

"After much patient investigation, have arrived reluctantly at the conclusion that the proposed filtration will not be effectual for the desired object, and that this cleansing process ought not to be carried on in one of the most beautiful spots of Kensington Gardens. They recommend, therefore, that the project of filtration be abandoned, and that the best available supply of fresh water be poured in to such an extent as to produce some continual flow."

We have frequently commented on the fact that the public in general, and the Legislature in particular, are not fully alive to the fearful extent to which insanity exists, and to the danger of allowing lunatics to go at large. A warning may be taken from the perusal of the following facts:—Mrs. Hunt, the matron of the Clifton Union Workhouse, has been murdered by a young woman, Ann Richards, an inmate of the house, during, it is believed, a paroxysm of madness. She was admitted to the workhouse by mistake, without its being known that she was subject to fits of insanity. On Thursday night the matron, hearing a great uproar in the ward, went to it, accompanied by the senior deputy nurse. No sooner had they shown themselves at the door than the girl Richards made a violent rush at them, grasped hold of the deputy nurse, and bit her very severely. Mrs. Hunt interposed to rescue her, when the girl released hold of the nurse and struck the matron just under the ear. The old lady fell to the ground insensible, and upon being conveyed to her own bedroom she then almost instantly expired.—And this insanity is not confined in its consequences to acts of violence on others, but the unfortunate persons destroy themselves. Such was the case last week with Julia Louisa Baker, aged nineteen, a servant girl, residing in Stepney, who having been discharged by her employer for quarrelling, shot herself dead with a pistol. Again, Mr. Galsworthy, the high bailiff of the Bloomsbury County Court, committed suicide on Wednesday week, by throwing himself from the third story window of his residence in Gordon-square. Take another case—Mr. Forster, M.P. for Walsall, was sitting with his wife and father (aged seventy-six), who was under constraint, at his house, in Westminster, when the old gentleman walked out of the back room into the front room, still keeping up a conversation, until, in a moment, he threw up one of the sashes, and, scrambling over the window-sill, precipitated himself into the street. He fell partly upon some iron railings, and thence on the pavement, and when picked up was quite insensible and very much lacerated.—He who runs may read the lesson which these facts are calculated to convey.

Mr. Pigott's Bill is down for next Monday, but as it is a private bill it is uncertain whether it will come on. Some alterations have been made since it was printed, and the corrected copy is not yet out. We, therefore, delay publishing it until we can obtain it in the form in which it will be brought before the consideration of Parliament. The clause enacting the shilling payment for death-certificates has been removed, as it was found hopeless to obtain for it Parliamentary support. The shilling payment for vaccination-certificates has shared the same fate. These alterations will be felt to be of considerable importance. Still we are glad that the Profession are supporting the general principle of the Bill by petitions; but it behoves all to make their representatives acquainted with their views on the most important clauses, in order that any necessary amendment may be considered in Committee. Some of our correspondents object to the system of payment *per case*, as they say that under that regulation none but severe cases would be sent to them. Mr. Griffin replies to this, that not only the relieving officer or overseer can give orders under the new Bill, but any magistrate or clergyman. Town officers take rather different views of some questions of detail from officers who are employed in rural districts. The views of all should be considered in Committee. *Our* text is, adequate and fair remuneration for *all*. At the meeting at the Freemasons' Hall, on Thursday, great unanimity was expressed, and petitions were signed in favour of the second reading of the Bill, as well as an Address to the Poor-law Board in its favour. Dr. Rogers, who very ably moved the first resolution, took the sensible course of insisting that modifications of detail should be made in Committee.

The Council of the College of Surgeons have lately addressed an inquiry to the different Hospitals, to know whether they were willing to establish Vaccination Stations at such Hospitals. The immediate object is, that students should be instructed in the Art of Vaccinating; and it is proposed that, as an essential condition of recognition by the College, at least 500 children should be vaccinated annually at each Hospital. The direct effect of this would be to take 1s. 6d. from the already underpaid district vaccinators for every child thus gratuitously vaccinated. The sources of lymph supply, as well as the sources of remuneration, would also be thus taken away from the public vaccinators. The new Hospital Stations might become good centres for teaching and for lymph supply, but only at the expense of those already existing; and therefore we trust that this proposal of the College will not be received by the Hospitals.

The report of a most important case under the Medical Act will be found in another column. A "Botanic Surgeon, Boston, U.S.," is prosecuted by the Liverpool Registration Association, and his defence is that he "does not pretend to be registered." The case will come before a superior Court, and the judgment will materially influence proceedings in many similar cases in different parts of the country.

We publish in another column a letter in which Mr. Sercombe very fully supports the views of that distinguished section of the Dental body which advocates the granting of special diplomas to Dentists by the College of Surgeons. Our own views differ so entirely from those of Mr. Sercombe and his party, and have been so freely expressed, that we need now only call attention to his proposition that these Dental Licentiates should be admitted upon the Register, and proceed to his remarks upon the curriculum. We have not published this curriculum, but we may say that Mr. Sercombe has very properly defined it as at least equal in extent to that for the College membership. This is one of our grounds of objection to it. It is too long and expensive for the pure Dentist; and those who can afford the time and money to go through it had better at once enter the College by the front door. In reply to his assertion that these Dental Surgeons, or Licentiates in Dental Surgery, will not intrude upon the province of General Surgeons, we need only refer to the report of the last meeting of the Odontological Society, published in the *British Journal of Dental Science*. The paper was by Mr. Sercombe, and the

first part was on Periostitis. In his remarks he talks about "energetic treatment," leeches, saline purgatives, regulating treatment by constitutional peculiarities, etc., quite in the style of practitioners of surgery. For one patient he says:—"I ordered two leeches to the part, and two pills, composed of blue pill, colocynth, and henbane, at bed time." Two days afterwards—"I ordered iodide of sodium, with bicarbonate of soda, in five-grain doses, twice a-day." In another case he says:—"I prescribed the iodide of potassium with the bicarbonate of potash, intending to combine colchicum with t should the iodide prove insufficient alone." A third case he refers to syphilis, and says, "Such a case was pre-eminently fitted for the iodide of potassium; I therefore prescribed it, or rather the iodide of sodium, and with the success I anticipated." In the periostitis of strumous children he recommends iodide of sodium with cod liver oil. In another case he says, he "dropped the use of iodine, and substituted quinine and iron." In another he says, "I postponed all local treatment, in order that I might test to the very utmost the value of iodine." He also discusses the doses of iodine, the relative value of the iodides of potassium and sodium, their combinations with alkalies, and their decomposition by the acid in the stomach. He also treats of stomatitis, the use of chlorate of potass, the local use of strong nitric acid, and the employment of opium, in an able manner, but certainly not in the manner that Medical Practitioners expect from Dentists. It is singular also, that the speakers in the discussion which followed the paper—Messrs. Maclean, Cattlin, Rogers, and Cartwright, Mr. Sercombe, in his reply, and the President—all refer far more to the question of constitutional treatment than to the mechanical aid Dentists are generally supposed to afford. It is high time that the Profession should know this, and should understand that, if they send a patient whose teeth are out of order to the Dental Licentiates of the College of Surgeons—men attached to the same College and who hope to appear on the same Register—they may be drawn into a consultation on the constitutional treatment of the patient, and be expected to discuss the properties of the iodides, the indications for quinine and iron, and the uses of chlorate of potass, opium, and nitric acid.

ARMY MEDICAL DEPARTMENT.

The following Regulations as to the Qualifications and Examination of Candidates for Commissions in the Army Medical Service have just been issued:—

1. Every candidate presenting himself for admission to the competitive examination required for the Army Medical Service must be unmarried. He must produce a birth certificate from the District Registrar, or a certificate of baptism in which the date of birth is stated; or, if neither of these can be obtained, an affidavit from one of the parents or from some other near relative who can attest the date of birth, will be accepted. The certificate or affidavit must show that the candidate is not above twenty-six nor under twenty-one years of age. He must also produce certificates of moral conduct and character, one of them from the parochial minister if possible.

2. The candidate must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a Medical officer in any climate. He must also attest his readiness to engage for general service immediately on being gazetted.

3. The candidate must possess a diploma in Surgery, or a licence to practise it, from the Royal College of Surgeons of England, Scotland, or Ireland, or from the Faculty of Physicians and Surgeons of Glasgow, or from some other corporate body legally entitled to grant a diploma in Surgery, or a licence to practise it. He must besides, and in addition to such diploma or licence, possess a Degree in Medicine, or other legal qualification to practise Medicine in Great Britain or Ireland.

4. Degrees, diplomas, licences, and certificates of age and character must be lodged at the Army Medical Department for examination and registry, at least one week before the candidate appears for examination.

5. On producing the foregoing qualifications the candidate will be examined by the Examining Board on the following subjects:—

Anatomy and Physiology.
Surgery.
Medicine, including Therapeutics, the Diseases of Women and Children, Chemistry, and Pharmacy. (The examination in Medicine and Surgery will be in part practical, and will include operations on the dead body, the application of Surgical apparatus, and the examination of Medical and Surgical patients at the bedside.)
Comparative Anatomy, Zoology, and Botany, with especial reference to Materia Medica.

The subjects for this part of the examination will be taken from the following books:—

(1.) "Animal Kingdom," by W. S. Dallas, F.L.S.
(2.) "Outlines of the Structure and Functions of the Animal Kingdom," by Rymer Jones; or "Cours Elémentaire d'Histoire Naturelle," par Milne-Edwards.
(3.) Lindley's "School Botany," Lindley's "Medical and Economic Botany," Henfrey's "Elementary Course of Botany."

Candidates who may desire it may be examined in the Elements of Physics and in Physical Geography. The following books are recommended for this purpose:—

(1.) "Elements of Natural Philosophy," by Golding Bird and C. Brooks.
(2.) "Physical Geography," by Mrs. Somerville.

6. The names of candidates who pass the Preliminary Examination of the Examining Board will be sent to the Director-General and communicated to the Professors of the Army Medical School. The names will be arranged in the following Classes:—

Class 1. Names of those who have passed a pre-eminently distinguished examination, arranged in their order of merit. Characters which distinguish the excellence of each. Fitness for special service.

Class 2. Names of those who have passed a creditable examination, arranged in alphabetical order. Statement of the topics in which each has individually excelled or fallen short.

Class 3. Names of candidates who have passed the minimum examination, arranged in alphabetical order. Statement of the particular branches of science in which each has been found to be deficient.

This information will enable the Professors of the Army Medical School to carry out their instructions with a definite aim as regards each Class.

7. After passing his preliminary examination, every candidate will be required to attend one entire Course of Practical Instruction at the Army Medical School, before being admitted to his examination for a commission:—

(1.) Hygiene.
(2.) Clinical and Military Medicine.
(3.) Clinical and Military Surgery.
(4.) Pathology of Diseases and Injuries incident to Military Service.

These courses to be of not less than four months' duration.

8. At their conclusion, the candidate will be required to pass an examination on the subjects taught in the School. The examination will be conducted by the professors of the School.

The Director-General, or any Medical officer deputed by him, may be present and take part in the examination. If the candidate give satisfactory evidence of being qualified for the practical duties of an Army Medical Officer he will be eligible for a commission as Assistant-Surgeon.

9. During the period of his residence at the Army Medical School each candidate will receive an allowance of 5s. per diem, with quarters; or 7s. per diem, without quarters, to cover all costs of maintenance; and he will be required to provide himself with uniform (viz. the regulation undress uniform of an Assistant-Surgeon, but without the sword).

10. All candidates will be required to conform to such

rules of discipline as the Senate may, from time to time, enact.

Rules for the Examination of Assistant-Surgeons previous to Promotion.

This examination is intended as a test for promotion, and may be taken at any time after the Assistant-Surgeon has served five or more years.

When Assistant-Surgeons have served the requisite time they will be examined in the following manner:—

A series of printed questions, prepared by the Examining Board, will be sealed and sent by the Director-General to the principal Medical Officers of stations where Assistant-Surgeons may be eligible for examination. It will be the duty of the principal Medical Officer of the station to deliver these sealed questions to the Assistant-Surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered sealed, to the principal Medical Officer, who is to send them, unopened, to the Director-General, together with a certificate from the Surgeon of the Regiment, or other superior Medical Officer, that the Assistant-Surgeon has availed himself of every opportunity of practising Surgical operations on the dead body (a).

The Assistant-Surgeon will also be required to transmit, together with his answers to the Director-General, a Medico-Topographical Account of the Station where he may happen to be at the time, or of some other station where he may have been resident sufficiently long to enable him to collect the necessary information for such a report. Failing this, he will send a Medico-Statistical Report of his Regiment for a period of at least twelve months.

If the Examining Board is satisfied with the replies to the questions, and the Director-General is satisfied with the certificates and with the Medico-Topographical or Statistical Report, the Assistant-Surgeon will be held qualified for promotion.

The Assistant-Surgeon will thus be subjected to three separate examinations within the first ten years of his service, each examination having a definite object. The first, to ascertain, previous to his admission into the service as a Candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge. The second, after having passed through a course of special instruction in the Army Medical School, to test his knowledge of the special duties of an Army Medical Officer; and the third, previous to his promotion, to ascertain that he has kept pace with the progress of Medical Science.

War-Office, March 24, 1860.

Schedule of Qualifications.

Recommended by

I (b) years of age, in last, a Candidate for employment in the Medical Department of the Army, do hereby attest my readiness to engage for General Service, whether at home or abroad, and to proceed on duty immediately on being gazetted.

I declare that I am unmarried, and that I labour under no mental nor constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a Medical officer in any climate.

I have the Degree of A.M. or A.B. from the (c)
I have the Degree of M.D. from the
I have a Licence to Practise Medicine from the
I have a Diploma in Surgery from the
I have a Licence to Practise Surgery from the
Signature at full length
Date
Place of Residence

An infant was last week found drowned in a pail of water at Hackney. In its mother's absence, it appears to have rolled out of bed, and to have fallen head first into the pail.

(a) The Assistant-Surgeon may see this certificate before it is sent to the Director-General.

(b) Christian and Surname at full length.

(c) The Dates of Graduations and the Universities or Colleges are to be stated.

REVIEWS.

The Diseases of the Ear: their Nature, Diagnosis, and Treatment. By Joseph Toynbee, F.R.S. London. 8vo. Pp. 422.

To embark, with reasonable hope of success, upon the study of the Pathological Anatomy of the internal ear, an expeditious method of performing the dissection is practically indispensable. Those who have seen only the delicately-carved preparations to be found in the museums, or who have studied the internal ear only by means of colossal wax models, would most probably contemplate the task of dissecting a dozen ears with the same cheerfulness that anyone but a Rawlinson would essay the deciphering of a cuneiform inscription. What Columbus did towards making the egg stand on end—almost what Napier's invention has done towards facilitating mathematical calculations, Mr. Toynbee's process for dissecting the internal ear can do for the Pathological anatomy of that organ. In little more than a page of letterpress is described the examination of the membrane and cavity of the tympanum, the Eustachian tube, the minute muscles and bones, and the labyrinthine receptacula of the expansions of the auditory nerve; the chief instrument used in the dissection, of course pre-supposing the removal of the petrous portion of the temporal bone from the body, being a pair of strong cutting forceps.

The dissection of two thousand ears by Mr. Toynbee, must, if Pathological Anatomy be the basis of Pathology, and Pathology of diagnosis and treatment, entitle him to a respectful hearing on his specialty. The plan of Mr. Toynbee's work is as follows:—He commences with the external ear and external meatus; then from the membrana tympani passes to the Eustachian tube, and by this to the cavity of the tympanum and its contained ossicles, backwards to the mastoid cells. More than three-fourths of the book are thus occupied. The description of the diseases of the nervous apparatus is included in the next forty pages. Malignant Disease of the Ear, and Deaf-Mutism, have each a short chapter. Hints on Ear Trumpets afford a fitting termination.

The two striking characteristics of Mr. Toynbee's book are, 1st. The number and voluminousness of the cases detailed; and 2nd. The abundance of illustrative wood-engravings. The first case recorded is perhaps worthy of a place in the "curiosities of Medical experience"—it is that of "W. B., a sailor, aged 33. The whole of the upper portion of the left auricle is absent". . . . . "He states that his ear was bitten off by another sailor at one of the Navigator Islands (query, a *Friendly* Islander); but the state of the parts rather indicate a removal by a cutting instrument. The patient had come from California, where the practice existed of cutting off the right ear of a thief." Now the patient was very anxious to return to California; but to expose the want of the right ear would of course risk his social status in that select outwork of the American Union. The easiest and most natural method of concealing the mutilation would consist in wearing the hair long, an expedient that must at once suggest itself to the least ingenious. Unfortunately, however, in California Mr. Toynbee says "that wearing the hair short about the ears was not merely fashionable, but absolutely essential to a respectable appearance." In this country short hair is sometimes thought to be an indication unfavourable to the wearer's honesty.

The illustrations are, with few exceptions, perfect specimens of wood-engraving; their only fault being that they are too good, that is to say too delicate and highly-worked not to suffer in the press.

For investigating diseases of the ear, one of the first essentials is the ear speculum. Mr. Toynbee bears testimony to the ingenuity of Mr. Avery, and advocates a modification of the speculum invented by that gentleman. Mr. Toynbee's modification consists in rendering the circular tube *oval;* a very simple, but not the less important, alteration, since it adapts the instrument to the canal in which it is to be used, affording a larger field, and obviating any unequal and consequently any unpleasant pressure on the sensitive walls of the canal itself.

Another appliance for diagnosis, of Mr. Toynbee's own invention, is the Otoscope. Mr. Toynbee believes that by its

use the perviousness of the Eustachian tube may be ascertained.

The following remarks on the exploration of the Eustachian tube, and the woodcut, serve very well to show the simple and practical manner in which this work is written :—

"It has been already shown, that during the act of deglutition, with the mouth and nose closed, a small quantity of air is passed through the Eustachian tubes into the tympanic cavities; a process that is attended with a sensation of fulness in the ears. The entrance of air into the tympanum can be distinctly heard by means of an elastic tube about eighteen inches long, each end of which is tipped with ivory or ebony; an instrument which I have named the Otoscope. One end of it is to be inserted into the ear of the patient, and the other

into that of the Medical man, who must take care that no portion of the tube touches any neighbouring body. When the patient swallows a little saliva, the mouth and nose being closed, if the Eustachian tube be pervious, at the moment that he feels a sensation of fulness in the ear, the Surgeon will hear most distinctly a faint crackling sound, produced apparently by a slight movement of the membrana tympani. This crackling sound is that most usually heard; but in some instances where the mucous membrane of the tympanum is thick, a gentle flapping sound will be detected in its place. If in a case of suspected obstruction of the Eustachian tube, the otoscope fail to reveal any sound during the act of deglutition; if no sound be heard when the patient makes a forcible attempt at expiration with mouth and nose tightly closed; and if the history of the case, the symptoms and appearances, agree with those already laid down as appertaining to obstruction of the Eustachian tube, I think the Surgeon is justified in affirming that the tube is obstructed, and has no need to resort to the use of the Eustachian catheter. Doubtless, in many cases a person is unable to force air into the tympanum, although the pervious condition of the Eustachian tube is shown by the test of the otoscope, and this may depend upon a peculiar arrangement of the lips of the tube which causes them to be pressed together by the compressed air. There are other cases also where the tube may be proved to be pervious by the patient forcing air into it during an attempt at expiration, although the act of deglutition with closed nostrils does not call forth any sound appreciable by the otoscope; but it is rare, indeed, for a pervious tube to resist both of these tests."

Mr. Toynbee appears to look with an unfavourable eye upon the Eustachian catheter, an instrument which, if we remember rightly, was a favourite one with the late Mr. Pilcher. It is true that instant death has been a startling result of the employment of the Eustachian catheter and the injection of air into the cavity of the tympanum; but in such cases there must have been some most unjustifiable violence, either in handling the catheter or the propulsion of the air through it. We are inclined to believe that the gentle introduction of the Eustachian catheter, or rather probe, will often be followed by the same marked good effect as is seen in the lachrymal and urethral canals. To witness the extraordinary improvement in the condition of the urethra that not unfrequently follows a single introduction of the bougie, would prepare one to believe that the same amount of gain might attend catheterism of other mucous canals; the advisability of the artificial injection of air into the tympanic cavity is altogether another question. The danger of shock to the auditory nerve must be seriously taken into account.

It would be an interesting question for discussion, Is violence to the expansions of the auditory or the optic nerve the more supportable by the nervous system? The difference of origin of the two nerves, the auditory taking its origin from the medulla oblongata, the most vital segment of the encephalon, would give grounds for anticipating that pressure on the periphery of the auditory nerve would be more liable to produce shock. The mere pressure of a collection of cerumen upon the tympanum and mediately upon the auditory nerve is capable of exciting alarming cerebral symptoms. Mr. Toynbee has given examples. One of these is most instructive in a Medical point of view, as well as physiologically suggestive.

Mrs. R., aged 45, ... stated that four months previously she first began to experience noises in the ears, which were followed by a great amount of deafness. These symptoms lasted seven weeks, and then disappeared for three weeks, at the expiration of which time they came on again, accompanied by a sense of confusion in the head. This at times was so bad that not unfrequently for a few seconds she could not tell where she was. She has at times been so giddy that she has reeled and fallen in the streets; and at other times, she has not been able to retain her hold of things so that they have fallen from her hands. On examination a large compact mass of cerumen was found in each ear; which, after some syringing, was got rid of; and the operation was followed by the entire disappearance of all the symptoms.

It is within the tympanic cavity that the aural surgeon has to contend against the most numerous and most serious difficulties. Mr. Toynbee says: "Perhaps the most common affection to which the organ of hearing is subject is a greater or less degree of thickening of the tympanic mucous membrane with or without catarrh." Besides this affection, a simple accumulation of mucus in the tympanic cavity is of great frequency; and finally, anchylosis of the stapes to the fenestra ovalis is a most common disease.

Mr. Toynbee adds the result of the dissection of 1013 diseased ears in support of the above statement, which is, however, too long to quote. We will mention some of the diseases dealt with in detail, namely—Rigidity of the mucous membrane; anchylosis of the *stapes* to the *fenestra ovalis;* disconnexion of the *incus* and *stapes;* the formation of bands of adhesion.

Disease in the mastoid cells Mr. Toynbee describes as having two fatal modes of termination :—1st, by purulent infection arising from the introduction of pus into the circulation through the lateral sinus; 2nd, by inducing disease of the cerebellum or its membranes. The former of these accidents may be said to have been described in "Hamlet." Let Disease be impersonated by "the Uncle" :—

> *Ghost.*—"And in the porches of mine ears did pour
> The leperous distilment; whose effect
> Holds such an enmity with blood of man
> That, swift as quicksilver, it courses through
> The natural gates and alleys of the body;
> And with a sudden vigour it doth posset
> And curd, like eager droppings into milk,
> The thin and wholesome blood."
>
> . . . . . .

That section of Mr. Toynbee's work treating of Nervous Deafness is quite equal in interest to the preceding sections.

In the next on "Deaf Mutism," in Dissection 3, there is an omission, to which we would gently draw the author's attention. This omission is, that there is nothing on the face of the report of the dissection to show that *vivisection* was not performed! on the contrary, as it at present stands, one

cannot help being startled at the *apparently* cold-blooded manner in which the examination of the membranous labyrinth and semi-circular canals was conducted.

Mr. Toynbee's numerous contributions to Medical literature have, in this his last work, a companion to be proud of. It will certainly become *the* standard work of reference on Aural Surgery.

The British and Foreign Medico-Chirurgical Review. April: 1860.

The present number of our Quarterly contains several articles of sterling value. It opens with an excellent review of the works of Miss Nightingale, Mr. Roberton, Dr. Parkes, and of various official reports on the site and construction of Hospitals. Morbid Anatomy as illustrated at Guy's and St. Thomas's by Dr. Wilks and Mr. Jones, is next the subject of instructive comment. A useful article on Diseases of Children is succeeded by another on Cardiac Physiology. "The Theory of Development in Nature," is the title of an elaborate review of Darwin on the Origin of Species, with previous works of Hooker, Wallace, and Baden Powell. Garrod on Gout, Priestley on the Gravid Uterus, and Spencer Wells on Ovariotomy, are works successively reviewed, and the distinctive department of the Quarterly is completed by a short but able dissertation on Hypnotism, and its application to the production of Anæsthesia. In the other departments of the review, namely, the Bibliographical Record, the Original Communications, and the Half-yearly and Quarterly Reports, the high character of the Review is well sustained.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

SUBCUTANEOUS INJECTION OF MORPHIA IN A CASE OF PUERPERAL CONVULSIONS.

By Professor SCANZONI.

Professor Scanzoni observes that, following in the steps of Wood, C. Hunter, and Behier, he could record additional cases of the success of the practice of subcutaneous injection in neuralgias, hyperæsthesias, etc., but he prefers drawing attention to a case of puerperal convulsions which supports the positions laid down by C. Hunter, inasmuch as it proves that we possess in the subcutaneous application of narcotic agents a means of acting more rapidly and more certainly on abnormal irritation of the brain than by administering the same agents by the mouth. It will be readily allowed that opium and its various preparations deserve the first place in the treatment of puerperal convulsions. At all events, the observation of a large number of cases has led Professor Scanzoni to the conclusion that a species of intoxication produced by opium leads more certainly to a favourable termination of the disease than any other mode of treatment. Unfortunately, it is not always possible to administer to the patient a sufficient quantity of opium or morphia, whether this may arise from the deep coma in which he is plunged, from the rapid succession of the paroxysms preventing administration by the mouth, or from the immediate rejection of the enemata which contain it. The subcutaneous method, however, enables us to convey into the economy a sufficiency of opium to ensure its efficient action. The numerous trials which the author has made of these injections have convinced him that, although the effect of this means is not always persistent,—*e. g.* that the neuralgias are not always entirely cured, phenomena are rapidly produced—frequently in a few minutes—which render the action of the opium on the brain indubitable.

The following is the case of eclampsia in which this practice upon the foregoing grounds was resorted to:—

D., aged 21, a robust primipara, was brought into the lying-in ward at eight o'clock on June 8, labour having commenced in the night, and convulsions with loss of consciousness supervening. The entire body, and especially the extremities, were œdematous, while the urine was very albuminous, and presented to the microscope numerous fibrinous cylinders. Dilatation had commenced, the bag of waters was in part formed, and the head presented; shortly after her admission a violent paroxysm occurred, and this was repeated five other times by five o'clock; complete loss of consciousness, with stertorous breathing also coming on. At ten o'clock venesection to eight ounces, an enema with twenty-five drops of laudanum, and a bath, together with cold irrigations to the head, were prescribed. As opium could not be given internally, a solution of meconate of morphia was subcutaneously injected three times. Labour advanced very slowly; but by three in the morning the membranes had burst, and the os was dilated to the extent of half-a-crown. By seven o'clock the dilatation had increased to double this size, the os being very dilatable. The head remained very high and immoveable, and the coma was profound. In spite of this high position of the head, the forceps were applied, though with difficulty. This done the delivery was accomplished easily, no paroxysm occurring the while, and the placenta soon following. Some wine, together with ten drops of tincture of amber and musk were given every hour, rallying the patient somewhat, but not restoring her consciousness. At eleven o'clock in the evening the seventh attack came on, but it was short and slight. By nine o'clock in the morning she could reply to questions loudly put, and during the day seemed like one drunk, her pulse being 128. During the night there were several slight paroxysms of maniacal excitement, but she became calm by the morning. We need not follow the author in the details of the case farther, it sufficing to say that she left the Hospital on June 21, all albuminuria and œdema having disappeared. There were but two paroxysms in the course of nine hours after the injections had been made, while before then there had been three fits within one hour and three-quarters. As a general rule puerperal convulsions not only become more violent, but also more frequent with the progress of labour.—*Bulletin de Thérap.* March, p. 193.

ON OPIATED COLCHICUM-WINE IN RHEUMATISM.

By Dr. EISENMANN.

Dr. Eisenmann, of Würzburg, first states the wide application which he gives to the word "Rheumatism," denoting by it every affection which may arise in the healthy system, independently of any specific cause, from exposure to cold. "By exposure to cold I do not understand merely the effect produced by the contact of cold water or cold and humid air with the external integument, but also that which takes place when cold and damp air penetrates into the lungs, or when cold water is taken into the stomach, the temperature of the body having been raised by exercise." This view is justified by the facts—1, That cold gives rise to the most various affections of the nervous and vascular systems; 2, That these various affections may become, by metastasis, transformed into each other; 3, That they communicate to the economy a marked predisposition to affections of the same nature, such predisposition being increased with each reproduction; 4, and that they yield to the same treatment, whether they show themselves under the form of neuroses or of vascular affections. Under the title of rheumatic inflammation, therefore, the author ranges all inflammatory affections of the heart, lungs, pleura, peritoneum, kidneys, serous membrane of the liver, etc., when these are not due to any specific cause, and treats them in the same manner as acute articular rheumatism.

The means which beyond all others he has found of efficacy in the treatment of rheumatism is a mixture of colchicum and opium, the colchicum acting far more efficaciously when so combined, and then not giving rise to the half-poisonous effects which often attend its use when given alone. Neither the one or the other substances will produce alone the advantageous effects which result from their union. Dr. Eisenmann speaks not only from his own large experience, but from that of many of his Medical friends, among whom "Eisenmann's Drops" have acquired a great reputation. These consist of 12 parts of colchicum-wine, and 2 of tincture of opium, 20 drops being taken three times a-day. Instead of preparing the colchicum-wine with sherry as he formerly did, he now makes it according to the formula of the Prussian pharmacopœia, which directs 150 parts of colchicum seeds to be macerated in 770 of alcohol; this preparation being always uniform in strength, and more active than the ordinary colchicum-wine. Although the above drops succeed so well in acute rheumatic affections, they are of little or no use in old and chronic cases.

This induced the author to try the effect of adding minute doses of corrosive sublimate; and although his trials of this modification have been as yet too few to admit of an opinion being pronounced in respect to chronic cases, he has found the addition of great advantage in many cases of the acute form. Although in the various forms of rheumatism in which he has employed this treatment he has not had to have recourse to preliminary bleeding, he by no means denies that this may not be occasionally desirable in the robust.

In treating *acute articular rheumatism* in this way its course has usually been cut short in from the third to the fifth day, convalescence rapidly following, and no trace of heart affection persisting. When the pains have been very severe, tepid applications of a very weak solution of corrosive sublimate have been made to the joints, with the most satisfactory results. Sometimes after a rapid amelioration by means of the colchicum, when the pulse still continues irritable, and the tongue remains loaded, an emetic or purgative expedites convalescence. Among the rheumatic affections of the *mucous membranes*, which may be rapidly and durably cured by means of the opiated colchicum, without the sublimate, may be specified angina, pulmonary catarrh, and influenza, gastric fever, catarrhal diarrhœa, and catarrho-rheumatic conjunctivitis. In the case of catarrhal ophthalmia, even of a severe character, its remarkable efficacy may be watched step by step. Among affections of the *serous membranes*, pleurisy and perihepatitis stand prominently forward as amenable to this treatment. Of parenchymatous inflammations, *pneumonia* has been the only one in which the medicine has been tried, and that only in two slight cases, which recovered with rapidity. In *muscular rheumatism* of the head, loins, etc., from two to four doses have always sufficed. It is also of great efficacy in cases of *rheumatic neuralgia*, especially in facial or intercostal, in sciatica and odontalgia. But the case must be recent, or it will be of no avail. In *odontalgia* the results are truly remarkable, a single dose rapidly dissipating the pain. The distinction between the rheumatic form of odontalagia, and that which arises from carious teeth is exhibited by the different effects of the colchicum. For the relief of odontalgia arising from carious teeth, the author, after having cleaned out the cavity of the tooth, introduces into it a morsel of nitrate of silver as large as a pin's head. In about a minute the moisture of the mouth dissolves this, and the mouth is then to be gargled with cold water, and the pain disappears. He has employed this plan of relieving the pain of carious teeth for the last twenty years, and he has seldom known it fail, even after the ineffectual trial of various other measures. It causes no pain, and it retards the progress of the caries.—*Bulletin de Thérap.* tome lvi. pp. 75, 120.

EXCERPTA MINORA.

Discharge of Contents of Ovarian Cyst through the Bladder.—Dr. Ulrich reported this case to the Berlin Obstetrical Society. It occurred in a woman, aged 35, who had suffered for eleven years from abdominal tumours, which were believed to be ovarian. At last acute inflammation was set up within the cavity, and although this was subdued, an abiding tenderness continued. After undergoing a temporary increase this subsided, and, to the great relief of the patient, a large quantity of thick fluid, containing fatty matters, was discharged through the bladder, so that in a few days several quarts had passed. The tumour diminished in size, a smaller hard portion always remaining. The urine still continues, a year afterwards, to occasionally contain fatty and purulent matters, but the woman has become apparently quite restored to health. Professor Virchow observed that the ovarian origin of this matter could not be called into doubt, the ovarian sebaceous glands being the only structure capable of supplying these masses of fat. In fact the communication of ovarian cysts with the bladder has often been observed; but the dermoid membrane furnishing the fat remaining undestroyed, the discharge no doubt would continue to recur.—*Monats. für Gebürtskunde*, band xiii. p. 167.

Collodion in Arrest of Bleeding from Leech-bites.—M. Stanislas Martin observes that a few layers of collodion promptly arrests the bleeding from leech-bites.—*Bull. de Thérap.* March, p. 224.

Ice in place of Distilled Water.—In the United States of America the druggists frequently employ ice in place of distilled water. A filter is filled with small fragments which are left to melt, and water thus obtained is almost quite pure. Void of chlorides and sulphates, it can be substituted for distilled water on almost all occasions.—*Moniteur des Hóp.* No. 32.

A Cause of Deviations of the Uterus.—Professor Virchow brought several preparations before the Berlin Obstetrical Society, calculated to throw some light upon the production of uterine deviations. This would seem to be due in many cases to a congenital inequality in the development of the broad ligaments and of the ovaries. He had often met with such inequalities, but heretofore was disposed to attribute more influence to inflammatory action as a cause of deviation. Numerous examinations of young persons have, however, now convinced him that the cause of the deviation should much oftener be sought in unequal development. Such deviations slight and of little consequence in childhood, become afterwards, when aided by the practice of retaining the urine and fæces, necessitated by the usages of society, much aggravated.—*Monats. für Gebürtskunde*, band xiii. p. 168.

The Nocturnal Pain in Ophthalmia.—M. Decondé, of the Liege Military Hospital, makes the following suggestions as to the diagnostic value of the nocturnal pain observed in various forms of ophthalmia. Pain, dependent on syphilis comes on rather late at night, as from eleven to two o'clock, while rheumatic pain does so earlier, and neuralgic pain occurs in the evening. The period, then, at which the pain recurs may serve as an important means for establishing the differential diagnosis between syphilitic, fibrous, and nervous ophthalmias.—*Rev. Méd.* March, p. 305.

Salt in the Treatment of Muguet.—Dr. Flugtel has treated the muguet in infants with advantage during several years by means of a solution of kitchen-salt. As soon as the affection appears he washes the mouth several days with a solution, dissolving as much salt as will lie on the point of an ordinary knife in a tablespoonful of water.—*Rev. Méd.* March, p. 305.

GENERAL CORRESPONDENCE.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

LETTER FROM MR. CLARKE.

[To the Editor of the Medical Times and Gazette.]

SIR,—May I ask for space in your excellent Journal for the following observations, which, although mainly addressed to the Fellows of the Royal College of Surgeons in Ireland, relate to a question of by no means merely local interest—viz. Has the time yet come when it is desirable that a separation shall be effected between the Irish College of Surgeons and its School of Surgery?

Before proceeding to give the reasons why I myself conceive that this question is to be answered in the affirmative, let me say, that as I hold no connexion with any Medical School, and consequently have no personal interest in the matter, I may at least claim from my brother Fellows a calm and deliberate consideration of the facts and arguments which lead me to conclude—

1st. That the connexion of the College with its School *has* proved injurious to the College.

2ndly. That if this connexion continue, it is likely, nay, certain, to be further detrimental to our College. And

3rdly. That, in the present day, the requirements of Surgical education do not need that any such connexion should exist, as there are so many Schools at present of the highest character, with lecturers of known abilities, as shown by the number of students attending each, and who, when they present themselves for examination, pass that ordeal with at least as much credit as those educated at the School of the College of Surgeons.

No one can be more sensible than I am of the fact that the School of the Royal College of Surgeons in Ireland has done much to establish and much to maintain the high character of Irish Surgery; nor does any Fellow look back with greater respect to the honoured names of those who have once filled its Professorial Chairs. Neither can I yield to any one in my appreciation of the abilities of the present Professors. I should be sorry to see the School extinguished, and still more grieved to see any injustice done to men who have long

laboured within its walls; but that it shall soon become disconnected from the College I hold to be necessary for the well-being of the College, as well as advantageous as regards the progress of Surgical Education in Ireland.

A retrospective glance at the affairs of the College for some years past leads irresistibly to the conclusion that its connexion with a Medical School *has* proved injurious to it. But for this connexion, and the measures which it gave rise to, it seems inconceivable that the Council could have for years refused the certificates of the Professors of the Medical School of Trinity College. But for this connexion, the Resolution of the Council passed on February 4, 1859, consenting to receive the certificates of the Professors of the University, would not have been rescinded on April 4.

But for this connexion it would have been unnecessary for those gentlemen who acted so well and vigorously in this matter to call together the Fellows on October 27, to coerce the Council to perform an act of simple justice; which act, however, in spite of the best efforts of Drs. Beatty, McNamara, and others, was performed too late to avert the Medical Acts Amendment Bill, and maintain in its integrity the Royal College of Surgeons as the only body in Ireland giving surgical diplomas.

It may be said that this emergency is now passed; that, to effect a disunion of the school from the College, is now merely to lock the stable-door after the horse has been stolen, and this is, unfortunately, to a great extent, true. But has the College nothing more to lose? Assuming that it has, are we not justified in judging of the future from our experience of the past, and in desiring to escape from a condition of things which has hitherto led to such evil results?

Would it not be preferable that the School of the College should be fairly and equitably established on an independent basis, than that, as an appendage to the College, it should ultimately lead to the establishment of a Central Examining Board (as already hinted at by Mr. Cardwell), which would deprive the College altogether of its examining and diploma-giving functions?

I must, however, apologise for having already trespassed so far upon you, and conclude, hoping that, on a future occasion, you will permit me to put forward the reasons for inferring that, at the present day, no necessity exists for a Medical School connected with our College; and, indeed, that, in the present condition of the Medical Schools of the Irish metropolis, such a connexion is disadvantageous not only to the general advancement of surgical education, but also detrimental to the College itself. And under such circumstances, I say we are not justified in expending the funds of the College in support of a School not now necessary, to say the least of it.

I am, &c.

Francis Clarke, A.M., M.B., T.C.D. etc.

9, Sydney Avenue, Black Rock, Dublin.

DENTAL LICENTIATES OF THE COLLEGE OF SURGEONS.

Letter from Mr. E. Sercombe.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your remarks from time to time on the steps taken by the Council of the College of Surgeons in accordance with the power granted to them by the New Medical Act, to institute and appoint a Court of Examiners for Dental Surgery, call for some comment.

You object to the College of Surgeons granting a special diploma, but as you have advocated the cause of the College of Dentists, or at any rate expressed your sympathy with it, it is clear, as that College proposes to examine and grant diplomas to dentists, that you do not object to the dentist being subjected to an examination before he commences to practise, but to the College of Surgeons undertaking the duty. Your objection appears to be twofold; first, that by so doing the College of Surgeons loses caste, and second, that a special diploma granted by the College will be injurious to the interests of Medical Practitioners, by enabling men who have passed an inferior examination to palm themselves off on the public as duly qualified Medical men. If the College of Surgeons loses caste by examining Dentists it cannot be because of the subject on which they examine. Dental Physiology and Surgery have engaged the attention of some of the most able men who have ever adorned the Medical Profession, Hunter, Kölliker, Owen, Goodsir, Bell, Nasmyth, Tomes, and many less distinguished men have worked and written on it. We may therefore, I think without presumption assert that it is not beneath the dignity of the College of Surgeons to examine men on it and on all subjects allied to it, and to which, in fact, the researches of these men have given birth; if, therefore, the College loses caste it must be by granting an examination of an unworthy character, but such I contend the examination for the Dental diploma will not be. I regret, Sir, you have not placed the curriculum which the College has appointed for the Dental student before your readers; if you had done so, I am persuaded that much discussion would have been saved, and the fear which some appear to entertain as to the injurious effect which the diploma will have upon the Profession generally, would never have existed at all; they would see that the examination the Dental Surgeon will be subject to, will not be inferior in degree to that of the General Practitioner, though it will differ in kind, as indeed it should, to be of any real value. The College will require evidence of previous professional education from the candidate for the Dental diploma as extended as it will from the candidate for membership, the education of the one will therefore be as expensive and prolonged as the other, and, as a consequence, men will for the future enter the Dental Profession of equal standing in society to those who enter the Medical; instead, therefore, of the new diploma proving injurious to the Medical Profession, it will, by the improved position it will give to the Dental Profession induce many to become dentists, who would but for it become Medical men, and thus it will tend to prevent that overcrowding of the Medical Profession which has been so much complained of of late years, and which has been so injurious to the interest of its members. It has been asserted that the dentist when so connected with the College of Surgeons, will seek after surgical cases which will be alike injurious to the Profession and the public, but this assertion is of little value, and I will meet it by a counter-assertion—viz. that of the forty or fifty men practising as dentists who are duly qualified Surgeons, and who are therefore legally entitled to undertake such cases, not one is known to encroach on the domain of the pure Surgeon. The two cannot go together, the dentist's duties keep him strictly at home, and so inconvenient is it to him to go out and see a patient, that it is quite usual in London for him to charge a double fee when called upon to do so. But granted for the sake of argument, that the dentist when so qualified will dishonestly impose on the public, is it likely that he will do so the less because he holds his diploma from an independent College? and the possibility of a holder of the Dental licence practising general Medicine or Surgery would be at once prevented by extending the Medical Registration Act to the Licentiates in Dentistry, whose exact position in the Profession would be then clearly defined, and whose power of recovering payment for work they were not legally entitled to undertake would be destroyed.

I am prepared to have it said that a large number of the dentists of the present day are an ill-educated, ill-conditioned set of men with whom the College of Surgeons could not be allied without loss of dignity. I would not attempt to deny such a charge if made; but I do not expect such men will ever risk the examination, but should they and pass it, even then it cannot be asserted that they would more disgrace the College, than those gentlemen, who, though members of it, keep small open shops and receive patients and supply them with medicine at sixpence a-head, of whom there are multitudes in London.

I firmly believe the greatest protection, both for the public, and the Medical Profession can enjoy, is to confine to the College of Surgeons the power to institute examinations and grant licences to practise Dental Surgery.

I am glad to be able to add that upwards of sixty men have already passed the Dental Examination at the College of Surgeons, many of them being previously members of the College, and I have reason to know that a large number of names of candidate are still on the College books.

I am, &c. Edwin Sercombe, M.R.C.S.

Licentiate in Dental Surgery, etc. Dental Surgeon to St. Mary's Hospital.

THE UNIVERSITY OF ST. ANDREWS AND THE POOR-LAW BOARD.

Letter from Dr. Day.

[To the Editor of the Medical Times and Gazette.]

Sir,—May I ask you to find room in your next number for the following extract of a letter, which the University authorities have just received from the Poor-law Board?

"I am directed to state that the evidence now before the Board is sufficient to satisfy them that a person possessing a diploma from the University of St. Andrew's, is legally qualified to practise Medicine. To that extent, therefore, such persons will be eligible to hold the office of Poor-law Medical Officer, under the Order of the Board dated the 10th December, 1859." I am, &c.

George E. Day, Professor of Medicine.

April 9, 1860.

THE INCOME-TAX.

Letter from Mr. George May.

[To the Editor of the Medical Times and Gazette.]

Sir,—The recent course of financial legislation has destroyed the delusion that the income-tax was only a temporary source of revenue; and there is too much reason to fear, not only that it will be continued at its present high amount, but that no attempt will be made to adjust its inequalities.

Acting upon these views, a memorial has been addressed to the Members for the Borough of Reading, urging them to impress on the Government the necessity of an equitable adjustment. This memorial will receive the signatures of a very large majority of both political parties, and there is every probability that this important subject will be a leading if not a determining question at the next election. It should not be forgotten that the Budget of 1853 embodied the modification we are now seeking, and that it was defeated by Mr. Gladstone, on the ground that the entire tax was immoral, and that nothing should be done to render it permanent.

If, under these altered circumstances, Professional gentlemen of liberal politics will aid in opposing the income-tax in its present form, there will be little difficulty in obtaining the desired modification.

The law journals are advocating the formation of a central committee in London. If the Medical Profession can be induced to co-operate cordially in this movement, we may indulge a reasonable hope of success.

I am, &c. George May, Jun.

Reading, April 3.

THE MEDICAL COUNCIL AND THE COUNCIL OF THE COLLEGE OF SURGEONS.

Letter from Mr. Yates.

[To the Editor of the Medical Times and Gazette.

Sir,—As Secretary of the North Staffordshire Medical Registration Association, I have been directed to send you the accompanying copy of a Protest which was unanimously carried at a meeting of the above Association, held on Wednesday last, with the request that you will kindly publish it in your next number. I am, &c.

James Yates, Hon. Sec.

Newcastle-under-Lyme, April 9.

To the Members of the Medical Council of the United Kingdom.

Gentlemen,—Having heard with surprise and regret that the Council of the Royal College of Surgeons have admitted to examination and granted diplomas to persons who have in no way complied with their regulations laid down for the course of study and Hospital attendance, and having also seen that the Royal College of Surgeons justify their proceedings by complaining of the highly penal clauses of the New Medical Act,

We, "The North Staffordshire Medical Registration Association," beg to protest against such proceedings on the following grounds:—

Firstly, That this Society considers the New Medical Act to be a great boon and protection to the Profession; that it has been obtained with great difficulty; and deserves the warmest support both from the Profession and Royal College of Surgeons, whereas this act of the latter materially tends to neutralise its effects; and,

Secondly, That it greatly depreciates the value of the diplomas of the Royal College of Surgeons, which is in itself a great act of injustice to those already holding them, and tends to lower the honour and dignity of the Profession.

This Society, therefore, earnestly entreat you to exercise the powers given you by the New Medical Act, to constrain the Royal College of Surgeons to act in accordance with the regulations laid down for the admission to the examination for the diploma of membership of the Royal College of Surgeons; as this Society considers the course they are adopting at present, to be inconsistent with the dignity and interest of the Profession.

Samuel Mayer Turner, Chairman.

BIRMINGHAM AND MIDLAND COUNTIES MEDICAL REGISTRATION ASSOCIATION.

Memorial to the Medical Council.

To the President and Members of the Medical Council,—We, the undersigned President, Vice-Presidents, and Committee of the Birmingham and Midland Counties Medical Registration Association, beg respectfully to call your immediate attention to a practice of the Council of the Royal College of Surgeons of England, of granting its diploma to persons who have not undergone the usual preliminary course of Professional education.

Such irregular grants of diplomas have been not infrequent of late, and examples of the exercise of such discretionary powers on the part of the Council of the College of Surgeons having come under our immediate notice, we thought it our duty to forward to the said Council a strong remonstrance upon the subject; and we received a reply, the purport of which was to justify the proceedings of the College of Surgeons on the ground of "the stringency of the Medical Act."

This explanation appears to us (and we believe to the Profession generally) as wholly unsatisfactory; for we are firmly and decidedly of opinion that the recent course of action of the College of Surgeons, while it is extremely unjust towards the present members of that body, can neither conduce to the good of the public, nor to the dignity of the Profession. We believe these irregular grants of diplomas to be in direct contravention both of the letter and of the spirit of recent legislation; and considering, as we do, that the Members of the Medical Council are the proper guardians and exponents of the Medical Act, we are most anxious to elicit their opinion at their earliest convenience with reference to the question at issue between the College of Surgeons and (we may fairly say) the whole body of the Profession.—*President:* Bell Fletcher, M.D., Birmingham. *Vice-Presidents:* John Anthony, M.D., Birmingham; Thomas Taylor, Birmingham; Edward Moore, Halesowen. *Committee:* John Carter, Birmingham; Samuel Berry, Birmingham; S. A. Bindley, Birmingham; Thomas P. Heslop, M.D., Birmingham; W. L. Underhill, Tipton; Edwin Chesshire, Birmingham; John Postgate, Birmingham; Oliver Pemberton, Birmingham; George Yates, Birmingham; Charles Townsend, Birmingham; Walter C. Freer, Birmingham; John Warnock, Birmingham; G. C. Yellowby, Birmingham; William Ross Jordan, Birmingham; C. S. Meeke, Birmingham. *Honorary Secretary:* Samuel Spratly.

RECOVERY FROM PARALYSIS.

Letter from Mr. Ewens.

[To the Editor of the Medical Times and Gazette.]

Sir,—The case of "Paralysis of Right Side, and Quick Recovery," recorded by Dr. Aldis in the *Medical Times* of March 31, is so similar to one which occurred in my practice about five years ago, that I think it desirable to place a report of it at your disposal, as I believe such cases are rarely met with in practice, and especially as from the length of time which has elapsed, and the subsequent result of the case, mine will, I believe, be found to possess an interest of

which Dr. Aldis's is as yet deficient from its recent occurrence.

On July 23, 1855, I was called to see a man, aged 51, who was reported to have been found in a state of almost complete insensibility.

When I saw him, about an hour after, he was in a condition very analogous to that of Dr. Aldis' patient, and in addition, the intellectual faculties were considerably impaired. I applied a large sinapism to the whole length of the spine, and to the calves of the legs, and purged the patient briskly with calomel, croton oil, and colocynth.

The time of my visit was about one o'clock, p.m. and on seeing him again at eight p.m. I found, greatly to my surprise and pleasure, that sensibility and power of motion had, to a great extent, been restored.

The next morning I found him still better, and all went on satisfactorily until the 27th, when he was quite convalescent, no paralysis of any kind remaining.

Now for the subsequent history. The man continued very well for some years, except that he occasionally suffered from piles, and was of a nervous, irritable temperament. On May 23, 1859, he was found in a condition very similar to that on the previous occasion. The left side was entirely paralysed, and sensibility very much impaired. The same remedies were used, but without avail, and the case has pursued the course usual in a case of hemiplegia, and is now one of a perfectly hopeless nature.

It is to be wished that the case related by Dr. Aldis may not eventually terminate in so unsatisfactory a manner.

I am also reminded of the case of a young woman, a servant, who was suddenly seized with paralysis of the muscles of the right side of the neck and right arm; the tongue protruded towards the right side. She could, however, walk, and she attributed her symptoms to rheumatism, which they did not at all resemble.

In this case (which occurred more than six years ago) sinapisms and brisk purging produced more rapid effects than in the other, the relief in the position of the head following almost directly the application of the sinapism. I thought little more of the case at the time, a combination of circumstances inclining me to the belief that possibly it was a case of imposture (never having heard of so rapid a recovery); but, taking the three cases together, I think it most probable that it was one of a nature similar to the others, and the explanation of Dr. Aldis, of "venous congestion of the brain," appears to me satisfactory.

I have lost sight of the young woman for many years, but I believe she enjoyed good health after her recovery from the attack.

I am, &c.,

JOHN EWENS.

Milton Abbas, April 3.

THE COLLEGE OF SURGEONS IN IRELAND.

LETTER FROM MR. R. MACNAMARA.

[To the Editor of the Medical Times and Gazette.]

SIR,—As one of the Members of Council of the Royal College of Surgeons in Ireland so publicly arraigned in your last publication by Dr. Samuel Cusack, and also as one of those who took much trouble in bringing about the present revised and liberal educational bye-laws of our College, I may be permitted to remark that the difficulties under which the party with which I acted laboured were of no ordinary character, and in no instance perhaps more so than in Dr. S. Cusack's own person. Last year I published a pamphlet containing observations on the position of our College, a copy of which I forwarded to Dr. S. Cusack, and after some time received from him a highly complimentary letter, stating that he, in common with all the other Fellows who, like myself, took an interest in the educational progress of our Profession, owed me a deep debt of gratitude for my exertions, etc. etc., and in several conversations with him he also expressed his satisfaction and approbation of the movement originated by Dr. Beatty, and so ably carried out by him with the assistance of Drs. Hutton, Adams, and myself. Judge, then, of our surprise at finding Dr. S. Cusack dividing against us and his own written and avowed opinions at a meeting of the Fellows called by us to ascertain their views on a question that as we then and still believe vitally affected the very existence of our College. Had all our Fellows so acted, our exertions would indubitably have been defeated; as it is I consider that Dr. S. Cusack should be last person thus publicly to attack *en masse* a Council that contains among its members gentlemen who have sacrificed time, money, and, what all of them valued more than either, old-standing friendships of almost a life's duration, to support views that they conscientiously believed to be not only expedient but just, that had the written, and openly and repeatedly avowed sanction of Dr. S. Cusack, but which in the hour of trial he abandoned, without being able to assign one valid reason for such conduct.

From his knowledge of the exertions and devotion of that portion of the Council with which I have had the honour of acting, Dr. S. Cusack might have been well assured that, had we conceived it to be our duty to do so, we should not have hesitated for one moment to summons the Fellows together; but when we felt that we could not recommend the course since advocated by Dr. S. Cusack to the Fellows at large for their adoption, I submit that we were perfectly justified in the line of conduct we pursued. Having at a meeting of the Fellows recently held, verbally expressed my sentiments, I do not here shrink from recording in print my deliberate opinion that a more suicidal policy could not be devised or suggested than any tampering at the present moment with the Charter of the Royal College of Surgeons in Ireland, and at the meeting referred to, summoned according to charter by a requisition addressed to the President, and signed by twelve Fellows, of whom Dr. S. Cusack was one, and at which meeting he was also present, I had the honour of proposing a resolution, which was seconded by Dr. Beatty, and passed unanimously by all the Fellows present without one dissentient voice, embodying these sentiments.

In conclusion permit me to assure you, Mr. Editor, that is with great pain that I feel myself coerced, by a sense of what is due to my brother councillors, thus to trespass on your space, entertaining as I do a warm regard for Dr. S. Cusack personally and a high esteem for his Professional attainments generally, I would be the last person that would willingly say or do anything to offend him, but in the present state of collegiate politics Friendship must bow to Justice.

I am, &c. RAWDON MACNAMARA,
L., F., and Member of Council, R.C.S.I.

95, Stephen's-green, Dublin, April 9.

INTERNATIONAL COPYRIGHT.

[To the Editor of the Medical Times and Gazette.]

SIR,—Since your able leading article upon International Copyright appeared, I happen to have received, in the cover of an American book, a catalogue of Medical works published by Messrs. Blanchard and Lea of Philadelphia. In it I find all our standard English authors, Budd, Carpenter, Erichsen, Fergusson, etc. etc. reprinted and coolly announced, *e.g.* as the "Third American, from the third and enlarged London edition," with all the illustrations, etc., no doubt copied, and laudatory notices quoted from our own periodicals. Not only this, but in some cases the form of the work is altered; thus Fergusson's "Practical Surgery" is announced "in one large and beautifully printed octavo volume;" while an American editor has been added to other works to bring them up to the American standard, and "to elucidate American modes of practice." The work which seems to have undergone the most radical alteration, however, is Watson's "Lectures on Medicine," to explain which I cannot do better than transcribe the notice of it:—"Lectures on the Principles and Practice of Physic, delivered at King's College, London. A new American from the last revised and enlarged English edition, with Additions by D. Francis Condie, M.D., author of 'A Practical Treatise on the Diseases of Children,' etc. With 185 illustrations on wood. In one very large and handsome volume, imperial octavo, of over 1200 closely-printed pages in small type; the whole strongly bound in leather, with raised bands. Price, 4 dols. 25c." Dr. Watson will no doubt be gratified to learn that, thanks to Dr. Condie's efforts, his work, as stated by the publishers a little further on, "will be found thoroughly on a level with the most advanced state of Medical science on both sides of the Atlantic;" though he may possibly be at a loss to understand

the necessity for the 185 illustrations. In order that the American reader may appreciate the cheapness of the work, he is informed in another notice that the English edition sells for ten dollars, so that we can at once appreciate the saving effected by Americans in supplying themselves with our standard authors. Of the one hundred and twenty-six works included in this catalogue, I find that exactly two-thirds, or eighty-four, are standard English works, the remainder only being native productions. What benefit pecuniary or otherwise do the authors of these eighty-four books derive from this piracy of their labours? On the first page of their prospectus, Messrs. Blanchard and Lea call attention to a periodical issued by them and entitled the *Medical News and Library*, and which is thus described—"Its 'News Department' presents the current information of the day, while the 'Library Department' is devoted to presenting standard works on various branches of Medicine." Within a few years subscribers have thus received without expense many works of the highest character and practical value such as "Watson's Practice," "Todd and Bowman's Physiology," "Malgaigne's Surgery," "West on Children," "West on Females," etc., while in the number for January, 1858, was commenced a new and highly important work, "Habershon on Diseases of the Alimentary Canal," which was completed during 1859, while Simpson's Lectures are reprinted from your own pages. When we find that five dollars in advance entitle, not only to the above work, but also to the *American Journal of the Medical Sciences* for a whole year, we can only hope that American Doctors may "mark, learn, and inwardly digest" the good things which they are enabled to read at such a cheap rate.

I observe on all new novels, etc. the announcement that "the author reserves the right of translation and reproduction." What does that mean, and would it restrain our cousins from publishing our books in this wholesale manner?

I am, &c. BRITANNICUS.

April, 1860.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 27, 1860.

F. C. SKEY, Esq., President, in the Chair.

(Continued from page 354.)

A paper, by JOHN ADAMS, Esq., F.R.C.S., was read on

A CASE OF FEMORAL HERNIA,

WHICH HAD DESCENDED BENEATH THE PECTINEAL PORTION OF THE FASCIA LATA, AND WAS PARTIALLY COVERED BY THE PECTINEUS MUSCLE.

The case was that of a female, aged forty-five, who was admitted into the London Hospital labouring under the usual symptoms of strangulated hernia. After the most careful inquiry into the history of the case, the conclusion arrived at was that, as no hernial swelling could be detected in the region of the crural opening, the case was one of femoral hernia, which had been reduced by the taxis, and in which the symptoms continued, probably from the effects of the stricture upon the intestine. There were two moveable lymphatic glands perceptible in the crural region. The woman complained of dull pain in this region. Under this impression, a grain of opium was administered every four hours, and the sickness subsided. On the third day after the commencement of the opiate treatment, the symptoms re-appeared with increased intensity. A further examination was made, but no hernial swelling was detected. An injection of warm water was ordered night and morning, and a grain of calomel, with half-a-grain of opium, were ordered every four hours; brandy and wine were also administered. On the fifth day after her admission, all her symptoms became exacerbated, and she was at once taken into the operating theatre for a more complete exploration of the femoral ring. When placed on the operating-table, with the thigh everted, a fulness, rather than a swelling, was perceptible, apparently under the edge of the adductor longus. The skin and superficial fascia were divided over this swelling, and a little dissection exposed a dense, elastic fascia, slightly raised into a convex bulging. From its position and depth, the fascia was at once recognised as the pubic portion of the fascia lata: it was remarkably tense. Mr. Adams carefully scratched it with the scalpel, and it was divided on a director. Some red fibres were clearly distinguishable overlapping the swelling under the fascia, which, from their direction, were evidently part of the pectineus. It was necessary to cut these transversely inwards on a director. The hernial sac was now exposed, and its neck was traced to the femoral ring. A portion of the omentum, much congested, was found in the sac, under which was some small intestine in a gangrenous condition; and there was some dark fetid pus in the sac. The stricture was divided, and a portion of the omentum was removed. A quantity of feculent matter escaped on the division of the stricture. The wound was lightly dressed, and stimuli were administered. She died four days after the operation.—Autopsy: The hernia had descended through the femoral ring, but was not in the femoral sheath. It reached at least four inches below Poupart's ligament, and was situated behind and internal to the femoral vein in the direction of the pectineus muscle. The muscle, deprived of its investment of fascia lata, was deeply excavated by the lodgment of the hernia; a few of the fibres of the muscle—namely, those arising from the spine of the pubis—projected in the form of a fleshy column, and had overlapped the hernia; the remainder of the muscle was atrophied and sloughy. The remains of the pectineal portion of the fascia lata, which was somewhat sloughy, still covered this fleshy column alluded to. The hernial sac was sloughy, and contained omentum and a small piece of intestine quite gangrenous. The peritoneal surface of the small intestine in the abdomen was inflamed, and the intestines were agglutinated by recently effused lymph. The result of the investigation made during the operation and after death tends to show—1st, that the hernia was of the femoral species; 2nd, that the descent had not taken place in the femoral sheath; 3rd, that it had passed through some unusual opening or slit in the pectineal portion of the fascia lata; 4th, that there was a usual development of the inner fibres of the pectineus, which had formed a fleshy column over the hernia. It appears also most probable that an epiplocele had existed for some time, and that a more recent descent of intestine had occurred, which had become strangulated.

Mr. FERGUSSON said he would deduce from the case brought before them by Mr. Adams that it would be well for the Surgeon to lay aside the dread entertained in former times regarding the operation for hernia, or the incision needful to make out whether the case was hernia or not. Had the operation been performed at an earlier period the patient might possibly have been saved. The operation for strangulated hernia was not so much to be dreaded as a duration of the symptoms.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, MARCH 16, 1860.

A. B. BARNES, Esq., President, in the Chair.

A paper, by Dr. WILLIAM OGLE, was read on

WHAT TO OBSERVE IN DIPHTHERIA.

The paper was drawn up from an analysis of records which have been already published of typical cases, and of other cases that have recently occurred in the south-west district of London. Dr. Ogle maintained that in the study of an epidemic such as diphtheria, observation should be extended so as to embrace other cases than those which are allowed to be genuine cases of the disease in question. In the present instance he recommended that all throat affections should be noted; all cases in which there is any tendency shown to croupal complication; and all recent cases of albuminuria. By a process of analysis and comparison of these cases with each other, and with others of the same disease which have been observed when no such epidemic was prevalent, the characteristic symptoms of diphtheria would be learnt, and thus an answer obtained to the question,

What to observe in Diphtheria. In order to facilitate such comparison, it is desirable that all persons should draw up their cases after some generally-approved plan, and that they should be careful to state facts rather than opinions. Thus, "pulse 120," is a fact, whereas, "pulse quick," is only an opinion, and is obviously of comparatively little value. It is not necessary to have as a basis any more complicated plan than that which is naturally followed under all circumstances and by everyone. Symptoms being the conditions of the several parts of the body, and these parts being the same in all cases, a general outline—the same for all—is found more or less distinctly in every record. Every clinical record consists of facts that refer primarily either to the cutaneous, nervous, respiratory, circulatory, alimentary, urinary, or generative systems. These, with a single division for the facts that cannot be so arranged under any of the foregoing, suffice for all practical purposes. Dr. Ogle exhibited an ingenious method, by which any person remembering this natural division of the symptoms, would so order his MSS. that the different symptoms might be read off; thus saving the trouble of making a separate analysis of each case, at the same time preserving the continuity of the record without loss of space. In the application of this plan to an epidemic, or to any special group of cases, modifications according to the experience and judgment of the individual observer, would arise; but the simple general outline being preserved, there would be a uniformity in the records which is so much to be desired in Clinical Medicine.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, MARCH 1, 1860.

HENRY THOMPSON, Esq., President, in the Chair.

After the recital of cases of Hydatids of the Liver and Abscess of the Liver by Dr. Handfield Jones and Dr. Headlam Greenhow, a paper, by Dr. TOULMIN, of St. Leonard's, was read, on

THE IMPORTANCE OF THE FUNCTIONS OF THE SKIN IN THE PATHOLOGY AND TREATMENT OF TUBERCULAR CONSUMPTION.

He commenced by offering as the proximate cause of tubercle in all cases, the breathing of impure air, and air in so small a quantity as to render it impure, especially during the night. He observed, that wherever this was the continuous state of existence, the result must be a deficiency of oxygen in the red globules of the blood, and, as the consequence of this, the deposition of plastic fibrin in an incomplete state of oxygenation, and therefore of organisation, and thus incapable of being ultimately got rid of by change of matter: it consequently remained as an extraneous adventitious substance in the system, offering to the observer all the characteristics of tubercle. To explain the discrepancy which appears in the rich (who have no want of oxygen in the air they breathe) being equally subject to phthisis as the poor, he drew the attention of the Society to the importance of the respiratory functions of the skin, as proved by the almost instant death that occurs on closing the cutaneous pores by artificial means, as in varnishing and gilding the skins of rabbits and other animals, and observed, that in consequence of the coldness of our climate and other causes the better classes of society were certainly not in the habit of making the washing the whole surface of the body a part of their daily toilet, and, consequently, that the exuvia momentarily forming on the surface of the skin, the joint production of the sordes from within, combined with the debris of the cuticle, soon becomes more or less impervious, although the individual might be in the habit of changing his linen daily. As an illustration of this state of skin, the author referred to acne, so frequently seen on the face, as being in reality the general state of the skin of a large proportion of society, especially in the earlier periods of life, when phthisis generally shows itself, and that the free entrance of air, as well as the exit of carbonic acid through the skin being thus impeded, the same imperfect oxygenation of the blood ensues as is produced in the poorer classes by breathing mephitic air. He remarked, that for the removal of this state of skin, the only means of cure were to be found in the instituting a full and free diaphoresis by the aid of artificial heat, the result of which, in first softening and then expelling large quantities of inspissated sebaceous matter after the surface of the body had been washed clean with soap and water was surprising. The author drew the attention of the Society to the fact, that the hot-air bath, as a therapeutic agent was no innovation on the established practice of the Profession, as it was the mode of bathing practised by Hippocrates, Galen, and Celsus, and that the universality of the practice was shown by the fact that the remains of such baths had been found in every colony of the Roman Empire. The speaker enunciated some novel doctrines, both as to the nature and treatment of phthisis, for instance: If tubercle be imperfectly organised fibrin, then it should be looked upon as a blood disease; and seeing it is found in other parts besides the lungs, without destroying life, its deposition in them should not be considered as disease either of the lungs or air-tubes, but as an accidental circumstance, killing mechanically by its ulceration extending to the surrounding lung-tissue. Again, he called in question the propriety of sending consumptive patients abroad to a warm climate during any stage of the disease; as, although in the later stages of the complaint, when the air-tubes sympathised with the tubercular irritation, a warm atmosphere seemed more congenial to the patient's feelings, still, in the earlier stages, when a cure was practicable, the breathing the open air of our winter (at least on the south side of the island) was most important, and instanced as a proof that breathing cold air did not cause the complaint the remarkable fact that tubercular consumption is not to be met with in high northern latitudes. The treatment of phthisis was considered under its hygienic and Medical aspects; under the former, and particularly in the earlier stages, the patient was recommended to live in a high, dry, and marine atmosphere on the downs rather than under them; to be as much as possible in the open air; to use all sorts of athletic exercises (avoiding such as accelerate the pulmonic circulation) suitable to the sex and strength of the patient, by which a more rapid change of matter is effected, together with absorption of already deposited tubercle, as well as the deposition of more healthy—*i. e.* of more highly organised matter. Medically, the treatment was comprised in a few short aphorisms, the first and most important being: the keeping the functions of the skin in healthy action by means of the hot-air bath; second, the anointing the whole surface of the skin daily with some oleaginous matter; third, the keeping a local ulceration always patent by means of an issue or seton; and fourth, the exhibition of some one or more of a large variety of tonic and antiseptic medicines—all admirable adjuvants in improving the general health (if selected in conformity with the function most sympathising with and reacting on the disease), but powerless in arresting the specific lesion in question, without the previous "Open Sesame!" of the hot-air bath, followed by the aspersion of cold or tepid water. The author expressed himself as fearful of saying all that might be advanced in favour of this treatment in phthisis, seeing that the disease was universally considered incurable; he therefore, urged the Society to try it for themselves, and be guided thereafter by its effects.

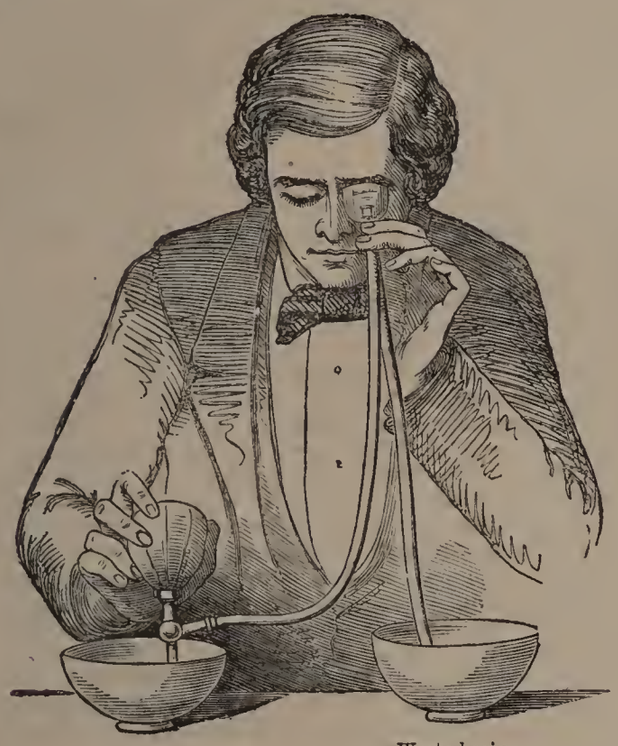
An animated discussion ensued, supported by Mr. Sedgewick, Dr. Handfield Jones, Dr. Headlam Greenhow, Dr. Browning, and Dr. Hart Vinen.

REMUNERATION OF POOR-LAW MEDICAL OFFICERS.—WISBECH.—Last week, at a meeting of the Board of Guardians, Mr. J. G. Sturkey, the medical officer for half of the parish of Wisbech St. Mary's made an application for an increase of his salary, which is at present £10 a year. From a statement made by Mr. Sturkey, it appeared that for this sum he had travelled 800 miles last year, had 100 pauper patients, and supplied everything in the shape of remedies, exclusive of the wear and tear of horseflesh on the terrible roads he had to ride over. His district comprises an area of 4800 acres, with a population of 1250. Mr. Burman, the medical officer for the other half of the parish, has a similar salary, which averages 6¾d. per day. A fortnight ago he was out two hours and three-quarters, travelled eleven miles, visited eight patients, and paid sixpence for a toll bar, leaving him three farthings for his trouble. In one year he had 132 patients, made 270 visits, travelled 1524 miles, and had only seven midwifery cases, for which he received extra fees.

NEW INSTRUMENTS.

SAVORY AND MOORE'S EYE-DOUCHE.

We have tried one of these new eye-douches, and can express our approval of it. The instrument hitherto in use is liable to many objections, which are met in the present one; such as the impossibility of keeping the fluid used directed on to the same spot, and the splashing the face and clothes, which are quite unavoidable with the old douche. It will be easily understood from the annexed cut that no water can escape from the eye-glass except through the tube into the waste-basin.



Waste-basin.

NEW FILTER.

Messrs. Maw and Son have forwarded for our inspection

DAHLKE'S PATENT WATER PURIFIER,

in which the purifying medium is a solid composition of silica, animal charcoal, and iron. It is stated that as this medium is solid and indestructible, it is not liable to become deteriorated or out of order. The apparatus can be cleaned from time to time by rubbing with a brush; and it differs further from a mere mechanical filter in this, that, combining as it does, the materials of animal charcoal and iron, the quality of the water is positively improved.

A portable filtering apparatus is also made, consisting of a vessel either of terra cotta or white earthenware, inside which the filtering medium is fixed. This is a very convenient portable filter for travellers, emigrants, etc., and is also applicable for household use, it being only necessary to immerse it in a cistern, pail, or jug, place the tube outside, in the form of a syphon and draw the water by suction, when a constant flow is uninterruptedly kept up.

Mr. Dahlke has fitted up filtering apparatus for the purposes of the Metropolitan Drinking-Fountain Association, and the surveyor of the Association has certified that they fully answer the desired objects.

It should be stated that the Association requested Dr. Letheby and Dr. Lankester to select the most perfect filtering apparatus, and it was from their report that Mr. Dahlke's invention had the preference. Dr. Letheby has certified that the property of removing *solution of lead* is possessed by these Purifiers. This is so important an advantage that, if true, it cannot be too generally known, there being so many localities in which the water is dangerously impregnated from lead pipes and cisterns.

OBITUARY.

DR. MALDEN, OF WORCESTER.

DR. MALDEN, after a lingering illness, from paralysis, died at Cheltenham, at the age of 68. Few men were better known or appreciated in Worcestershire, for his great ability as a Physician, his kindness and amiability of character, and a readiness of wit, fed by extensive reading and knowledge of the world, which made for him many attached friends and a very large circle of acquaintances. Dr. Malden's native place was Putney; and he was educated there, and afterwards studied Professionally in London (where he was a favourite pupil of John Abernethy) and in Edinburgh, receiving his diploma from the University of Edinburgh about the year 1815, soon after which he took up his residence in Worcester. In 1818 Dr. Malden was elected to the Worcester Infirmary. Dr. Malden was senior to Dr. (now Sir Charles) Hastings by date of diploma, and up to the year 1858 the deceased gentleman retained the post of senior Physician to the Infirmary, where his great Professional skill, kindly nature, and prepossessing manners, won for him the esteem, not only of the patients but of the Profession unanimously. In 1858, however, he was compelled to resign that office and his practice generally, in consequence of the gradual development of the malady under which he suffered, namely, paralysis, and he became a resident at Cheltenham, where he died.

MEDICAL NEWS.

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, April 5:—

Adams, Thomas Rutherford, Kilmoganny, Kilkenny, Ireland
Drake, Thomas, Kingsclere, Hants
Egles, Gabriel Manning, Barcombe, Lewes, Sussex
Fairant, Samuel, Collompton, Devon
Godfray, Charles Le Vesconte, Jersey
Godwin, Charles Henry Young, Winchester
Graham, Adolphus Frederick, Liverpool
Harris, Arthur Ben, Mevagissey, Cornwall
Harris, William John, Worthing
Manning, Frederick Norton, Milton, Northampton
March, Henry Colley, Newbury, Berks
Merryweather, Philip Edward Collins, Sydney, N. S. W.
Mitchell, Thomas Carter, Bedford
Mockridge, John, Army
Parker, George Fisher, Henley-on-Thames
Stillwell, James
Warburton, James Pennington, Betley, Newcastle, Staffordshire
Wise, William Clunie, Plumstead, Kent
Young, Edward Parker, Henley-on-Thames

The following gentlemen also on the same day passed their First Examination:—

Evans, David Norman, Denbigh
Lee, Herbert George, Thame, Oxon

APPOINTMENT.

SKINNER.—April 5, Thomas Skinner, M.D., was appointed one of the Honorary Medical Officers to the Northern Dispensary, Liverpool, in the room of Dr. A. T. H. Waters.

DEATHS.

ABERCROMBIE.—April 3, at No. 25, Kensington-square, John Abercrombie, late Surgeon to the 19th Light Dragoons, aged 82. He was one of the few survivors of the Duke of Wellington's Indian campaigns in 1803-4.

ATKINSON.—March 29, at Beacon Cottage, Pinhoe, near Exeter, J. J. Atkinson, retired Surgeon, Bombay Army, aged 44.

COLLISON.—April 3, at Newport Pagnell, suddenly, Robert Collison, (in practice prior to 1815), aged 78.

GUISLAIN, PROFESSOR.—Dr. Guislain one of the most celebrated *Alienistes* of Europe, Professor of Physiology at the Ghent University, Director of the Asylum of that city, and author of various important works on insanity, died on the 1st of April, after an operation for strangulated hernia.

HARCOURT.—April 2, at Binfield, Berkshire, very suddenly, Frederick George Harcourt, M.R.C.S., L.S.A.

HOWARD. — Recently, Frederick Howard, Assistant-Surgeon, Royal Artillery, on half pay.

MCCORMICK.—Recently, John McCormick, Assistant-Surgeon, R.N.

PERRY.—April 6, at Everton, Lancashire, William Duncan Perry, M. D., aged 63.

SCOTT.—James Scott, R.N., Retired Deputy Inspector General of Hospitals.

SHARP.—Recently, Francis Sharp, Surgeon, R.N.

Mr. Gladstone's ceremony of installation as Rector of Edinburgh University, is to come off on the 16th inst.

It appears that some of the rags and lint sent to Italy for the use of the Austrian army found their way direct to the paper-maker's.

Dr. Livingstone has sent the Royal Society a valuable series of magnetical observations from Africa.

Police Statistics of 1859, for Hull, show that in 1859 there were 564 known prostitutes in that town. Of these 100 were between 15 and 20 years of age; 240 between 20 and 25; 103 between 25 and 30; and 121 above 30 years of age.

Dr. Farini.—The King of Sardinia has just conferred upon Dr. Farini, the Governor of the Æmil'an Provinces, the Collar of the Supreme Order of the Holy Annunciation, together with the degrees of nobility necessary for entering into the Order. The bearer of a Collar of this Order is addressed by the King as his "well-beloved cousin."

By the will of a Mrs. Freeman, who died in London a few days ago, and who was the daughter of Sir Thomas Apreece who held property in Leicestershire, the sum of £10,000 is left to the Leicester Hospital, the only stipulation being that a ward shall be called "the Apreece Ward."

Another Polar Expedition is likely to be undertaken by Dr. Hayes, one of the companions of the late Dr. Kane in his memorable search for Sir John Franklin. The main object which he proposes is to verify the existence of that Polar Sea which his lamented leader claims to have discovered.

A man named Swinson, keeper of a toll-bar near Sheffield, was last week committed for trial on a charge of manslaughter. He had obtained a local reputation as the "Pitsmore Doctor," and in this capacity had treated the leg of a man named Batty with violent escharotics. When the man was walking home after his last visit a blood-vessel under the wound burst, and he bled to death in about ten minutes.

Poets must, in future, seek elsewhere for an image of the pure and spotless than in *the snow*. The famous M. Pouchet has subjected carefully-collected snow to examination, and has found in it as follows:—Starchy particles, traces of organic matter, particles of lime, of silica, two ova of microscopic animalcules, and two dead infusoria!

Whoever has seen a French newspaper must have been often struck with the bold advertisement *Rob*, a quack compound. This specific has had an enormous sale; and the public is now to have the free use of it, for the formula of its preparation, as originally given by Dr. Boyveau, has by lapse of time become the property of the public.

"The employment of Electricity in the treatment of diseases," writes a French critic, "had been of late years more abused in England than anywhere else, so that the agent fell into complete discredit. For this the charlatans, who were ignorant of the laws of Electricity, of Anatomy, and Physiology, were to be thanked, they treated all diseases with their infallible remedy; and actually wrote treatises on Electricity. Scarcely twelve years ago an eminent Physician of that country said:—In my opinion anyone who writes on Medical Electricity is a charlatan. Happily the times are changed."

Cork Medical Protection Association.—The following sensible resolutions were carried at the recent annual meeting of this Association:—Proposed by Dr. Gregg, and seconded by Dr. Wycherly:—"That the arduous duties of Medical Practitioners in the Civil Service are as fully entitled to remuneration, and after a certain number of years, to a retired allowance, as those of Military and Naval Officers; and that we deem £100 per annum the least salary a Poor-law Medical Officer should receive under any circumstances." Proposed by Dr. Mackesy, of Waterford, and seconded by Dr. O'Flyn:—"That, when an extended reform in Parliamentary representation is about to be discussed before the Legislature, we deem it a favourable opportunity to press the claims of so influential a body as the Medical Profession of Ireland, to a representation in the House of Commons, and that petitions be at once drawn up, signed, and forwarded for presentation; that to the House of Lords to the Earl of Cork, and that to the House of Commons to Lord John Russell." Proposed by Dr. M'Evers, and seconded by Dr. Armstrong:—"That Medical men, notwithstanding their having petitioned Parliament on the subject, are still compelled to attend Assizes, Quarter Sessions, and various courts of justice without receiving proper remuneration; therefore, that a Committee be formed forthwith to take such steps as they may deem necessary, to obtain redress of these grievances."

Spectacles for Short-sighted Soldiers.—A novel experiment, recommended by the Commander-in-Chief, has just been sanctioned by Government. Three infantry recruits lately arrived from England were at the usual Medical examination found to be short-sighted, and in their present state useless as soldiers. The use of proper glasses, however, it was added, would make them instantly effective. The Director-General observed that if the Commander-in-Chief did not object to the incongruity of a soldier in the ranks wearing spectacles, there could be no other objection to their being supplied to such men as might require them. A large number of officers assist their sight in this way, and it is a well-known fact that many sportsmen wear glasses, some of whom are first-rate shots, and who could not see to shoot without them. Government have accordingly authorised the supply of suitable glasses to the men referred to, as an experimental measure, to be reported upon hereafter.—*Madras Times and Spectator.*

The late Dr. Cronin.—At a special meeting of the Committee of the Queenstown Dispensary, convened March 27, 1860, Captain Martin in the Chair, it was proposed by S. T. W. French, Esq., seconded by Dr. Scott, and resolved unanimously:—"That we take this the earliest opportunity of expressing our sincere sorrow at the sudden and unexpected removal from among us of our late lamented friend, Dr. Cronin, who for many years was at the head of the Medical institutions of this locality. While engaged in the arduous duties of his Profession and in the midst of his usefulness, it has pleased the Almighty to deprive the sick poor of this town and island of an able Physician and a kind and sympathising friend, and the community at large of a valued member. Beloved and esteemed by a large circle of friends, and by all with whom he held Professional intercourse, his memory will long live in their affections, and his loss be long lamented. In their deep grief we would beg to tender our sympathy to his bereaved family, and assure them how much we deplore their loss."

Medical Constitution of Paris in 1860.—M. Dechambre states that for some months past this has been characterised by the unusual prevalence of bronchial catarrh, with general symptoms related to influenza, and of intermittent fever. The latter has not occurred for many years with such a frequency, and in most cases it does not assume a regular form. Sometimes the chill returns three or four times a-day, followed by a slight amount of heat, and but rarely by sweating—presenting one of the types with short periods indicated by M. Mélier. In such cases, small doses of quinine given with sudorifics between the paroxysms often succeed, while other cases which have resisted this have been cut short by means of arsenic. Sometimes the paroxysms, returning at regular or irregular intervals, resist all anti-periodics, yield to them only for a short time, or merely change the day or hour of their appearance. When the sulphate of quinine first, and then the powdered bark, fail, it is best (especially if emeto-cathartics have been given at the beginning) to leave the disease to itself for a week or two, giving only some bitter tonics, such as Malaga wine with gentian. The fever either may then cease of itself, or more readily yield to the sulphate. In many cases these fevers have seemed only to be aggravated by the immediate employment of anti-periodics, and advantage has arisen from allowing some paroxysms to pass over untreated. This observation is worthy the attention of young Practitioners, who readily become uneasy at the prolongation of a quotidian fever, especially when they have impatient patients or suspicious relatives to do with.—*Gaz. Hebdom.*

Insanity in Scotland.—The second annual report of the General Board of Commissioners in Lunacy for Scotland has just been issued. In commencing their remarks the commissioners acknowledge the difficulties which beset them in carrying out the provisions of the recent statute, but add that a manifest improvement was already discernible in the

treatment of the insane in that part of the kingdom. The data furnished to make up the report reveals a steady and serious increase in the number of insane. They show that the number of pauper lunatics alone, which, on January 1, 1858, amounted to 4737, had increased to 4980 on January 1, 1859. Of private single patients, only 27—namely 12 men and 15 women—were reported in obedience to the requirements of the 41st section of the Act. The commissioners are, however, cognisant of the existence of 1887—namely, 1041 men and 846 women; but by far the greater proportion of these patients are living under the care of relatives, and, consequently, do not fall under the provisions of the section alluded to. The total number of the insane in Scotland on the 1st of January, 1859, including private patients, amounted to 7878, 3829 of whom were males, and 4049 females. Some interesting statistics of insanity are given in the report, from which it appears that 1226 new patients were admitted into asylums in 1859, of whom 29 were re-admitted in the course of the year; 302 recovered, 76 were discharged not recovered, 105 died, and 772 remained in the asylums at the close of the year.

Epidemiological Society.—Annual General Meeting.—The Council Report was read and adopted. The following office-bearers were elected for the Session 1860-61, viz.:—*As President*—Benjamin Guy Babington, M.D., F.R.S. *As Vice-Presidents*—Addison, Thomas, M.D.; Brodie, Sir B. C. Bart., President of the Royal Society; Burnett, Sir William, K.C.B., K.C.H., F.R.S.; Dale, Rev. Thomas, M.A., Canon Res. of St. Paul's; Gibson, James Brown, M.D., C.B., Director-General of the Army and Ordnance Medical Department; Grainger, R.D., Esq., F.R.S.; Hastings, Sir Charles, M.D., D.C.L.; Liddell, Sir John, C.B., M.D., F.R.S., Director-General of the Medical Department of the Navy; Nussey, John, Esq.; Propert, John, Esq.; Simon, John, Esq., F.R.S.; Smith, Sir Andrew, M.D., F.R.S., K.C.B.; Smith, Thomas Southwood, M.D.; Watson, Thomas, M.D., F.R.S. *As Treasurer*—Thomas Addison, M.D., Vice-President, 24, New-street, Spring-gardens, S.W. *As Secretary*—J. O. McWilliam, M.D., F.R.S., C.B., R.N., 14, Trinity-square, Tower-hill. *As Foreign and Colonial Secretaries.*—Belgium—A. Sayer, M.D., 28, Upper Seymour-street, Portman-square, W. East Indies—James Bird, M.D., 27, Hyde-park-square, W. Egypt and Syria—William Camps, M.D., 52, Park-street, Grosvenor-square, W. France—Waller Lewis, M.B., F.G.S., Medical Officer, General Post Office, E.C. Germany and Russia—Hermann Weber, M.D., 49, Finsbury-square, E.C.; W. E. Swaine, M.D., York. Portugal and the Brazils—J. O. McWilliam, M.D., F.R.S., C.B., R.N., 14, Trinity-square, Tower-hill, E.C. Sweden, Norway, Denmark, and Iceland—R. Gordon Latham, M.D., F.R.S. West Indies and North America—G. Milroy, M.D., 149, Strand, W.C. *As other Members of Council*—Aldis, Dr.; Bradley, C. L., Esq.; Bryson, A., M.D., F.R.S., R.N.; Chowne, W. D., M.D.; Greenhow, Headlam, M.D.; Hough, Colonel; Hunt, T., F.R.C.S.; Lord, C. F. J., Esq.; Marson, J. F., Esq.; Murchison, Charles, M.D.; Mapleton, Dr.; Nichol, Dr.; Odling, W., M.D.; Radcliffe, J. N., Esq.; Richardson, B. W., M.D.; Sanderson, Burdon, M.D.; Seaton, E. C., M.D.; Wells, Spencer, F.R.C.S. The following papers were read:—1. "On Cholera at Guildford, in 1854," by H. S. Taylor, Esq., Guildford. 2. "On Cholera at Wick, Caithness, in 1859," by Drs. Banks, of Wick, and Littlejohn, of Edinburgh. Abstracts of these papers will appear in a future number.

Medical Registration Act.—Liverpool Police Court.—Arthur Browne Steele *v.* John Hamilton.—In this case, on Saturday, April 7, Mr. Leofric Temple, instructed by Messrs. Anderson and Collins, appeared for the prosecution. Mr. Cobb was for the defence. Mr. Temple said he appeared to apply for penalties under the Medical Registration Act, in two cases, against the defendant, who resided at 94, Mill-street, Toxteth-park. The summons was issued on the information of Mr. Steele, as Secretary of the Liverpool Medical Registration Society, and charged in these words:—"That you did, on the 21st day of February last, at the borough aforesaid, wilfully and falsely pretend to be a Surgeon, General Practitioner, or Apothecary, and did then and there take or use the name or title of a Surgeon, General Practitioner, or Apothecary, or a name, title, addition, or description implying that you were registered under the Medical Act, or that you were recognised by law as a Surgeon or Practitioner in Medicine, or an Apothecary, contrary to the statute in that case made and provided, whereby you have for the said offence incurred a penalty not exceeding £20." Having referred to the 15th and 40th sections of the Act, Mr. Temple said that he would produce evidence to show that defendant was not registered under the Act; he would produce a certificate signed by him as Surgeon, although he styled himself Botanic Surgeon, whatever that was. He would show that he styled himself John Hamilton, Botanic Surgeon, Boston, U.S., and upon that evidence he would ask for such penalties as in the discretion of the Court would meet the case.—Mr. Steele was then examined: He said he was Honorary Secretary to the Liverpool Medical Registration Society. He produced a copy of the Register for the present year; the name of Mr. Hamilton was not upon the list.—To Mr. Cobb: I don't know that he does not profess to be registered. I have no vindictive feeling whatever towards defendant. He has been summoned here before, but not on the same grounds. I produced a certificate then, as in this case. The summons was dismissed. I have read defendant's name on the door-plate.—Mr. Cobb: And doesn't he state exactly what he is?—Witness: The name on the door-plate is "John Hamilton, Surgeon," in very large characters.—Mr. Cobb: Anything else? Yes; after that follows in very small characters, "Boston, U.S.," and then, in characters still smaller, "Not regd. in Engd."—Mr. Buckmaster, Registrar of Births, Deaths, and Marriages, in Toxteth-park, produced a certificate of the cause of death of a party in his district, signed by defendant "John Hamilton, Botanic Surgeon, Boston, U.S."—Mr. Cobb admitted that the certificate had been given by his client.—Mr. Garnett: Under the Act?—Mr. Cobb: Given, but not given under the Act. This was the case: and Mr. Cobb said his client had done everything he could to show he was not a Surgeon, and not registered. He said he was a Surgeon in Boston, U.S.; and so he was, and had his diploma. He did not claim to be what he was not, and he distinctly stated what he was. He complained that the proceedings were vindictive.—Mr. Raffles: I dismiss the charge in both summonses. You may take a case. I do not think he falsely represents himself to be a Surgeon or General Practitioner, or Apothecary, or that he pretends to be registered. The evidence is the other way.—The necessary steps were taken, and sureties given by Mr. Steele through his attorneys, to take the case before the superior Court.

Vaccination in Syria.—We have just read a little *brochure*, written many years ago, but which has lately been forwarded to us. Dr. Laspéranza, Quarantine Physician at Jaffa in 1842, gives a brief account of the success which attended his exertions in diffusing vaccination there at a time when small-pox was raging throughout Syria. At Jerusalem, Beyrout, Damascus, Acre, etc., its ravages exceeded those of the plague. At Gaza, with a population of 8000 souls, M. Gaido, Surgeon of the 2nd Regiment of Lancers, who were garrisoned there, reported to him that in a very few months 1300 children were swept away by it. "I cannot conceive," he adds, "how this Surgeon, knowing that I had vaccine lymph, did not think to apply to me sooner." In the midst of these devastations, Jaffa, which had always suffered like other towns in previous epidemics, escaped; and this Dr. Laspéranza attributes to the diligence with which, from the time he was appointed Quarantine Physician, he had diffused vaccination. In the first six months of 1842 he vaccinated personally 921 persons between the ages of one month and seventeen years; besides which many were vaccinated with lymph supplied by him on glasses, which he furnished to all who applied for it, accompanying it, when given to non-medical men, with instructions for use. Dr. Lasperanza enters into the subject of the neglect of vaccination in the Turkish provinces generally, which he attributes to the want of Government arrangements, to defective supply of lymph, to carelessness of parents, opposition of schoolmasters, and indifference of a certain number of the lower order of priests of every denomination, and, not least, to the improper way in which the operation is performed. A frequent way of performing it is to make two deep incisions with a bad scalpel (*méchant fer tranchant*), either cross-wise or parallel, and then apply a little vaccine lymph, which is soon washed far away by the copious flow of blood. A youth, aged ten years, who had been three times vaccinated in this way without success, lost on each occasion, according to the statement of his parents,

more than 250 grammes (about 8 oz.) of blood. Another mode is to employ copper pins (*épingles en cuivre*), which make minute, scarcely visible punctures. These pins often get oxidized, and decompose the vaccine lymph, or they are used so superficially that no absorption of lymph can take place. Dr. Lasperanza suggests a plan for the general diffusion of vaccination through the Turkish Empire by means of the Quarantine Physicians,—each of whom should be duly supplied with lymph, and directed to extend vaccination through his district, and instruct the most capable of the natives, making them well acquainted with the progress of the vesicle and the evidences of success, and with the means of taking, preserving, and transmitting lymph. Prizes to be given to the most active and meritorious. It must be recollected that it is nearly twenty years since these suggestions were offered. We do not know whether anything has ever been done to give them effect, or what progress vaccination has recently made in Turkey. Dr. Lasperanza thinks he once saw the cow-pox on a cow at Silistria, in Bulgaria; but, as he was under orders to leave, he was prevented instituting any experiments.

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 7, 1860.

BIRTHS.

Births of Boys, 838; Girls, 755; Total, 1593.
Average of 10 corresponding weeks, 1850-59, 1616·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	694	745	1439
Average of the ten years 1850-59	602·5	568·9	1171·4
Average corrected to increased population..	..	..	1288
Deaths of people above 90	..	3	3
Deaths in 15 General Hospitals	..	..	..

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	4	1	6	..	10	2	2
North ..	490,396	9	8	5	2	11	8	3
Central ..	393,256	3	1	4	..	7	5	..
East	485,522	1	7	4	..	11	8	1
South ..	616,635	6	3	7	2	14	8	4
Total . ..	2,362,236	23	20	26	4	53	31	10

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·470 in.
Mean temperature	45·7
Highest point of thermometer	62·0
Lowest point of thermometer	33·4
Mean dew-point temperature	39·5
General direction of wind	S.W.
Whole amount of rain in the week	0·32 in.

TO CORRESPONDENTS.

Mr. Godfrey.—We have not commented on the case.

E. B.—It is not our practice to insert any deaths but those of Members of our Profession, nor any notices of births or marriages.

M. A. B.—1. Through any bookseller. 2. Certainly.

A Constant Reader.—The New Sydenham Society have published the most complete work extant on Diphtheria.

Sir James Macgregor.—Dr. Maclanghlin referring to a statement by Dr. Williamson, "that Sir James Macgregor, in 1810, then Inspector of Hospitals at Portsmouth, originated and promoted the idea of forming a collection of Morbid Anatomy, for the use of the Medical Officers of the Royal Army," says:—"I first suggested the idea of forming a Museum of Morbid Anatomy at Fort Pitt, for the benefit of the Medical Officers of the Royal Army, and I obtained that Mr. James Miller should be appointed as Curator to that Museum, that is six months before Sir James Macgregor was appointed Director-General, and about two years before he thought of bringing any specimens from the York Hospital at Chelsea, to Chatham. Therefore, Sir James Macgregor has no claims to have first originated and first promoted the idea of forming a Museum of Morbid Anatomy at Fort Pitt for the use of the Medical Officers of the Royal Army, whatever claims he may have to the credit of having fostered the undertaking which he found begun."

Errata.—The report of a case from the Liverpool Northern Hospital published in our Hospital Reports, for March 23, was not supplied, as stated, by Mr. Earnshaw, but by Mr. Reginald Harrison, the present Senior House-Surgeon of that Institution.—P. 355, Pass-list of Royal College of Surgeons: *for* Markley *read* Thomas Markby.

Is Chloroform Safe in Midwifery?

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Two very important questions have been much discussed of late in private practice; and as I am collecting statistics and opinions on these points, perhaps you would allow me to say in your columns that I shall be much obliged to any gentleman who will favour me with his impressions on the subject, derived from actual practice.—1st. Whether in midwifery cases, where "turning" has been obliged to be resorted to, chloroform has aided the manipulations or not? Is "turning" effected as easily without as with chloroform? 2nd. In forceps cases under chloroform, is it better to introduce the blades before or after anæsthesia has commenced?

I am, &c. Charles Kidd, M.D.

Sackville-street, Piccadilly, April 9.

The "Great Tasmania."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In this case "An Old Stager's" remarks do not apply.

It was distinctly stated to the jury, and no one attempted to deny the fact, that the Government authorities were to provide provisions for the troops and every thing that was requisite for them.

The agents for the ship were to provide the ship only, and a finer vessel it would, I think, be impossible to find.

I have no interest in the matter beyond having been requested by the Coroner of Liverpool, to attend with others, and investigate the condition of the provisions that were left, and to report upon them and the lime-juice. I am, &c.

29, Rodney-street, Liverpool, April 7. Thomas Inman, M.D.

The late Mr. Braid.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The obituary notice of the late Mr. Braid of this city, which has appeared not only in your own Journal but in most of the daily newspapers, is in the following statement erroneous, and as it is calculated to present an unjust view of his character in his professional relationships, I wish to correct it. It is said, "Mr. Petty, of the firm of Scarr, Petty and Co., St. Ann's-square, Manchester, was travelling South, outside a mail-coach, which broke down and resulted in causing him to receive a compound fracture of the leg. This accident occurred at some little distance from Dumfries, and two Medical men besides Mr. Braid, were sent for to attend to the injured. When Mr. Braid arrived at the scene of the accident, he found two of his brethren in consultation, who had come to the conclusion to amputate Mr. Petty's leg. Mr. Braid told Mr. Petty, that if he would put himself under his care, he would guarantee a cure without amputation. Mr. Petty did so, and Mr. Braid fulfilled his promise." It is said wisely that the hasting to be rich is not good—the hasting in anything which we have to do is not good—the *cacoëthes scribendi*, or the hasting to write, is not good, for in the foregoing paragraph the only truth given is that Mr. Petty did receive an accident from the breaking down of a mail-coach. He did not receive a compound fracture of the leg. Two Medical men were not sent for besides Mr. Braid. Mr. Braid did not tell Mr. Petty that he would guarantee a cure without amputation. The coach fell on Mr. Petty's feet; the skin of the tarsal portions was abraded. Mr. Braid only was sent for at a distance of six miles. Mr. Petty, not of the firm as a partner, but as a traveller, was pleased with Mr. Braid's attention to him, and induced him to come to Manchester.

My authority for this correction is Mr. Petty, *the* Mr. Petty himself, now living at 57, Grosvenor-street.

I am sure Mr. Braid had more good and honourable sense than to seek to make his own character by such an *ad captandum* ruse as to promise to cure a compound fracture of the leg, when two other Medical men had declared that amputation was necessary.

It is in this respect only that I look on the communication as of any importance. All else I believe to be quite truthful. I am, &c.

Manchester, April 10. A. W. Close, F.R.C.S.

The Naval Medical Service.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The reply which the Secretary of the Admiralty made in Parliament a few nights since, to the effect that the provisions of the Medical Warrant of last year would shortly be carried out, is likely to mislead Medical students, as well as the public generally. As has been repeatedly observed in your columns, the only provision of that Warrant that has as yet been acted up to is the one relating to pay, though a period of eleven months has elapsed, and the result of this want of faith on the part of the Admiralty is that very few students can be induced to enter the Naval Service.

In the Navy List just issued for the present month, there are ten ships in want of Assistant-Surgeons, and as this List does not show the vacancies that are always occurring on foreign stations, we shall be within the mark in estimating the number of ships actually in want of these officers at double that number, and this while the applicants for admission to the Army and India Service are far beyond the number required.

When Sir John Pakington, a few nights since, asked in the House if it were true that the Assistant-Surgeon of the *Queen* had been refused a cabin, while the captain's steward, the officers' steward, and the band-master, had all been given one, he received the usual evasive answer, viz. that the Admiralty had no knowledge of such being the case. It was, nevertheless, true, as stated by Sir John Pakington: the Assistant-

Surgeon wrote a letter to the captain of the ship, asking for one of these cabins, and the letter was thrown into the waste-paper basket. And a similar instance occurred recently in the *Donegal*, where the Assistant-Surgeon, finding he could not obtain a cabin, left the ship.

One cannot therefore be surprised at the aversion which Medical students have to join the Naval Service, or at the difficulty which the Admiralty experience in meeting the requirements of the Service. So long as the latter continue to exhibit the same indifference to public opinion, and to ignore the Order in Council, by withholding from Medical Officers the advantages granted them by Her Majesty, will this Service remain as it is now, not only unpopular, but despised.

I am, &c. M.D.

Dr. Todd and his Treatment of Disease.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—At a time when this question is agitated by the eminent and influential, and many seem to ignore altogether an opposite opinion and practice, I am glad to see an individual of distinguished ability among us, as Dr. Symonds, come forward and give us the able, erudite, and discriminative results of his thoughts and practice. I am sure that with myself there are many old practitioners who hold his views, and are delighted to read his letter in your last Journal. It is common at present to set up this new theory at the expense of the opposite, without a reference to their separate claims and uses. Dr. John Brown, and Dr. Sangrado may each find plenty of illustration for their different opinions, but neither for the shifting conditions of health and disease. As a student forty years ago in London, I remember bleeding and lowering treatment could not be carried out in the Hospitals, from I suppose the habits of individuals and the atmosphere of the great city, tending to depress the vital functions of healthy sanguification and innervation. On settling in the country I found that what could not be done in London, could be done in the country, and could not be done without. Being in a populous district I bled some hundreds in the year—in the different inflammatious of viscera and membraues—in dislocations, in hernia, and puerperal convulsions. What old country practitioner has not bled with advantage, and under marked necessity? If not becoming tedious I will relate briefly a case in point:—A stout man labouring with dyspnœa and pulmonary congestion, livid and dark face and hands, comatose and life evidently fast sinking, was visited by me; at first on bleeding very little blood would flow, and that was dark and thick like treacle—by degrees a freer and redder stream came, and as it flowed on, the man opened his eyes, became conscious, passing as it were from death to life. Now this is one instance of many of the importance of bleeding and in which the blood flows in this manner. I leave to better theorists than myself the *modus operandi* of the remedy. The new dogma, that bleeding and antiphlogistic measures are seldom or never necessary, and that disease has not changed its type requires much more confirmation than it has received—my experience proves the contrary. In my neighbourhood for several years past very few cases have arisen to suggest or demand bleeding and lowering treatment as formerly. There can be no doubt that the old practice like the new was made a dogma and a hobby by many ardent spirits, who, though very clever, are too imaginative. Truth dwells more in facts than theories.

Nailsworth, April 9. I am, &c. T. Stokes.

The College of Physicians.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The prevalent rumour that the London College of Physicians, contemplates licensing "proprio motu" practitioners at the age of 21 years, who may supply medicines to their own patients, but will notwithstanding be legally Physicians, and publicly so considered, has taken the Profession altogether by surprise, while it has created much astonishment. However, the existence of such intentions is stated confidently; and being now authoritatively endorsed by your amusing-yet urgent leading article of last week, the report must be true, even if astounding. Still before adopting this downward innovation, two very important questions ought to obtain solution:—viz. Can the College create a third class of Medical men, under their corporate privileges, without previously getting Parliamentary sanction which shall entitle the holder of the proposed diploma to be placed on the official Register otherwise than Physicians? Secondly, Would such creations, unless an Act of Parliament shall clearly define the exact professional status of the new order, be keeping faith with numerous existing Licentiates recently permitted to use the appellation "Members" instead, but who each virtually continue to be Licentiates, since their diploma from the College states, they merely "receive a *Licence* to practise physic as Members," are not allowed to take any share in the government or to form part of the Corporation?

These matters constitute very esseutial preliminary points which imperiously demand mature inquiry, prior to legislating in the manner mooted. Therefore, in my humble judgment, the Fellows or governing body of the College should clearly ascertain if they have adequate powers to make thus summarily Physician-General-Practitioners, or as you say a "tertium quid," who hence would neither be fish, flesh, fowl, nor good red herring. Also, what is the opinion of the present Licentiate-Members, and of extra-Licentiates, numbering upwards of 800, in reference to the reported organic chauge? Many of these highly-distinguished gentlemen and pure Physicians never, it is believed, would have darkened the scientific doors in Pall-mall East, had they suspected the revolutionary scheme said to engage serious contemplation would ever be accomplished. Their sentiments thereon should be forthwith ascertained. They have a right to be heard, seeing their future position may be compromised, especially in regard to public institutions, to which the new class will be eligible for election as Physicians at an earlier age coutrasted with other competitors The old Licentiates should bestir themselves at this crisis; as any decision they might express on the subject would have great influeuce.

April, 1860. I am, &c. A Physician.

The Use of Alcohol.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I find on looking over a book lately published by James Nisbet and Co., entitled "Haste to the Rescue; or, Work while it is called To-Day," a statement relative to the Medical Profession and to Medical practice which is certainly ungraceful, and, I would humbly suggest, untrue. The authoress says at p. 192-3: "It is a fact that has cost me much sorrow, that nearly every man in my society to whom intoxicating drink has been ordered by the Doctor, has gone back to drunkenness. I would earnestly ask, Why recommend a narcotic poison as a stimulant when a tonic is required? There are names of very high repute in the Medical Profession who never now administer such stimulants in any case." Such are this lady's remarks,—because a man who was formerly a drinker, then a tee-totaller, became ill, was ordered porter by a Medical man, and on his recovery took to drinking again.

The first clause I do not object to, though I think the words, "by the Doctor" are uncalled for; but no matter about that, the latter part is, I take it, absurd,—just what one would expect a person semi-conversant with Medical ideas and phraseology to write.

I think it also untrue, for is porter a narcotic poison? That it is a narcotic we do not deny. Next, and gravest, she actually hauls the Doctor over the coals, and says he gave this narcotic poison as a stimulant when a tonic was required. Thus she tries to make the Medical man out as guilty of gross ignorance in giving one medicine for a second, and that when a third was the right one. So much for that part. Now, as to the last few lines, I need not say how very unfortunate such an assertion is for her character just at present, when stimulants are recommended by some of the highest authorities—perhaps more than they have been for a length of time. The "such stimulants," also, in the last line but one, p. 193, is unhappy as referring to the porter, which she calls "a narcotic poison." Except for the absurdity, the whole extract is calculated to injure the Profession, and I suppose is meant to. I am, &c.

Dublin, March 31. M.R.C.S.E.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Professor Buchanan; Dr. Goodfellow; Dr. Jenner; Dr. Seaton; Mr. Blenkins; Dr. McWilliam; Dr. Inman; Mr. Griffin; Dr. Skinner; Dr. Harvey; Dr. Armstrong; Mr. Steele; Dr. Stewart; Mr. Kimpton; Dr Maclaughlin: Mr. Heath; Mr. Godfrey; Mr. Cole; Dr. Kidd; Mr. Pearce; Mr. Lomas; Mr. Rivers; Dr. Bishop; Mr. Stokes; Mr. Grove; Mr. Henry; Dr. Day, St. Andrews; Mr. Macnamara; Mr. Pitter; Mr. Sercombe; Mr. Bentley; Mr. Close; Mr. Markby; Dr. Anstie; Dr. Gairdner; Registrar-General; Mr. Thom; Mr. Spratly; Mr. Stringer; and the Registrar-General, Edinburgh.

APPOINTMENTS FOR THE WEEK.

April 14. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

16. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Clinical Discussions.

17. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Pathological Society, 8 p.m. Council at 7.

Royal Institution, 3 p.m. T. Spencer Cobbold, M.D., F.L.S., "On the Structure, Habits, and Affinities of Herbivorous Mammalia—the Giraffe."

18. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Geological Society, 8 p.m.

Ethnological Society, 8½ p.m.

19. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m., London, 1½ p.m.; Great Northern, 2½ p.m.

Harveian Society of London, 8 p.m. (Council 7½.) Dr. Fuller "On the Successful Treatment of Hooping Cough by Sulphate of Zinc and Belladonna."

Royal Society, 8½ p.m.

Chemical Society, 8 p.m.

Linnæan Society, 8 p.m.

Royal Institution, 3 p.m. David T. Ansted, Esq., M.A., F.R.S. "On some Recent Researches in Physical Geography and Geology—the Atlantic Ocean."

20. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 8 p.m. T. Spencer Cobbold, M.D., F.L.S., "On the Scope and Teudency of the Natural History Sciences."

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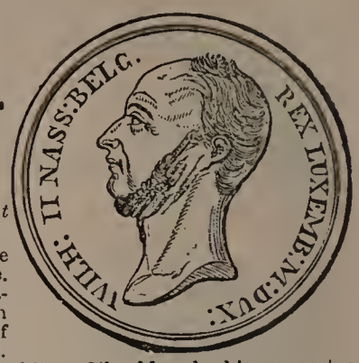

OPINION OF

EDWIN LANKESTER, Esq., M.D., LL.D., F.R.S.,

Late Lecturer on the Practice of Physic at St. George's Medical School, Superintendent of the Food Collection at the South Kensington Museum, &c. &c.

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ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture XII.

EXPERIMENTAL PATHOLOGY— RATIONAL PRINCIPLES OF THERAPEUTICS—

(*Continued.*)

Summary: Different Points of View from which Medical Men regard the Healing Art—Nature of Herself not sufficient at all times to Cure Disease, frequently requires the Aid of Art—Necessity of the Medical Man being acquainted with the Action of Medicines—Definition of Medicines and difference between them and Aliments and Poisons—All Medicines are Substances Foreign to the Body and consequently Poisons—Different Opinions on the *modus operandi* of Medicines—Some of these Opinions proved to be Erroneous—Action of Emulsine on Amygdaline—Difference between the Sweet and Bitter Almonds—Emulsine and Amygdaline when Injected into the Blood or Taken Separately into the System innocuous—Fatal when Injected or Taken Simultaneously—Ferment not Absorbed by the Digestive Apparatus—The Action of Medicines cannot be Explained on Purely Chemical Grounds—Experiments of M. Poiseuille—Attempt made to Explain the Action of Certain Medicines by Endosmose—Satisfactory only as regards some Medicines—Elective Affinity Illustrated by Phosphorus, Ether, etc—All the foregoing Theories more or less Imperfect—*Modus operandi* of Medicines yet to be explained.

Gentlemen,—We have considered the two opposite points of view from which Medical men regard the healing art: one class, as we have seen, recognise the existence of a *vis medicatrix Naturæ*, or healing power in Nature to the influence of which they invariably attribute the return of the sick to health; the other class, indignantly rejecting this hypothesis, ascribe the honour almost exclusively to the Medical man of all the cures which happen to be effected; and these two different opinions, it is not difficult to foresee, must of necessity become apparent in practice. The partisans of the *vis medicatrix Naturæ* maintain the principle of Expectation, while their adversaries have recourse to a practice more or less energetic and varied.

Both parties have to a certain extent truth on their side; though it would be dangerous for Medical men to attach themselves exclusively either to the one or to the other opinion. It is true that Nature frequently exerts herself in the cure of diseases, but her efforts, often impotent and ill-directed, stand in need of the assistance of Art.

It is by means of medicinal agents that man interferes, for the purpose of modifying the course of disease; it is by means of medicinal agents that he accelerates or retards its progress; it is therefore indispensable for every Medical Practitioner who desires to be unfettered by the trammels of a slavish empiricism, to ascertain their precise action in order that he may be in a suitable position to use them when an occasion shall present itself.

But scarcely have we embarked on the consideration of this subject when a new question presents itself, and which it becomes our duty to solve before proceeding farther. What are medicines; and what is the difference which separates them from aliments and from poisons? On this subject the following definition is usually accepted:—Medicines serve to re-establish health; aliments serve to support life; poisons destroy it.

But we are evidently in this respect under the necessity of confining ourselves to generalities somewhat vague. Every definition which is of too precise a nature, is apt on that very account to become inexact. Not to spend too much time on this point we shall merely say that medicines are foreign substances, introduced into the economy there to determine such and such phenomena; it is therefore the nature of their action which it is our duty to specify. We see from this that all medicines are in their nature poisons, the only difference between the two consisting in the extent of their action; for they act only in virtue of their toxic properties, being naturally substances foreign to the economy. Those substances which already exist in the physiological state in the system are null in their effects, being neither useful or otherwise in the re-establishment of health when it is deranged.

We know, however, that chlorine, iron, phosphorus, and many other substances, for example, usually employed as medicines, already exist in the body; but they are never found there in a state similar to that in which they are exhibited as medicines. Phosphorus, in its pure state, is an energetic poison; whereas, phosphates are found in abundance in the normal condition of the body. Thus, therefore, all substances, whether medicinal or toxic, are foreign to the system either by their nature or in consequence of the particular form in which they are prescribed.

As the greater part of poisons belong either to the mineral or to the vegetable kingdom, it is not surprising that medicine borrows the greater number of the agents it employs from the one or the other of these two. Sometimes these agents are vegetable alkaloids, sometimes they are purgative salts, sometimes they are metallic salts; now these different substances, once introduced into the economy, exercise on it a perfectly well-defined action: the salts of quinine combat the periodicity of diseases; mercurial compounds exercise a specific influence over certain virulent affections; how then are we to understand the *modus operandi* of each medicinal agent? For a long time it was believed that the medicinal substance, penetrating to the interior of our organs, addressed itself directly to the morbific principle with a view to neutralising it; mercury addressing itself to the syphilitic virus, acids to the principle which generates scurvy; alkalis to that on which rheumatism depends; an attempt has even been made to treat lead-colic by the administration of sulphuric acid to those suffering under that affection, with a view to rendering the morbific agent insoluble, and consequently inert in the body of the tissues. These examples will suffice to enable you to understand what has been attempted to be realised by the aid of medicines.

It is easy to prove by the simplest possible physiological notions that this theory is altogether false. It is manifestly impossible to produce the sulphate of lead in the torrent of the circulation, and it is equally impossible to render the blood acid, for the animal dies a long time before the circulating fluid has ceased to be alkaline: in fact, in all animals, whether red or white blooded, this fluid is invariably alkaline, although it becomes acid spontaneously after death, when the sugar it contains becomes changed into lactic acid.

The chemical combinations which are usually observed to take place in our laboratories cannot be produced in the blood, but actions of a different kind are readily produced in this fluid; I allude to fermentations. Introduce yeast into the veins and you will see alcoholic fermentation follow in spite of all the conditions inherent in the vital principle. But fermentations are not, as we know, chemical combinations; they are simply actions. Yeast does not combine with the sugar, it only decomposes it, and herein lies the secret of its poisonous action.

It will be easy to give you a still more striking example of these particular reactions. We know that amygdaline, a substance of organic origin which is found in the bitter almond, has the property in presence of certain ferments of undergoing double decomposition, giving origin to glycose and hydrocyanic acid. Emulsine, the particular ferment which decomposes the amygdaline, exists in the sweet as well as in the bitter almond; but this latter alone contains the principle of amygdaline: hence the characteristic difference, which we know so well, between the odour and the flavour of these two fruits, which in every other respect resemble each other.

Let us now suppose that we inject into the veins of an animal either amygdaline or emulsine separately, no accident follows; but if we inject these two substances simultaneously into the blood, at two different points more or less distant the one from the other, the animal almost immediately dies as if struck with lightning: the reaction which brings about the decomposition of the amygdaline is effected in the blood contained in the veins; prussic acid has been engendered, and its poisonous effects have not been slow in manifesting them-

selves. Here, then, is a reaction to which the presence of albumen, of fibrine, and other substances held in solution in the blood have offered no obstacle—conclusive evidence that in opposing themselves to the ordinary chemical reactions the albuminous substances of the blood act simply in virtue of their chemical properties, and do not in this respect exercise any vital influence. If it were possible, by introducing into the blood certain ferments for the purpose of determining reactions of an analogous kind, but of a nature not unfavourable to health, the Medical art would doubtless have availed itself of this method of action; but it is unfortunately impossible to do so in practice—in fact, ferments are not generally capable of absorption; at least, up to the present time we do not know of any one that can be taken up by the stomach; it would be necessary to introduce them directly into the blood. The action of emulsine on amygdaline again furnishes a proof of this. Inject some amygdaline into the veins of an animal while at the same time you introduce emulsine into the stomach, no reaction whatever takes place, for an impassible barrier opposes the passage of the emulsine into the blood. But when the two substances are simultaneously introduced into the stomach, so that they there combine, reaction follows, prussic acid is set at liberty, and the animal dies of poison. This is what takes place ninety-nine times in a hundred to those who are guilty of the imprudence of eating a large quantity of bitter almonds. If, however, half-an-hour should elapse between the ingestion of emulsine and that of amygdaline into the stomach of a dog, no accident is observed to take place: the ferment digested in the stomach has descended into the intestines, and has lost all its characteristic properties. We do not, up to the present moment, know any ferment susceptible of being absorbed by the digestive tube.

It is, therefore, impossible to explain the action of medicines on purely chemical grounds; an explanation has, consequently, been sought for by appealing to notions borrowed from the physical sciences. It is thus, for example, that an attempt has been made to explain the action of diuretics. M. Poiseuille has proved that if distilled water flows with a given rapidity in capillary tubes, we can, without modifying the conditions of temperature or pressure, increase or diminish the rapidity of the flow by the addition of certain substances. If, for example, we add to distilled water a small proportion of hydrochlorate of ammonia, of nitrate of potash, or of some salt of iodine, the flow becomes accelerated; alcohol, the sulphate of soda, and several chlorides, produce the opposite effect of this. M. Poiseuille thought that the diuretic action of the nitrate of potash could be explained by the increased rapidity in the circulation in the capillaries of the kidneys to which it gives rise; while alcoholic intoxication could, he thought, be explained by the diminished rapidity of the cerebral circulation, and might be dissipated by the salts of ammonia, in virtue of the acceleration they produce in the movement of the blood in the capillaries. In repeating his experiments, whether on individual organs of the body or on living animals, M. Poiseuille was able to satisfy himself of the fact that the capillary circulation was influenced by sundry agents which accelerate or retard the flow of water in glass tubes.

These are not the only examples of this nature that might be cited; for instance, an attempt was made to explain the special action of purgatives, which give rise to a very abundant serous discharge from the surface of the intestines by the simple principle of endosmose; it is true the sulphate of soda, and several other saline purgatives, possess endosmotic properties in a very high degree; therefore it cannot be denied that, in many of these cases, the reasoning is somewhat specious; but there are other cases, much more numerous, where this argumentation does not hold good. Purgatives, for instance, in many cases, present but a very feeble endosmotic property, the greater part of the drastic kind being derived from the vegetable kingdom.

There is a third way in which the action of medicines may be understood, and which is more in accordance with physiology. It is admitted that there exists in each organ an elective action, which renders it more apt than the others to be influenced by certain medicinal agents. The different ways by which a substance, introduced into the economy, can escape from it, are, as we have seen, extremely variable. Well, then, medicine acts precisely on that organ by which it is eliminated. Reasoning thus supposes that the medical action is essentially different from the toxic one; such a manner of viewing the question is, however, quite erroneous, as we shall see by and by; but in order better to discuss the theory to which we have just alluded, let us proceed to consider it on scientific grounds. According to this hypothesis, the substances introduced into the economy exercise on the organs which serve for their elimination an action altogether specific, and experimental physiology furnishes us with numerous examples of this.

Ether, as we know, when it penetrates, by no matter what passage, into the torrent of the circulation, escapes by the lungs; the characteristic odour of the breath proves this. Well, then, if the quantity of ether introduced into the economy be sufficient to bring about toxic effects, we find at the autopsy traces of an action altogether local which has been exercised on the lungs.

But, in the case of phosphorus, the fact is still more evident. It is generally by dissolving the substance in oil that we obtain it in a convenient form for injection into the veins; and when the dose is not of sufficient quantity to produce toxic effects immediately, recourse may be had to the following experiment, in order to demonstrate that it is eliminated by the lungs:—Place the animal in a dark room, and you will see flames escaping from the mouth and nostrils; this is the well-known result of the phosphoresence of the gasses given forth by the lungs. When, after having subjected the animal to this experiment, we kill it, we discover in the lungs lesions of the most serious description; everywhere their tissues are congested, and a peculiar yellow hepatization is remarked at different points.

There are besides several other examples of a particular action exercised by different medicinal agents on the organs which they traverse on making their escape from the economy. Almost all the secreting organs are capable of being modified, in a particular way, by the action of certain substances found in their secretions. We shall content ourselves by pointing out the influence which is almost immediately exercised by cantharides on the urinary organs. We know, in fact, that such is the sensibility of the organs in this respect, that the simple application of a blister suffices, in certain subjects, to bring about a very well-marked irritation in the entire urinary apparatus. The effects of cantharides are still more marked when the substance is taken into the stomach; it then gives rise to inflammation of the bladder, and to acute nephritis, which are not infrequently followed by the abundant production of false membranes, and in some cases by accidents of the most serious kind.

But in this entire series of phenomena we cannot recognise any other than a purely local action exercised on the particular organs affected. At the time phosphorus and sulphuretted hydrogen traverse the lungs in making their exit from the body, it is found that they have lost nothing of their irritating properties; it is not therefore surprising that they develope in the centre of the organ itself, which serves for their elimination, an inflammation more or less intense. The same holds good as regards cantharides: this substance in traversing the urinary apparatus acts as a blister on the mucous membrane which lines its internal surface, and there determines acute inflammation.

It is therefore impossible to find in any of these theories a satisfactory answer to the problem, the solution of which it is our object to effect. We must therefore seek for the answer elsewhere, and this subject will occupy our attention during the next Lecture.

Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity.—The seventy-second annual dinner of this Society was held on Wednesday, the 11th inst., at the Albion Tavern, Thomas Arthur Stone, Esq., President, in the chair. At the toast "Prosperity to the Society," the President dwelt upon the very great amount of good done by the Society, and instanced an application which has been recently made to the Society, in which a widow and five children will probably receive £95 a-year from its funds, the sum lessening of course as the children arrive at years of maturity. A sum of £1828 10s. had been expended during the last year upon thirty-nine widows and twenty-two orphans. Donations were announced to the amount of £207. We desire to remind our readers that relief is granted to the widows and orphans of Members only, and that the election is by ballot. Every Medical man residing in London or its vicinity should become a Member.

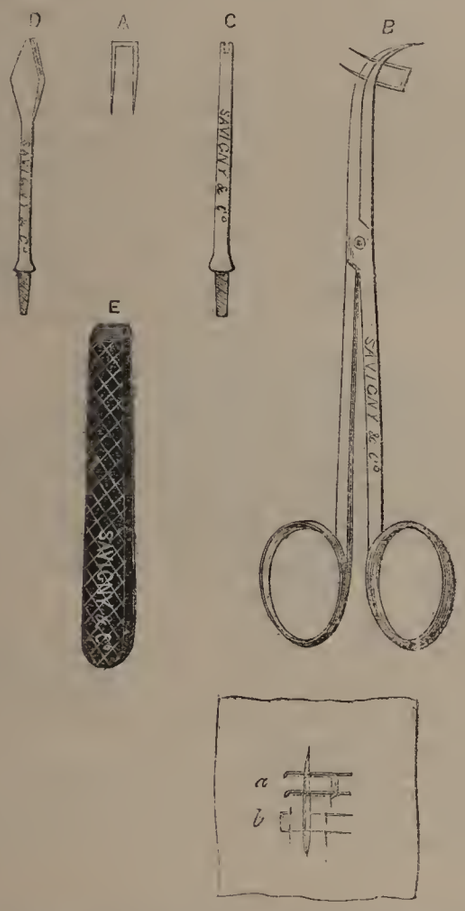
ORIGINAL COMMUNICATIONS.

DESCRIPTION OF THE NEW STAPLE SUTURE, WITHOUT A LIGATURE,

APPLICABLE TO THE UNION OF WOUNDS IN THE CAVITIES, FISTULÆ, ETC., OR TO THOSE MORE SUPERFICIALLY SITUATED.

By JAMES STARTIN, F.R.C.S.
Surgeon to the Hospital for Diseases of the Skin.

I have been requested to publish a new simple and facile method of uniting wounds, which I have lately adopted in some operations for the removal of scars, etc. on the face and neck, and also in fissures of the soft palate and hare-lip, which perhaps you may deem worthy a place in your pages, as interesting to the readers of the *Medical Times and Gazette*. A glance at the annexed diagrams will at once render evident the nature and the simplicity of the apparatus :—



(The above diagrams are about a fourth of the ordinary size.)

A is what may be called the Staple Needle, represented smaller and thicker than the ordinary size, though this, of course, can be varied according to the case. It is made of No. 30 steel wire, ground to a triangular or glover's point, and, with the exception of this point, afterwards softened so as to render the shank of the needle as flexible as iron wire.

B is a pair of curved forceps, with the exception of the curvature, resembling the common dressing forceps, the bent ends of which are made circular, and coated with lead, so as to meet each other by their circumferences only, and grasp firmly the staple needle, previously bent into the required curve, just above its hard or steel portion (see diagram), so as to push it through the lip or lips of the wound to be united. After the points of the needle have passed out through the skin, the forceps may be again employed to draw it into the proper position and adjust it for the fastener (a).

C, D, E, are the fasteners and handle ; E consists of a handle into which C or D may be screwed ; C is a firm piece of iron-wire, in the end of which a narrow slit or fissure is formed to the extent of the eighth of an inch ; which slit, to prevent the needle's point slipping, is tinned or leaded ; one or both points of the staple needle being inserted into this slit, and the fastener being carried as close as possible to the needle's place of exit from the skin, half a revolution of the instrument by the hand fastens the suture neatly, and turns one or both of the protruding points or portions of the needle over the external wound, thus keeping its edges in apposition, and preventing their everting. If, as is most convenient, one protruding needle-point has only been acted upon, the other point or portion will require to be fixed in like manner ; D, the other fastener, made to screw into the same handle, is adapted for the cavities where C cannot be conveniently used, as the roof of the mouth, for example ; it is made by doubling a piece of soft metal into the shape indicated, so as to form a sort of large eye through which the points of the staple needle are severally passed, when a half turn of the handle doubles the needle over the wound, as described as being accomplished by the other fastener ; this form of fastener, when it has been pushed as close as possible up to the point of exit of the needle from the skin or mucous membrane, enables the operator to exert sufficient traction upon it to close the wound, and thus assist the action of the curved forceps. A pair of scissors may be used to cut off the points of the staple needle, if required, and a little pressure with a spatula or the handle of the fastener will adjust the wires so as to make them lie evenly and smoothly over the wound.

a, *b*, Diagram showing the staple suture applied. *a*, The completed suture. *b*, The suture before using the fasteners.

To remove the Staple Suture when required, the fastener D, or C, must be used to turn the wires which pass over the wound in a contrary direction to that which fastened them ; this procedure will render the staple straight again, and enable it to be withdrawn by a pair of hooked forceps or a small hook passed under the transverse or curved end of the staple.

The advantages of this needle appear to me to be, firstly, its comparatively easy application ; secondly, the absence of a ligature, whether of silk or wire, to disturb or irritate the wound in drawing it through the skin, with the subsequent trouble of knotting it, etc. ; thirdly, the little pain attending the application of the staple needle, and the firmer and less-puckered stitch made, owing to the shape of the needle, forming, as it were, a connected suture ; and, fourthly, the action of the bent portion of the needle over the wound in forming a substitute for the shield, threads, etc. in ordinary use for keeping the external edges of the wound in apposition.

In very large fistulous wounds a single firm ligature may, in the first place, be advantageously passed through the centre of the fissure, before the staple suture is employed ; and this may be conveniently done by the tubular needle I have before described in your pages, and which has been adopted by my friends, Professor Simpson, Mr. Spencer Wells, Mr. Paget, Mr. Curling, and others ; the stitch being fastened by the leaden clamp I invented with and for this needle, and which has since been described by Mr. Baker Brown in the pages of your contemporary, the *Lancet*.

3, Savile-row.

(a) The bent points of these forceps should be made of soft iron, so that the curve can be changed to suit the requirements of the case.

EXPERIMENTS ON OXALIC ACID AND OATMEAL-GRUEL.

By J. L. W. THUDICHUM, M.D.

An important question has recently been discussed with regard to poisoning by oxalic acid—Can oxalic acid be secretly administered by one person to another in poisonous doses ? As an attempt to reply to this question, I have made, and beg to record, the following experiments :—

1. *Ten grains of oxalic acid in four ounces of oatmeal-gruel.* —Half-an-ounce of oatmeal was made into a thin paste with cold water, and the paste poured into so much boiling water that eight fluid ounces of mixture were obtained, which, after having been heated a little longer was divided in two equal parts ; the one was tasted as it was, the other half had ten grains of crystallised commercial oxalic acid mixed with it.

The pure gruel had the peculiar taste which belongs to it, with the slight characteristic bitterness following the act of swallowing a small quantity. The other half containing the poison had an intensely acid and astringent taste. One tablespoonful, when introduced into the mouth, and brought into contact with the entire surface of that cavity, immediately caused a profuse secretion of saliva, and set the teeth on edge, roughened the tongue, and the effect on the nerves of this strongly acid taste was the production of mimic spasms, or the pulling of the peculiar face which acid fruit and vegetables, such as rhubarb, produce. Indeed, the taste of this gruel was more acid than that of rhubarb unmitigated by sugar, as it is taken out of a pie-dish. The effect of the taste upon myself was immediate repugnance, the strong desire to avoid deglutition and to spit the fluid out. I requested seven students of the Grosvenor-place School of Medicine, two of whom were in the habit of taking oatmeal-gruel daily for breakfast, to taste the two descriptions of gruel. Every one of them immediately rejected the gruel containing the oxalic acid, and all agreed with me that no person who was "suae mentis compos" would take this gruel, that is to say put it into his mouth and swallow it as if it was ordinary gruel, and that no person having in a hurry swallowed a mouthful, would continue to do so, but that every person into whose mouth such gruel was by accident or design introduced, would immediately reject it, and remark that it was excessively acid and disagreeable, and quite unfit for the purpose for which gruel is ordinarily employed. The roughness of the teeth persisted a long time with me. Having swallowed one mouthful of the acidified gruel, it produced an uneasy sensation, and a slight soreness of the glottis. The pure oatmeal gruel had a peculiar faint smell; the acidified gruel had a different smell, reminding me of the crust of rhubarb tart.

2. *Ten grains of oxalic acid in eight ounces of gruel.*—The two remaining equal quantities of gruel from the above experiment were now mixed, and again warmed on the water-bath. The steam of the hot gruel had a strong smell of the crust of rhubarb tart, and, like the smell of that dish, made my mouth water. One drop of it put upon my tongue was perceptibly acid and astringent. A tablespoonful put into the mouth had such an acid taste, that I was immediately induced to spit it out. I drank a few mouthfuls against the utmost aversion of my taste. It made my tongue rough, my teeth worse, and irritated the glottis. No man, woman, or child, would drink this gruel at all, and much less would they drink it for ordinary gruel, had they been accustomed to take that at intervals. Every sensible person would at once reject it as utterly unfit for use.

3. *Ten grains of oxalic acid in sixteen ounces of gruel.*—One ounce of oatmeal was stirred with water until it formed a thin paste, and then mixed with so much boiling water that it made up a pint. The fluid was boiled for a few minutes to make the gruel thick, and then so much common salt was added by degrees that the gruel became agreeably salted to my palate. I now ascertained the taste of this ordinary gruel, and then mixed with it ten grains of oxalic acid. The taste of the poisoned gruel was highly disagreeable, acid, and astringent; it made the teeth and tongue rough, but appeared not to affect the glottis. At a quarter to six p.m. having taken neither food nor drink for almost six hours, and feeling my stomach very empty, I drank, with the necessary avidity to get it down, half-a-pint of the above gruel. Twenty minutes afterwards I drank the second half; so that a pint of gruel, holding in solution ten grains of oxalic acid, passed into my stomach. The taste was disagreeable in the extreme, and got worse with every mouthful I took, so that when I had taken the last portion I shuddered with perfect disgust. I am certain that no man, woman, child, or beast, would take more than one or a few mouthfuls of this gruel; all would immediately reject it as unfit for food or drink. When the acid and astringent taste had disappeared by means of the increased flow of saliva, there was left the roughness of the tongue, and the corrosion of the teeth, and a disagreeable sensation of the soft palate and uvula. There was not the slightest feeling of nausea. The stomach showed no symptom of even uneasiness. I took a walk, over three miles distance, during which I felt only one discomfort, namely, an increased flow of saliva. At a quarter to eight I ate my dinner with great appetite, being highly sensible of the difference of its taste from that of poisoned oatmeal-gruel. Later in the evening I perceived that my teeth were not only rough when ground upon each other, but that they were painful when the air passed in a rush through the open mouth, as is the case during the deep inspiration of yawning. Every voluntary deep inspiration produced such an amount of this painful feeling of tenderness in my teeth, that a so-called goose-skin (spasm of the cutis, and erection of the papillæ) was produced. This hyperæsthesia of the teeth persisted through the following day, although in a less degree. No other symptom was experienced.

4. *Ten grains of oxalic acid in a pint of gruel.*—I requested Miss S—— to make some oatmeal gruel, such as she had repeatedly made for an aunt of hers. The gruel was tasted by several persons of both sexes well acquainted with the taste of this article, and habituated to its dietary use in indisposition. Every one of these persons pronounced the taste of the gruel to be as it ought to be. To a pint of this gruel I now added ten grains of oxalic acid, and dissolved it by careful stirring. The individuals who had before tasted the gruel, and who had not been informed of the proceedure of adding the acid, were again requested to taste it. They all, independently of each other, at once pronounced the gruel to be quite sour, as if it had turned, and said that if such gruel was given to them in the course of an indisposition, they would, after tasting, immediately reject it as bad and unfit for use: one person, eating several spoonfuls, pronounced the gruel disgusting, and perceived, as I had before perceived, that the sour taste increased with every mouthful he took. None of these persons believed it possible to induce another person willingly to take any quantity of that gruel. Most of these persons distinguished between the bitter taste of the gruel which had remained, and the acid taste of the new ingredient. Two persons had mimic spasms when moving a tablespoonful of the acid gruel about in their mouths, and said they felt as if they should never laugh again.

These experiments, which any person may repeat with the greatest ease, incontestibly prove:—

1. That it is utterly impossible to administer to any person, against his will and without his knowledge, oatmeal-gruel containing a poisonous dose of oxalic acid, without the attempt being immediately detected.

2. That oatmeal-gruel containing even so little as ten grains of oxalic acid to the pint would be immediately rejected by every reasonable person to whom it was served, as utterly unfit for the use intended.

3. That even supposing that any person, by persuasion or unreasonable desire, had been prevailed upon to eat an entire pint of that most disgusting mixture of gruel with ten grains of oxalic acid, and had taken that quantity upon an entirely empty stomach, yet that person would feel neither nausea nor any other toxic symptom.

4. That oxalic acid, when taken in oatmeal-gruel in small and not poisonous doses, has a corroding effect upon the teeth, which consists in softening of the enamel and dentine, and is accompanied by great and long-continued hyperæsthesia.

REMARKABLE CASE OF POLYCORIA.

By HENRY WILSON, L.R.C.S.I.
Resident Assistant in St. Mark's Hospital, Dublin.

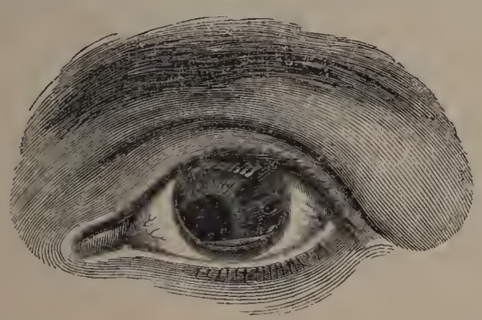
T. D., aged 28, tall and well made, of sallow complexion and brown hair, was admitted into St. Mark's Hospital on 18th November last, for impaired vision in both eyes. He stated that he enjoyed good sight up to three years ago, when he accidentally discovered that he could not distinguish one side of a coin from another. Since then vision has become gradually worse, and is now almost entirely lost in the right eye. With the left he can discern objects at the distance of about eighteen inches, but says they appear as if behind a mist.

The right eye was a little softer and somewhat smaller than the left, the inferior half of the cornea presented a semilunar pearl-coloured opacity; the pupil was circular, but placed somewhat above the normal position, thus presenting an example of slight corectopia. The colour of the iris varied from a light brown to a slate colour in different parts, apparently from irregularity in the deposit of colouring-matter. The lens was slightly opaque and thus prevented an examination of the retina. Mr. Wilde declined to operate in con-

sequence of the softness and apparently unhealthy condition of the globe; he believed the case to be congenital, and he questioned the man's statement respecting his exact amount of vision prior to the discovery of his defect three years ago. A faithful drawing of the case was made by Mr. Connolly in December last.

Upon the left side the globe was natural both in size and elasticity; the greater portion of the cornea was transparent, but a crescent-shaped opacity, almost amounting to leucoma but not so broad as upon the right side, occupied the inner and lower edge of that structure. Viewed obliquely the anterior chamber seemed encroached upon by the iris. Examined from a little distance in front, the appearance presented was that of a total deficiency of iris—there was nothing seen behind the cornea but a greyish black space. On a close examination, however, the following remarkable appearances could be detected:—

The colour of the iris varied in different parts from a light grey to a dark brown, and the iris-tissue itself appeared very different in different situations. The most marked appearance was a large and nearly triangular pupil, towards its nasal and lower margin; its free edge being surrounded by a well-marked light grey band, like the normal pupillary circle seen in some light-coloured eyes; but which in this instance seemed almost devoid of pigment. Its radiating fibres were also more distinctly marked than is usually seen in the normal eye. Two very distinct grey bands, apparently of the same character as that of the pupillary margin, passed from it upwards and outwards to the ciliary attachment of the iris, and presented in their intervals three spaces, the plains of two of which were beneath those of the pupillary and straight radiating bands, as may be seen in the accompanying illustration. The upper space presented an irregular



mass of greyish-white substance, composed of three distinct sets of fibres, differing in colour and direction, the superior set being of a light grey, and having each fibre prominently marked; in one of those beneath the point where the edge of the lid crosses the cornea, there was a slight opening. In the external and inferior division of the brown depressed portion of the iris, where it would appear that the fibrous structure of the membrane was deficient there were two small oval apertures, as if caused by rents in the tissue. These three small additional pupils could with difficulty be recognised the ordinary means of observation, but became very perceptible by means of the ophthalmoscope,—the red reflected light shining through each.

In the vitreous chamber, examined with the ophthalmoscope, were a number of floating cobweb-like membranes, which moved incessantly up and down. These rendered a view of the optic nerve entrance and retina difficult, and must necessarily have impeded the man's vision. By a close and steady examination for some time, however, I could faithfully observe the condition of the fundus of the eye. The optic papilla was nearly the same colour as the surrounding retina, and the vessels were few in number and small in size.

There can be no doubt of the congenital character of this case, which presents a good example of polycoria, described by Mr. Wilde (a) and other authors. Dr. Dubois, of Bordeaux, has described and figured a similar case in the *Annales D'Oculistique* for January, 1859. It likewise is an example of the very rare defect of iris-tissue to such an extent as to allow the uvea to present anteriorly, cases of which have been related by Schoen and Rau in Von Ammon's "Monatsschrift," band i. und iii. An example of this is figured in Von Ammon's celebrated "Klinische Dlarstelungen der Angeborenen Krankheiten des Auges."

(a) *Dublin Quarterly Journal of Medical Science*, vol. vi. p. 273.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

TUMOUR PRESSING ON TRACHEA—IMPENDING SUFFOCATION—TRACHEOTOMY—RECOVERY.

(Under the care of Mr. THOMAS BRYANT.)

G. W., aged 10, was admitted on January 19, 1860. He was a strumous-looking lad, who for some months had been the subject of strumous abscesses in the neck. Two weeks previously he had first experienced a difficulty in breathing, and discovered a swelling over the trachea. The swelling gradually increased, and for five days before his admission his respiration had become more difficult. When seen suffocation appeared imminent; his face and neck were much congested, head thrown back, and respiration laboured and almost stridulous. Upon examining his trachea, a tumour was detected growing over the sternum, and passing upwards to the thyroid cartilage. It was firm and immovable, and had evidently, by its pressure, obstructed the passage of the trachea. The cricoid cartilage and the trachea were not to be felt. The tumour appeared to be connected with the thyroid gland, involving its isthmus.

As death appeared certain unless relief could be obtained, Mr. Bryant proposed the operation of tracheotomy, and chloroform having been administered, he made his incision in the median line, completely through a solid growth, and came down upon the trachea, which had been much pushed back and appeared buried in the structure. The trachea was then opened with instant relief, and a tube inserted. The centre of the growth had commenced to soften down, as some *débris* of structure escaped in making the incision, and it evidently was situated in the thyroid gland, but its nature could not accurately be made out. Everything went on well, the powers of the boy increased, and the tumour gradually became smaller on the eleventh day, allowing the tube to be removed without causing any difficulty, and the boy left cured.

COCCYODYNIA—OPERATION—RECOVERY.

(Under the care of Dr. HICKS and Mr. BRYANT.)

A. B., a leucophlegmatic woman, aged 25, applied to Mr. Bryant for relief on account of a constant pain in the region of the coccyx for upwards of four months. In the last two it had much increased in intensity, rendering her quite unfit for all occupation. The pain, although constant, was much aggravated on attempting to rise from the sitting posture, and from the dread of exciting it, she had consequently almost always maintained the erect position. When at rest the pain was of a dull aching character, but it became acute on any movement. She remembered some years since falling on her sacrum, which gave rise to some pain; but this disappeared, and she had been free from all inconvenience up to the present attack. Believing that some uterine affection might be the cause of all her symptoms, Dr. Braxton Hicks examined her with only a negative result, and the character of the case became tolerably evident, being one of coccyodynia.

The parts about the coccyx were thickened and somewhat tender on firm manipulation; the coccyx was slightly out of the median line, tending towards the left side. All remedies having been tried and failed, Mr. Bryant, on December 16, 1859, in presence of Dr. Hicks, finally divided the whole of the muscles attached to the bone on both sides by means of a subcutaneous section, the point of his knife entering at the apex of the bone. No bleeding followed, and the patient was confined to her bed for a few days. At the end of a week, the soreness, the result of the operation, having disappeared, the patient stated that she had lost her old pain, and at the end of a fortnight she was allowed to assume the erect posture. Some little stiffness, etc., was experienced, but all old sensations had disappeared, and from this time she rapidly recovered. As far as her original disease is concerned she is now convalescent, having resumed her occupation, and can walk and sit as well as ever without the slightest pain or inconvenience.

ST. GEORGE'S HOSPITAL.

A CASE OF ANEURISM OF THE AORTA, WHICH BURST EXTERNALLY.

(Under the care of Dr. PITMAN.)

[Communicated by W. H. Dickinson, M.B. Cantab., Medical Registrar.]

S. G., aged 51, a married woman, became a patient on 29th of February last. She had an aspect of robust health, and would not be persuaded that she had anything serious the matter with her.

It appeared, partly from her own account, and partly from particulars kindly furnished by Mr. Evans of St. Neots, under whose care she had formerly been, that in the previous August she had suffered occasionally from pain passing down the outside of the left arm to the ends of the fingers. Early in September she observed a small projection on the front of the chest, close to the left side of the sternum, and on a level with the nipples. She applied to Mr. Evans, who found a pulsating swelling at the lower part of the sternum, in the position alluded to, chiefly, but not entirely, on the left side of that bone. This occupied laterally a space of about an inch and a-half, and projected to the extent of about half-an-inch. It was at once recognised as an aneurism of the arch. Under various plans of treatment the disease steadily progressed. A "wise woman," who enjoyed a local notoriety as a cancer-curer, went upon the assumption that the swelling was an abscess, and applied plasters to induce it to break. What these applications were, or what they might have had to do with the subsequent progress of the case, it is impossible to say. In December Dr. Evans examined the tumour, and found that it projected about two inches, while it measured four and a-half from above downwards, and five and a-half from side to side.

When she came under observation at St. George's Hospital in February, but for the swelling, she would have passed for a person in perfect health. A large tumour, nearly hemispherical in shape, extended from close to the inner end of the left clavicle to the sixth rib. Laterally it occupied the space from the left nipple to within about two inches of the right. A line drawn vertically downwards from the left sterno-clavicular articulation would have passed through the most prominent portion of the tumour. At the apex of the mass there was a patch of livid discoloration which projected rather out of proportion to the rest of the surface, and looked much like a small half-developed boil. Pulsation was felt very distinctly over the whole tumour equally; not only did the tumour rise with each beat of the heart, but lateral expansion could be clearly perceived when a finger was placed on each side of the swelling. The sounds of the heart were natural in the præcordial region, but a systolic murmur was heard behind over the course of the descending aorta. Auscultation was cautiously performed upon the tumour itself. The sounds of the heart were there heard clearly, and without murmur, as in the præcordial region. It therefore seemed probable that the bruit, confined as it was to the descending aorta, might have been produced by some slight compression of that vessel by the backward pressure of the tumour. There was slight, smarting pain in the swelling, especially at the livid apex, but the patient was not restrained as to position, and wore no aspect of distress. The voice was natural, and none of the thoracic organs appeared to have suffered in function. No difference could be detected in the pulse in the two wrists, it was quite natural in character and rate.

The diagnosis was at this period not without difficulty. A Physician of no small experience expressed his opinion that the symptoms were produced by a malignant tumour resting upon the aorta. The swelling had at first appeared on the left side, and was still most evident in that position. It had commenced, if the history of the case could be trusted, considerably beneath the level of the origin of the aorta. These considerations seemed to oppose the view that it had sprung from the ascending part of the arch, while the evident freedom of all the organs within the chest from compression, and the great anterior projection of the mass appeared to prove that it could not belong to the descending portion of the vessel. Moreover, the livid apex much resembled what is sometimes seen when a malignant tumour is about to ulcerate. However, since the mass did not merely lift with each pulsation, but expanded in every direction, it was rightly judged that there was an aneurism of the aorta; and considering all the facts it was concluded that it had taken place previous to the origin of the innominate, and had pursued a somewhat devious course in making its way to the surface. Whatever it might be it was equally beyond hope of cure.

The treatment was limited to keeping the patient as quiet as possible, and giving her small doses of nitre with hyoscyamus during the day, and an opiate at night. By March 12 her condition was evidently becoming perilous. There were now two brownish-red spots in the upper part of the tumour, from which oozed a little watery fluid. The larger was more than an inch in diameter, and it projected considerably beyond the curve of the tumour. In the centre was a black core about as large as a sixpenny piece. Four days afterwards the prominence of the larger patch had considerably increased, so that it, like the tumour from which it sprung, was nearly hemispherical. The black centre was evidently the coagulum which lined the sac, here perfectly naked. On its surface a drop of fluid blood now and then appeared. The integuments around were gradually thinned, so that they terminated in quite a sharp edge. Near their margin they were semi-transparent, so that the dark colour of the coagulum could be seen through them. Here each beat of the heart produced a much more evident movement than on the rest of the swelling, and it looked as if the yielding clot might give way at any moment. Nevertheless, she went on without much alteration for some time. On the 23d the whole tumour was apparently a little larger, and the apex more prominent, and there was, as there had been before, just enough blood on the surface to stain the clothes. The patient was cheerful, and her general health still unaffected. During the night of the 24th she got out of bed to relieve the bowels, and then complained of a sudden sensation of faintness. Immediately afterwards the blood sprang with one gush from the opening in the aneurism, and reduced her at once to a state of syncope. The nurse was on the spot, and applied a cloth which was kept at hand in expectation of the catastrophe, so that after the first gush there was little or no blood lost; but she immediately fell into a state of collapse, and died in half-an-hour. The blood was so much scattered over the ward and in the bed that the quantity could not be ascertained. It was variously estimated at from one to three pints.

The post-mortem was made by Mr. Holmes, the Curator, from whose account the following particulars are taken. The tumour after death had become somewhat flaccid; at its highest part was a hole filled with black clot, large enough to admit the finger. In turning back the skin, the covering of the tumour was found to be formed by the pectoralis muscle and thickened cellular tissue, together with a portion of the third rib, which had been turned upwards so as to stand at right angles to the body of that bone. The tumour communicated with the cavity of the chest by a hole about as large as the palm of the hand, which had been formed by the erosion of the second, third, and fourth ribs, and of the left edge of the sternum. This hole led down into the sac of an aneurism of the arch of the aorta, which communicated with the cavity of the vessel by an opening in the anterior and inner part of its circumference, immediately below the origin of the innominate artery. The opening in the wall of the vessel was about as large as a florin. The sac was formed, as it appeared, of the coats of the artery inside the chest, and by the cellular tissue and muscles outside the bones; it contained laminated coagula inside the chest, forming a layer about half-an-inch in thickness; externally it contained loose clot of the consistence and colour of currant jelly. The aorta was very atheromatous, especially in the abdomen. Excepting a few pleural adhesions, and a small fibrous tumour within the posterior wall of the uterus, the other viscera were all healthy.

A very similar case of aneurism of the aorta terminating by rupture externally, occurred in St. George's more than a century ago, and is minutely related by Dr. William Hunter, in the first volume of the "Medical Observations and Inquiries." I am indebted for this fact to Dr. Pitman, under whose care the present case occurred.

The Emperor of Austria has bestowed the Cross of Maria-Theresa on two French Surgeons of Toulon, who treated the prisoners of war, his subjects.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1859.

The subjoined Report comprises the cases supplied by the following Hospitals (a) :—

Addenbrooke's (Cambridge), the Carlisle Infirmary, the Derby Hospital, the Cheltenham, the Dorset County, the Gloucester, the Hull, the Leicester, the Leeds, the Liverpool Southern, the Norfolk and Norwich, the Nottingham, the North Stafford, the Sussex County, and the York County Hospital.

EXCISION OF JOINTS.

	No. of Cases.	Amputation subsequently.	Under treatment.	Recovered.	Died.
Hip.....	3	0	0	2	1
Knee	9	1	1	5	2
Elbow	8	2	1	4	1
Wrist.....	1	0	1	0	1
Total Numbers	21	3	3	11	4

Hip.—*Case* 1.—The York County Hospital: Mr. Husband.—A boy, aged 12, subject of disease of the hip-joint of some years' standing, and in a very hopeless condition. The head of the femur with the trochanter was excised, and portions of the acetabulum were also removed. The boy never had a bad symptom after the operation, and improved rapidly in health. The operation was performed on October 25, 1859, and in February, 1860, the boy left the Hospital with a very useful limb. There was considerable motion of the joint and with a high-heeled shoe he could walk fairly. *Case* 2.—The York County Hospital: Mr. Hey.—A lad, aged 17, the subject of disease of the hip-joint of long standing. The head of the femur was excised, and the lad made a good recovery. The operation was performed on January 21, 1859, and he left the Hospital at the beginning of the following year. *Case* 3.—The Hull Infirmary: Mr. Craven.—A delicate lad, aged 10, for more than a year the subject of disease of the left hip-joint. He was emaciated and suffered from hectic. An abscess formed over the upper and outer part of the thigh, and was opened. It subsequently became evident that dislocation had taken place, and the limb became flexed, and in a position crossing the opposite thigh. At length the head of the bone became exposed by ulceration over it. On Feb. 21, four months after his admission, excision of the head of the femur was performed. The cavity of the acetabulum was found denuded and rough, and was accordingly gouged out. No vessel required ligature. The limb was confined by a straight splint on the outer side. The boy rallied well from the operation, and his general health improved for a time. The wound, however, never quite healed, and the suppuration was throughout copious. In April, the boy was attacked by œdema of the scrotum and lower extremities, the discharge from the wound at the same time becoming thinner and watery. The urine, although loaded with lithates, contained no albumen. The boy got gradually weaker and weaker, and at length took scarcely any food. Death occurred on May 27, rather more than three months after the operation. At the autopsy the upper part of the thigh bone was removed and when sawn through its cancellous structure was found vascular but tolerably firm. Its extremity where sawn was rough and carious, and there had been no attempt at reparative action. The whole surface of the acetabulum was in a carious condition, and through the bottom of this cavity was a perforation extending into the pelvis communicating with an abscess in the cellular tissue. A sinus extended from the groin through the body of the os pubis into the acetabulum. The adjacent muscles were in a state of fatty degeneration. There was no abnormal enlargement of the abdominal glands. The liver was very pale, the lungs and heart were healthy, the kidneys, except that they were very pale, appeared healthy.

Knee.—*Case* 1.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A delicate man, a farm labourer, the subject of synovial disease of the joint for four years. Resection of the knee-joint was performed on May 23; for seven days all went on well, but subsequently the man began to sleep badly, and lost his appetite, numerous abcesses had formed about the joint. The man having become very feeble, amputation was at length performed, after which he made a rapid recovery. *Case* 2.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A delicate boy, aged 16, with disease of the left knee-joint. The limb was bent at a right angle, and was quite useless. The sinus extended on the outer side of the biceps tendon, and there was great swelling of the adjacent parts. The disease had existed ten years and a-half. Dr. Humphrey excised the joint, adopting the crucial incision. The cartilages of the femur, tibia, and patella were much ulcerated. On account of the boy's feeble health, the healing processes went on very slowly. The operation was performed on August 7, 1858. In March, 1859, he was able to walk on crutches, but still had some sinuses remaining. He had then been an out-patient for some weeks. *Case* 3.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A delicate girl, aged 10, for four years the subject of disease of the knee-joint. The disease was now in a quiescent state; but an attempt made to straighten the limb under chloroform was not productive of any benefit. Excision was performed, and the girl made a quick recovery. *Case* 4.—The Derby General Infirmary: Mr. Fearn.—A boy, aged 7, the subject of disease of the right knee-joint, of five years' standing. Excision of the patella, of the condyles of the femur, and of the head of the tibia, on March 8, 1859. The subsequent progress was very slow, and several abscesses formed about the thigh and groin. On August 27 he was able to walk about, and on October 2 he left the Hospital. On December 23 he was readmitted with a fracture of the femur of the same limb. The knee was now found to be slightly bent, and a little bowed. The fracture was treated by the Macintyre splint, and he left the Hospital well on March 25, 1860. *Case* 5.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A healthy girl, aged 16, the subject of disease of the knee of long standing, which rendered the limb quite useless. Excision of the joint on April 21, 1859. No disease of the bones was found, but the synovial membrane was extensively disorganised. Doing well. *Case* 6.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A healthy farmer's lad, aged 12, had received a severe kick on the inner side of his right knee, ten months before his admission. On admission the limb was found somewhat bent and altered in shape from thickening of the tissues around. The joint was stiff, but there was not much pain, except in walking. Treatment by blisters, strapping, etc., was pursued for about three months without benefit. Excision of the ends of the bones, together with the patella, was performed, the crucial incision being adopted. The cartilage over the inner condyle of the femur was found ulcerated to a limited extent. The boy did well after the operation. At the end of six months the union was firm, and at the end of a year he could walk three or four miles without fatigue. *Case* 7.—The Dorset Hospital: Mr. Tapp.—A girl, aged 7, was admitted in the autumn of 1858, with disease of the right knee-joint. She was improved by treatment, and was subsequently discharged. She was readmitted on March 4, 1859. She was of scrofulous habit, nails elubbed, complexion pasty, and glands in the neck enlarged. The knee was anchylosed in a bent position, and there were three fistulous openings, which communicated with diseased bone. Excision of the joint by the semilunar incision was performed on April 5, 1859. The bone was found very soft. About an inch was removed from the femur, and three quarters of an inch from the tibia. The girl did well after the operation until the tenth day, when scarlet fever showed itself, under which she became very weak. When the scarlet fever passed off, she again improved steadily. On September 9 she was allowed to sit up, the knee being firm, the splint having been removed. On November 12 she could walk without crutches or stick, and the shortening was very much less than had been expected, not appearing to be more than half-an-inch. On November 25 she was discharged quite well. The limb was quite firm, but

(a) Two or three other Institutions also furnish a few cases which had been omitted in previous reports, and are now inserted in order to completeness, although the Hospitals referred to do not supply us with their cases operated upon during 1859.

the anchylosis was not bony. On February 24, 1860, an account was obtained from her parents that her health had much improved, and that the state of her knee continued good.

FATAL CASES.

Case 8.—A delicate child, aged 5, was admitted with strumous disease of the knee-joint. Excision of the joint was performed, and the child subsequently sank. *Case* 9.—A delicate girl, aged 19, had suffered from disease of the left knee-joint for three years. Excision of the joint was performed, two inches of the femur, a thin slice of the tibia, and the whole of the patella being removed. The flexor tendons were divided subcutaneously, and the limb placed in a straight back splint. The girl had a rigor on the day following the operation, and this symptom recurred on alternate days subsequently. Diarrhœa subsequently set in, and death occurred on the ninth day. No autopsy was obtained, but the symptoms were those of pyæmia.

Elbow.—*Case* 1.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A healthy man, aged 45, was admitted with disease of the right elbow of nearly four years' duration. The parts were much swollen, and the sinuses on the outer side led down to dead bone. Crepitation was easily produced by movement. He suffered much pain, and was losing health. Dr. Humphrey performed a frec excision of the ends of the three bones, adopting the crucial incision. The man recovered well. *Case* 2.—The South Staffordshire Hospital: Mr. Sandford.—A man, aged 32. Excision of the right elbow-joint, on account of disease. The case did not progress favourably, and amputation was subsequently performed. The man recovered. *Case* 3.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A dark-complexioned, thin, and consumptive-looking man, aged 25, was admitted in January, 1859, with disease of the left elbow. The limb was flexed, and fixed at nearly a right angle, and the joint was considerably swollen. The pain was severe, and the disease had existed with considerable aggravation for several years. On examination of the chest, no evidences of the existence of tubercle were discovered. Dr. Humphrey excised the joint in the usual manner, adopting the longitudinal incision. The cartilages were found ulcerated, and the synovial membranes thickened. The operation afforded great relief, and the wound at first healed very rapidly; but abscesses subsequently formed, and the man's health gave way. Death from phthisis occurred on September 24, the condition of the parts not being then very hopeful. *Case* 4.—The Leeds Infirmary: Mr. Smith.—A strumous woman, aged 21, was admitted with strumous disease of the elbow-joint of nearly two years' duration. Excision of the joint was practised, the H incision being adopted. The bone, when cut, was found firm and healthy. The wound healed well, and passive motion was commenced at the end of three weeks. Recovery. *Case* 5.—The Hull Infirmary: Dr. King.—A healthy lad, aged 16, was admitted with disease of the right elbow-joint of one year's duration. There was general enlargement of the joint, which was immoveably flexed at an obtuse angle. The abscess at the back of the joint having been opened, the articular surfaces were ascertained to be ulcerated. Excision of the joint was performed on October 4, the H incision being adopted. No ligatures were required. The boy had no bad symptoms, and he was discharged well on December 4, having a fair amount of motion. *Case* 6.—The Cheltenham Hospital: Dr. Wright.—A scrofulous boy, aged 13, who had been sent into the Hospital in order to have his arm amputated. Excision of the condyles of the humerus and the olecranon was performed on June 21. A good recovery followed, and the boy regained good use of his hand and forearm. At the date of report a small superficial wound remained unhealed. *Case* 7.—The Norwich Hospital: Mr. Cadge.—A man, aged 29, the subject of synovial disease of the left elbow-joint, the result of injury. Excision of the ends of the bones on March 11, the single straight incision being adopted. The man's health suffered so much from the subsequent discharge, that amputation was performed about six weeks afterwards (April 15). *Case* 8.—The York County Hospital: Mr. Husband.—A boy, aged 13, the subject of disease of the elbow-joint. Excision of the joint, and removal of considerable part of the radius The operation was performed in September, 1859. The boy recovered and left the Hospital in about two months. There was still considerable thickening of the soft parts remaining, with some small sinuses.

Wrist-Joint.—*Case* 1.—The Liverpool Royal Infirmary: Mr. Bickersteth.—An unhealthy strumous man, aged 30, had suffered for four years from disease of the right wrist-joint. Mr. Bickersteth exposed the bones by making a semicircular incision over the back of the joint, commencing at the styloid process of the radius, and terminating at that of the ulna. The carpus and wrist were found most extensively diseased, the ends of the radius and ulna were sawn off, and all the carpal bones were removed excepting the trapezium, which appeared sound. The process of healing was subsequently very slow, and, as the man's health began to suffer, he was sent into the country.

RESECTION OF THE ASTRAGALUS AFTER DISLOCATION.

Case 1.—The Derby Infirmary: Mr. Gisborne.—A labourer, aged 37, was admitted with a compound fracture and dislocation of the ankle-joint. Reduction could not be accomplished until the astragalus had been removed. The man recovered well, and left the Infirmary three months after his admission, but he was not then able to walk. *Case* 2.—The Leeds Infirmary: Mr. Smith.—A man, aged 37, was admitted with his foot dislocated from the astragalus, which latter bone remained in position. The accident had been caused by the fall of a heavy weight. Mr. Smith removed the astragalus, and replaced the foot. One or two abscesses subsequently formed, but the case did remarkably well

OPERATIONS FOR CARIES OF OS CALCIS.

Case 1.—The York County Hospital: Mr. Husband.—A woman, aged 24, was admitted with carious disease of the os calcis, which had existed for three years. On two occasions (in September and November) the diseased part had been gouged. No reparative process followed either operation. In December Mr. Husband excised the whole of what remained of the bone. The greater portion of it had been gouged away. Progressing favourably.

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Medical Times and Gazette.

SATURDAY, APRIL 21.

ADULTERATION.

The Bill for Preventing the Adulteration of Articles of Food and Drink has been printed as amended in Committee. The following is a summary of its provisions. By the 1st clause

"Every person who shall sell any article of food or drink with which, *to the knowledge of such person*, any ingredient or material injurious to the health of persons eating or drinking such article has been mixed, and every person who shall sell *expressly warranted as pure or unadulterated* any article of food or drink which is adulterated or not pure, shall for every such offence, on a summary conviction of the same before two justices of the peace in England and Scotland, or before justices at petty sessions or a divisional justice in Ireland, forfeit and pay a penalty not exceeding Five Pounds nor less than Five Shillings, together with such costs attending such conviction as to the said justices shall seem reasonable; and if any person so convicted shall afterwards commit the like offence it shall be lawful for such justices to cause such offender's name, place of abode, and offence to be published,

at the expense of such offender, in such newspaper or in such other manner as to such justices shall seem desirable."

The 2nd clause provides protection against articles of food and drink being tampered with by purchaser. According to the 3rd clause, analysts may be appointed by Vestries and District Boards, Town Councils, and Commissioners of Supply, for their respective districts, counties, or boroughs, who "may pay to such analysts such salary or allowances as they may think fit." The 4th clause provides that purchasers of articles of food and drink may have them analysed, and the certificate of the analyst is made evidence. The purchaser, or prosecutor, when he brings his suspected article to be analysed, must pay a fee of not less than two shillings and sixpence, and not more than half-a-guinea, which sum will be recoverable from the dishonest shopkeeper as part of the costs of the prosecution. Power for justices to have articles of food and drink analysed is given by the 5th clause. The form of appeal to general or quarter sessions is provided for in the 6th and 7th clauses. Some legal clauses follow, as to proceedings and application of penalties, and the cost of executing the Act, and then we have the final interpretation clause, as follows:—

"In the construction of this Act the words 'articles of food or drink' shall (if not inconsistent with the context or subject-matter) include not only all alimentary substances, whether solids or liquids, but also all eatables or drinkables whatsoever, *not being Medical drugs or articles usually taken or sold as Medicines*, but this Act shall not be construed so as to affect the ordinary reduction of the strength of foreign, British, or colonial spirits by persons licensed and paying duties under the Excise."

There is no evil more difficult to deal with than a social evil. Social evils are the burrs of the moral world, and seem to stick the closer the more you strive to shake them off. If you shake off their hold on you at one point they seize more firmly upon you at another. And there is one of them—that old grievance, "Death in the Pot"—still staring us in the face, and more grimly than ever. It increases, we find, with the increase of our wealth, our luxuries, and our appetites for these things. Money is daily becoming more plentiful—or, at least, the means of living are daily improving amongst the masses of the country; and people have not now to go about so much to seek what they shall eat and what they shall drink, but rather what they should avoid to eat and drink. Every article of commerce is poisoned. Adulteration of food, and of everything else that is capable of being adulterated by human ingenuity—often aided by scientific tricks—is the grand order of the day. The Committee of 1856, we are told, "found that adulteration was practised wherever it was possible. It had become such a science, that other countries—France, Germany, Holland, Spain, the United States, and Belgium—had been compelled to take very strong measures to put a stop to this degraded and disgraceful system. Adulteration was in the highest degree an injustice and hardship on the poor; that fact alone should be an inducement to the House to go into committee. The wealthier classes were able to protect themselves; the poor could not do so. The report of the Committee proved that by the systematic adulteration of articles of food and drink, the public health was endangered, pecuniary frauds were extensively practised, and the moral character of the country deeply affected. Nux vomica and arsenic were common elements in articles consumed by the people; and, as there were punishments for the makers of base coin, so ought there to be punishments for those who poisoned the public. The system had hitherto remained unchecked; the maxim had been *caveat emptor;* it was high time it should be *caveat vendor.*"

Happily this is one of those social evils in which all classes of society are injured—the highest as well as the lowest; the only difference being that the lower classes, as usual, suffer by far the most serious amount of injury. The universality of the mischief, therefore, gives a natural spur to the reforming spirit of our legislators; and, in fact, the Government has, more than once, taken this advanced method of free trading into serious consideration. A Committee some years ago had a long investigation into the tricks and rascalities of trade; but nothing has hitherto come of the report, excepting the public exposure of the rogueries, and the undoubted fact of their universality. And the fact is that the abatement of the evil is one of exceeding difficulty. We, unfortunately with an *habeas corpus* and antique forms of methodical procedure, cannot inflict that rough and summary justice (which, on occasions, excites one's admiration nevertheless) that was distributed in the good old times, and is still practised among the "haythens and Turks." We shall never see Mr. Muscovado, of Oxford-street, nailed by the ear to his door-post, like the bad shilling to his own counter, for selling silkworm's-dung in the place of the finest green tea; nor shall we ever witness the edifying spectacle of Mr. Tripe doing penance in public market with a halter of putrid sausages appended to his neck. This method of "*encouraging the others*" we must not hope for. What is done in the way of pains and penalties as applied to the checking of these infamies in trade, must be done all according to law. But the law, unfortunately, is here our stumbling-block. With the best will in the world to do so, we cannot bring the crime home to the veritable authors of it. How can the little huckster know that his coffee is half chicory? He sells it as it was sold to him, he argues. How can the wholesale man know that his tea is genuine bohea? He retails it as he bought it from John Chinaman. Who is the culprit? Whom shall we hang? This is unfortunately one of the chief difficulties which staggers legislation on this question. And there is another,—How are you to bring the crime home to the man, even when you have caught your culprit? The most careful and accurate chemical and microscopic analyses will be required; and where are you to find men all about the country equal to the occasion? And then, do not we know how great Chemists can err? Juries will ask,—Are you sure your tests were pure?

Common sense tells us all, on a little consideration, that undoubtedly very great difficulties will have to be overcome if legislation is to interfere effectually in this wholesale slow poisoning going on from one end of the kingdom to the other. But who can doubt that an immense deal may be done and done at once to abate the evil? We must feel our way to the cure. The adulteration of some articles of food is most readily discovered, and discovered with certainty; and on such, the law might operate at once. Confiscate the stock of the article belonging to any man who adulterates such things, and he will soon learn to provide a better article for his customers. If he is ignorant himself that he is selling an adulterated article, he cannot complain if the law steps in and says, I forbid you to sell more of it; I enlighten you in this ignorance of yours. "Salus populi suprema lex." If you are really ignorant, and not dishonest, it is a misfortune to you; but the public health is of more consequence to the State than your private gains or losses are.

It is clear that very great difficulties stand in the way of carrying out an effectual supervision over adulterations; but it is equally certain, that if we cannot wholly, we can in part repress the vile abuses. And it is manifestly absurd to do nothing, because we cannot do all we would. We have no sympathy whatever with that class of reasoners who allow all kinds of outrages to be committed on society, provided only they are committed *legitimately*, that is to say, under the title of "freedom of trade." When the fact is notorious and undeniable, that everything we eat and drink is more or less poisoned, and poisoned knowingly and purposely, and that this adul-

terating trade is going on from one end of the kingdom to the other, and that tradesmen know perfectly well that they sell adulterated articles—we cannot but argue that society will be a wonderful gainer if the wings of free trade, which is not synonymous with fair dealing, were slightly clipped. Surely it is a matter of more consequence to society, that it should be protected against this gigantic swindle, than that Messrs. Hops and Bakewell should be subjected to no supervision, because that such supervision may occasionally do one of them an injustice. Of one thing we may be very sure: the *honest* tradesman will never come to any grief through this "amended Bill." And certainly, it is not because the subject is one hard to legislate upon, that therefore we are not to legislate upon it at all. In our opinion, it will be quite time enough for us to think of the tradesman in this matter, when we see him in affliction through the provisions of this Bill. Let us have the Bill, try how it works, and mend it up as occasion requires; but in mercy to the bowels of humanity, do not let us commit the supreme folly of rejecting a measure which is manifestly cast in the right mould for doing us infinite good, because it may possibly infringe on the castellated rights of retailers of adulterated food.

THE WEEK.

The College of Physicians of London, on Wednesday last decided that they would create a third class, to be called Licentiates of the Royal College of Physicians, who may dispense medicines to their patients. This is a most important measure, and will make a great change in the present position of the Medical Practitioners of this country. Those gentlemen who in future determine to practise as General Practitioners, may now obtain a Degree in Medicine, all-sufficient for their purposes, from the highest Medical Body in the country, and may totally disconnect themselves from the trading designation which has hitherto been so grievous a burthen to those who were compelled to bear it. We will take an early opportunity of informing our readers as to the particular conditions under which this Licence will be granted. We will only add that, from what we know to be the general feeling of the College, the Licence will be made a worthy and an honourable Licence, and will only be granted to those who in the eyes of the Profession at large would be thought worthy of the honour. We think this remark necessary, after what has been notoriously done during the past year in the way of traffic in Diplomas.

The Militia Surgeons are petitioning the Government to place them on the permanent staff of their regiments, and they certainly offer strong reasons why they ought to be so placed. They are compelled to reside at the head-quarters of the regiment, and have there to pass recruits, and perform other duties; and for these duties they only receive twopence a-week per head, which scarcely suffices to pay for medicines and instruments. Then, again, their private practice is interfered with, as they are frequently obliged to go with the adjutant on recruiting service, and to be absent on other occasions from head-quarters. They are also ineligible to public appointments. They give, lastly, a reason which is more likely to touch the ears of the Government than any other, and it is this, that they can be put on the staff without adding to the expenses. They say:—

"At present the Government pay about £15,000 annually for attendance on the permanent staff of the Militia, and for the Medical examination of Militia volunteers. An additional sum of about £16,000 per annum is paid for the Surgical inspection of recruits for the Line; and such payments are made in towns where there are resident Militia Surgeons. By placing Militia Surgeons on the permanent staff, and getting all these duties performed by them, the Government would incur less expense, and ensure greater accuracy in the examination of recruits for the Army and Militia. Other duties could also be performed by Militia Surgeons, if placed upon the staff—such as the Medical inspection of all deserters; attendance on soldiers on sick furlough; upon recruiting parties, military detachments, staff, and pensioners; and in Ireland, on the constabulary: for all of which duties a considerable sum is now paid to civil Practitioners."

The request of these gentlemen is in many respects so reasonable, that we hope it will not fail to meet with due attention from the authorities.

The dryness and want of animation which usually illustrate debates in our own English Medical Societies, have been often cast in their teeth; it is well, therefore, to hear what a French critic thinks of some of those brilliant outbursts of eloquence which we are often inclined to envy in listening to the prosaic humdrum way of doing business which John Bull usually indulges. "They manage these things better in France!" Let us see. Here are the general remarks, made *apropos* of the particular occasion on which M. Trousseau indulged the French Academy with an hour's burst of eloquence:—

"And this leads us to a remark of more general application. Oratorical struggles in an Academy of Medicine have rather a *beautiful* than a *good* effect. They give animation, piquancy, and *popularity* to the meeting. But people come to them to hear an orator, not for instruction. Those long brilliant discourses, which refer more *ad hominem* than *ad rem*, or which have no direct reference either to the matter or the person, are like so many beautiful solos executed on different airs. They frighten away from the discussion many a modest but stedfast man, who would speak his mind freely in private society or in his seat, but who has not the courage to mount up to a tribune still vibrating with the echoes of an eloquent peroration. We merely signalise the fact without deducing any consequence from it. There is no other way of curing the evil than by limiting the length of the discourses, but whenever this has been tried it has been given up. Generally speaking, the orators, whose voices the Society thus wished to stifle, have complained so loudly that in the end it was necessary to let them have their full swing."

In glancing over a provincial journal, we meet with a report of the annual meeting of the Newton Abbot Dispensary, which we present to our readers as a fair specimen of the blindness and contradictions which we find in the world of philanthropic benevolence. The old "subscribers' ticket" system is rampant at Newton:—

"The report of the committee stated that the progress of the institution for the past year had been highly satisfactory. Its pecuniary condition was also good. In moving the adoption of the report, Mr. E. Ford congratulated those present on the success which had attended their efforts to establish the institution. In putting the motion, the chairman said, 'the benefits the Dispensary had conferred on the district were incalculable; he could speak from his own knowledge of his own parish, where he knew its operation had relieved the rates to a great extent, and had kept many of the labouring classes from becoming chargeable to the parish—thus preserving that self-respect which was so necessary for the elevation of our labouring population.'"

Can this be said in sober seriousness? Their self-respect was *preserved* by being rendered more absolute paupers than those who went with their ailments direct to the workhouse!

"By an old rule of the institution, clergymen preaching sermons on behalf of its funds should receive six tickets of recommendation for every guinea collected. The Rev. P. Hendy last year preached a sermon, and the collection amounted to £7, and so became entitled to forty-two tickets, nearly forty of which had been unemployed. Mr. Ford moved that the resolution referred to be rescinded, and that

all ministers have the same number of tickets as the Medical gentlemen, which was carried. Mr. Leslie moved that the best thanks of the meeting be given to the Medical gentlemen who during the past year had given their gratuitous serviees, and to solicit a continuance of their valuable services."

Of course! Thus pauperism is encouraged.

Various observations and experiments made recently by Dr. Simpson have proved that arteries as large even as the femoral, exposed in operations and wounds, can be effectually and easily secured by common sewing-needles introduced from the surface of the wound. The needle is dipped into the soft tissue on one side of the artery which it is desired to close, then raised up and bridged over the artery itself, and subsequently pressed downwards and onwards into the soft tissue beyond. A slender iron or silk thread passed through the eye of the needle, and left out between the lips of the wound, serves as a simple means of withdrawing the needle itself as soon as the artery is sufficiently occluded. The best "*porte-aiguille*" is a pair of common dressing-forceps, grooved sufficiently to grasp and hold the eye end of the acupressure-needle.

Several important matters are at present agitating the University of London. First of all, is the prospect of its obtaining a representative in Parliament. The interest, however, on this score has been for the moment somewhat damped by the probable postponement of the Reform Bill for the present Session. The discussion of the subject, has, however, turned up a point of interest to the Profession, and this is, that the Conservative party in the University offered to assist the Medical party in securing the return of a member of the Medical Profession to Parliament. We may, therefore, look forward hopefully to the accomplishment of such a desirable result at some future day. The second point of interest is one which is of great importance to the character and position of the University; and is at this moment under serious discussion. There is a vacancy for a Member of the Senate, which is to be filled up at a meeting of Convocation, to be held on the 8th of May next. Who shall be the man? If right and justice, and the necessity of the case, were all properly consulted, it is evident that the Member should be selected from the ranks of the Medical Graduates. The Senate consists of thirty-six members, and of this number, at the present moment, five are Graduates of the University, three of the legal, and two only of the Medical Profession. When we consider that the reputation of the University has been almost wholly acquired and maintained by its Medical representatives in the Profession, it becomes manifest that at the present moment the interests of this class of its Graduates are not adequately represented in the Senate. The extent of the injustice done to the Medical Graduates becomes still further manifested by the fact that they have never hitherto been permitted to have an effectual voice in the nominations to the Senate, their choiee having been overruled by the Graduates in Arts and Law, who are avowedly in a majority. Here, now, is a great occasion, which the Graduates of the University should not let slip through their fingers. A large and leading body of the Medical Graduates have determined to support Dr. Quain as one fitted to represent the interests of the Medical Graduates; and we have no doubt, from what we hear of the great favour with which that gentleman's name has been received, that if only unanimity is preserved among the Graduates, that his return is certain. We sincerely trust, for the sake of the Medical section of the University, that under these circumstances no useless impediment will be made by the nomination of another Medical candidate. The only benefit which can result from sueh a proceeding will be to throw away the chanee whieh now so fairly offers. This unanimity is more especially desirable, because, as we hear, the Chairman of Convocation has most improperly gone out of his right path to recommend to his friends Mr. Jessel, the barrister, for the Senate. The Chairman is, of course, a man of authority, and his duty is to hear impartially, to judge, and to conciliate, and therefore, the course which he has pursued on the present occasion is most irregular and injudicious. He has acted, it is said, like a Speaker of the House of Commons, who goes about canvassing Members to support a favourite project of his own. Influence thus unfairly exercised must be strenuously opposed; and we, therefore, particularly enjoin Graduates of the University to unanimously support one candidate, so as not to lose the place by uselessly frittering away their votes. We advise them to back Dr. Quain, because we see that to Dr. Quain's nomination is attached a list of names which clearly show that many of the leading Graduates of Medicine of the University of London desire his election.

The change of type theory of disease does not appear to have advanced much in Italy, if we may judge from what we hear concerning the sanguinary therapeutical code still in vigour there. The following, we believe, is a daily example of the practice carried on in the way of venesection by our Italian brethren:—

"The President opened the sitting by the announcement of the death of General Quaglia, in consequence of the fit of apoplexy with which he was struck in the House the other day, or perhaps of the doctors, who drained the poor aged gentleman to the last drop of his blood—four bleedings in twenty-four hours, three of them after his recovery from the fit."

Apropos of this incident, we would like to hear how those gentlemen who argue of the truth of this change in type of disease, from the fact that skilful Physicians did bleed in other days but don't bleed now, reconcile with their argument this unceasing love of the lancet—to-day just as in other days—by the skilful Italian Physician.

A young woman attempted to poison herself last week, at the Blackwall railway-station, by swallowing sixpennyworth of laudanum. The Lord Mayor, before whom she was brought after recovery, forgot to ask *where* she obtained the laudanum. In France, the individual from whom it was obtained would have suffered fine and imprisonment. Why should not Englishmen, who thus recklessly sell these fatal weapons, equally be subjected to penalties of the law?

A Government Bill "To Amend the Laws relating to the Relief of the Destitute Poor and to Medical Charities in Ireland, and to continue the powers of the Commissioners," has just been printed. It authorises Boards of Guardians to send children out to nurse up to five years of age, on account of the great mortality in workhouses among children who enter without their mothers. It tends to supersede the County Infirmaries, by converting the workhouses into General Hospitals for the Medical and Surgical treatment of the poor, and of the constabulary. It sanctions out-door relief to destitute children. It authorises the Commissioners to establish asylums for the blind. The Medical Inspectorships are eventually to be abolished, but the Poor-law Commission is to be continued for five years longer. The singular provision for admitting any *poor* person into the workhouse hospitals, and the attempt to relieve both the *pauper* and the poor, will lead to embarrassing difficulty; and the curious clause providing that poor persons of sufficient ability to pay the cost of their maintenance in Hospital, or part thereof, shall be required to pay for the same, is a step towards the self-sup-

porting principle. It is for the Profession to see that if the care of the *poor* as well as the *pauper* is to be thrust upon the Workhouse Medical Officer, this officer is not to be worked harder, unless he is better paid.

A very important office, the Linacre Professorship of Physiology in the University of Oxford, is to be filled up on the 24th of May next. Candidates need not be Members of the University. This liberal course is in accordance with what is called the spirit of the times, and is adopted in the interests of the University itself. It is plain upon the face of it, that if the Professor were to be chosen only from a list of Members of the University, he must be chosen from a very limited list indeed. Now that the list is open, Dr. Sharpey, Dr. Brown-Séquard, and Dr. Richardson, are spoken of as probable or possible opponents of the University candidate, Dr. Rolleston. But it is not likely that either Dr. Sharpey or Dr. Richardson, will stand. Some particulars of the appointment will be found in another column.

Mr. Postgate, of Birmingham, has enclosed us copies of a correspondence between himself and Mr. Scholefield, the Member for that town. Mr. Postgate suggests a question in Parliament:—

"Whether the recent admission by the Council of the Royal College of Surgeons of England, of persons who have not undergone the required professional education, to membership, is sanctioned by the General Medical Council appointed under the Medical Act? If not, whether the General Medical Council intend to put in force the powers vested in them by clause 20 of that Act, having reference to cases of this description?"

Mr. Postgate also says:—

"Since I received Mr. Scholefield's note, I have seen him on the subject, and have arranged with him to bring the matter under the attention of Parliament and the Privy Council, unless action is shortly taken by the General Medical Council."

REVIEWS.

The Causes and Treatment of Imperfect Digestion. By Arthur Leared, M.B., M.R.I.A., etc. London, 1860. 8vo. Pp. 224.

Imperfect Digestion — what a text for a book-maker! How easily the pen would run on if a writer, unimpressed by the truth of the old Greek proverb that a great book is a great evil, were to treat of all the diseases mental and bodily caused by imperfect digestion, and were to show how much good might be done in all diseases by anyone who could secure the assimilation of a proper amount of wholesome nutriment. What is cancer? What is tubercle? What is gout? What is rheumatism? What is scurvy? What is chlorosis? What is fatty degeneration? What is diabetes? What, in a word, is any chronic disease but altered nutrition in some tissue or organ, or alteration in the composition of the blood, depending upon imperfect action of the organs of assimilation, or upon deviations from the normal supply of nutriment to those organs? Treated after this fashion, a treatise on Imperfect Digestion might assume the form and dimensions of a cyclopædia, and the Physician who could enforce a code of laws ensuring perfect digestion might have his statue raised as a curer of half the ills to which flesh is heir.

Dr. Leared has not fallen into the tempting error of writing a big book. He says, and everyone who has tried his hand at bookmaking will understand him, "My great difficulty has been to write a short rather than a long book on this comprehensive subject." But he has met the difficulty, and what is more, surmounted it, and actually produced what is a rarity in these days, a "short book on a comprehensive subject." This achievement alone is almost enough to disarm criticism, but as a short book may be bad or stupid, it behoves us to see whether Dr. Leared's short book has any other merit than that of brevity.

Excluding half-a-dozen pages of appendix, which include the records of certain experiments with regard to flatulence, heartburn, and pepsin, to which we need not now refer more particularly, the book consists of eight chapters. In the first chapter, we have twenty-four pages devoted to an account of the Physiology of Digestion—a mere sketch, of course, but a good sketch. Then, in the second chapter, we have the *Causes* of Dyspepsia. The following passage will please the Dentists of all parties,—Odontological Society and College of Dentists, who, however they may differ on some points, will certainly join in Dr. Leared's estimate of the importance of the organs of mastication. Insufficient mastication, he says,—

"Is a fruitful source of dyspepsia, and is more frequently the result of haste or carelessness, than inevitable from the state of the teeth. The great prevalence of dyspepsia in the United States has been attributed to the rapid but characteristic manner in which meals are there dispatched. In some employments the insufficient time allowed for meals is for the same reason, a cause of disturbed digestion, and too often gives rise to permanent disease.

"Besides actual loss of teeth, soreness of them, or of the gums, sometimes attended by unhealthy and even fetid secretions, greatly interferes with mastication. It is most important that solid food should be duly prepared by chewing for the action of the stomach: and equally important that the starchy elements of food be sufficiently submitted to the action of pure saliva."

Among the symptoms of dyspepsia treated in the third chapter, we find the following remarks on the tongue, and quote them, although we suspect the "island-like clean spots," described in the last sentence, are very often mere bald patches of psoriasis, and frequently syphilitic:—

"The following are some of the well-marked morbid conditions of the tongue connected with dyspepsia. An unnaturally red condition of the organ is caused by deficiency in its epithelial coating, and probably indicates the same condition of the gastric digestive surface. The redness is usually most marked at the tip; and when the papillæ situated there are prominent, its resemblance to a red strawberry is striking. As a symptom, no condition of the organ is more reliable than this. It indicates an irritable condition of the gastric surface, and there is generally associated with it epigastric tenderness, loss of appetite, and thirst.

"When the back part of the tongue is smeared with a creamy-white or yellowish coating, a foul state of the gastro-intestinal tube is indicated, and alkalies, mild mercurials, and purgatives, generally do good.

"A brown tongue is more generally associated with dyspepsia from temporary excess than with the habitual disorder.

"When the tongue is broad, flabby, and pale, it indicates an anæmic and debilitated condition of the whole system, accompanied by weakness of digestion. It is not often foul in these cases, but owing to loss of elasticity and its increased width, indentations made on its edges by the teeth may be commonly observed. Preparations of iron and the mineral acids are then the best remedies.

"Sometimes the large papillæ (*papillæ circumvallatæ*), from fifteen to twenty of which exist at the back of the tongue, besides losing their epithelia, become very turgid. They look like inflamed warts, and are usually associated with severe and long-existing dyspepsia.

"We often observe a foul streak along the middle part of the tongue's upper surface, while the edges are clean, or, *vice versâ*, the middle part is clean, while one edge is coated, or both edges are in that condition. No great importance is to be attached to these variations. They can generally be accounted for by the mode in which the organ comes into contact with the mouth and its contents. Thus, when owing to the state of the teeth, the patient is compelled to eat at one side, it is easy to point it out from inspection of the tongue alone; it is cleaner at that side than at the other. Island-like clean spots are sometimes seen in the midst of the coating: they are the seats of former ulcerations, and are due to permanent loss of the epithelial covering."

Accidental Dyspepsia is the title of the fourth chapter. It

contains a brief account of the varieties of dyspepsia produced in the healthy subject by accidental causes. In the fifth and sixth chapters, the author treats of Habitual Dyspepsia. The varieties of habitual digestive derangements are classed under five heads—Slow Digestion, or Simple Dyspepsia; Dyspepsia with Acidity; Dyspepsia with Gastric Pain; Dyspepsia with Fetid Eructations; and Dyspepsia in which Mind Symptoms Predominate. Under each of these heads, the reader will find many practical remarks of interest.

The Treatment of Dyspepsia by General Hygienic Agents is considered in the seventh chapter; and the concluding chapter the author devotes to the Treatment of Dyspepsia by Medicines. The following are his remarks on Pepsin:—

"A medicine alleged to have the power of assisting digestion in a very direct manner has been lately introduced. It is a substance obtained from the stomachs of ruminants, believed to be the agent by which albuminous compounds are reduced, and has been extensively used in this country and in France. After having given it a fair trial, I am obliged to decide against the so-called pepsin. If it were possible to collect gastric juice itself in considerable quantities, from living animals, I can, *cæteris paribus*, conceive that an efficient preparation might be obtained. But experience shows that this is not supplied by a preparation obtained from mere infusions of dead stomachs."

In cases of vomiting associated with sarcinæ he recommends the solution of the chloride of calcium of the Pharmacopœia in doses of from half-a-drachm to a drachm. Some remarks on Heartburn, in an Appendix, are interesting. Dr. Leared says:—

"In certain weak conditions of digestion, or when it is overtaxed, butyric acid is set free from food in which it existed, or else it is formed out of the elements of starchy food, as is well known to be possible. The acid being in excess, but not pure, or else it would be soluble, rises to the surface of the contents of the stomach, where it probably combines with melted fat, with which it is so miscible that it appears to possess an affinity; when, by the motions of the stomach, presented at the cardia, the acrid mixture is instinctively rejected into the œsophagus, and is then by a reversal of its proper movements transmitted to the mouth, accompanied by the sensations of heartburn. The miscibility of fat with butyric acid will explain the relief of heartburn by cod-liver oil. It acts by diluting the acid."

Our readers will be able to judge for themselves, from the sketch we have given of the nature of this work, how far it is likely to be useful to them, and those who are induced to read it will find that Dr. Leared has treated a most important subject in a practical spirit and popular manner.

Linacre Professorship of Physiology in the University of Oxford.—The electors to the Linacre Professorship—namely the Archbishop of Canterbury, Visitor of Merton College; the Warden of Merton College; the President of the Royal College of Physicians, London; the President of the Royal College of Surgeons of England, and the President of the Royal Society—will proceed to the election of the First Professor on Thurday, the 24th day of May next, or as soon thereafter as may be. The emoluments of the Professor will be the proceeds of four Fellowships suspended or to be suspended in Merton College, to an amount not exceeding £800 per annum, so soon as four Fellowships shall have been suspended. In the meantime he will receive the annual proceeds of the Fellowships suspended at the time of his election, together with the amount which has accrued from these Fellowships since they became vacant. The Linacre Professor will also be Tomlinson-Aldrichian Professor of Anatomy. Out of the endowments of these united chairs, which amount to about £200 per annum, will be paid a Demonstrator of Anatomy and Keeper of the Physiological Collection, at such a rate as to the University shall seem fit. The Linacre Professor is precluded from practising Medicine or Surgery. The other regulations respecting the Linacre Professor may be seen in the University statutes (ed. 1858, Tit. IV., sect 1. § 13, p. 22), and the ordinances in respect of Merton College, sanctioned by Her Majesty the Queen. Candidates are to send their applications, addressed to Felix Knyvett, Esq., Secretary to the Archbishop, Lambeth-palace, London, S., on or before the 15th day of May, 1860.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

IODINE INJECTIONS IN FISTULA IN ANO.

By M. BONNAFONT.

In the more recent cases of fistula, in which the revival of the old, indurated edges of the aperture by means of the cutting instrument has not yet become necessary, iodine injections may lead to a rapid and durable cure. One of the greatest objections to this plan, however, is the severity of the pain caused by the iodine coming into contact with the mucous membrane of the rectum,—pain which sometimes radiates with violence over all neighbouring parts, and gives rise to abundant diarrhœa. M. Bonnafont, of the Invalides, adopts the following procedure in order to mitigate this inconvenience. The introduction of a tent of charpie or lint passed into the rectum, often enables us to determine whether a fistula is complete or incomplete, as in the former case when we inject a coloured fluid, as ink, milk, or litmus into the external opening of the fistula, the tent imbibes some of this fluid, proving beyond all doubt the completeness of the fistula, even when a probe has not been able to be passed through the internal aperture. After having by this means ascertained the fact and the distance of the internal aperture, M. Bonnafont passes a good-sized tent into the rectum and carries it to about two centimetres above the internal orifice of the fistula. When the iodine injection is thrown into the fistula, any of it which passes through the aperture is absorbed by the tent, and thus prevented spreading within the intestinal canal; and its irritating effects are thus greatly mitigated.—*Union Méd.* 1859, No. 140.

CASES OF PROLAPSUS OF THE MEMBRANES IN LABOUR.

By Drs. LEOPOLD and CREDE.

Dr. Leopold was called to a woman who had been in labour for several hours, the midwife being puzzled by an unusual descent of the bag of membranes. A pyriform, tense, bluish bladder, six inches in length and two inches in breadth, projected from the genitals, the os uteri being expanded to the extent of one and a-half inches only. As this prolapsus might give rise to separation of the placenta and spasmodic irritation of the os, the bag was punctured with a knitting-needle so as to allow of a gradual discharge of the waters, and leave the position of the child undisturbed, this having been ascertained to be normal. As it became emptied it gradually filled again, and was therefore cut away piece by piece with the scissors. The os uteri becoming more relaxed, the pains, which were feeble, were sought to be stimulated by ergot and external friction. The pains continuing feeble, and the child's mouth presenting, while a hand sometimes passed down beside it, and some hæmorrhage being present, turning was executed. The delivery was accomplished with some difficulty, but the child, at first still-born, was speedily restored.

Dr. Credé states that in his large practice he has only met with one case similar to the above, and observes upon the fact of how little the circumstance has been alluded to in the text-books. In his own case, the bag consisted only of the amnios, which had passed through an aperture of the chorion (remaining above the os uteri), and constituted a longish, distended bag projecting five inches from the genitals. The case occurred in a primipara, and the presentation was facial. The dilatation and presentation of the membranes proceeded regularly for awhile, when a little liquor amnii having become discharged, it was found that the chorion had burst. During the next pains, the amnios passed suddenly through the entire vagina, and projected five inches beyond the genitals. Passing the finger behind this bladder, its pedicle could be followed like a membranous cord into the pelvis. During the movements of the patient the bag burst, and its contents were discharged. The remains of the membranes which had constituted it, were ligatured with a red tape, in order to be able to trace their disposition afterwards. The amnios was found to have become completely separated from the chorion, a circumstance very possible when there is a very loose gelatinous layer deposited between the two membranes, as was in this instance

the case. The pains being very feeble, the labour was terminated by the forceps.—*Monatsschrift für Gebürtskunde*, band xiii. p. 139—141.

ON THE CLOSURE OF THE ANTERIOR FONTANELLE.

By M. ROGER.

M. Roger observes that some of the commonest facts are those which are known with the least exactitude, and instances the contradictory statements made by the most eminent anatomists as to the period when the fontanelles close. He has himself examined 300 children expressly to settle the point, and in this paper states the results. It is to be observed that he indicates the clinical and not the anatomical closure, the former being considered to be present when the space is completely filled up with matter as resisting as bone, and neither depression or cephalic *souffle* is perceptible. Actual bony union can only be proved by post-mortem examination. He gives the results of his examination of the 300 heads in detail, the general conclusion being that the period of closure is comprised between the age of *fifteen months*, when its occurrence is very rare, and the age of *three and a-half years*, by which time it has always taken place. The usual period is between the *second and third year*. The frequency of the occlusion regularly progressive from the twentieth to the twenty-third month, underwent a sudden increase after the second year, and went on increasing more and more to the third and a-half year. Two affections may retard occlusion, rickets, and hydrocephalus; and its nonoccurrence may be one of the first manifestations, and afterwards a means of diagnosis, of the former of these affections; while the persistence, extent, and especially the increase of the apertures at an age when they should have closed, are certain signs of hydrocephalus. Their premature occlusion, on the other hand, may give rise to a fear of the induction of compression of the brain, and a, so to say, stifling of the intellect, *i.e.* a microcephalon or idiotcy. The rigorous determination of the period of the disappearance of the fontanelles may be of utility in legal Medicine, in approximately establishing the age of a child or in a question of its identity.—*Union Méd.* 1859, No. 140.

CONDITION OF THE LUNGS AFTER DEATH FROM CHLOROFORM.

In an essay published in the *Archives Générales* (1858), M. Faure endeavoured to prove that when chloroform, in place of spreading equally and uniformly over the lungs, became concentrated at certain points during inhalation, such important modifications of the pulmonary tissue resulted as seriously to compromise the functions of respiration. The lungs then presented violaceous, or blackish spots, which, on excision, proved to be deep-seated ecchymoses, having a greater extension within than externally. The tissue had lost all crepitation, becoming as if "felted," the blood no longer leaving it, but seeming to have become combined with it. It has been objected that such lesions were the result of the mode in which the experiments were carried on, and that man, not breathing through tubes passed into the trachea, need not exhibit such appearances.

A recent case, however, contradicts this view. A woman who had inhaled chloroform died suddenly when to all appearances she was about to be saved; and the condition of her lungs was exhibited before the Paris Society of Surgery. The lungs, several portions of which were in a normal condition, exhibited some singular congestions and ecchymoses, resembling those which M. Faure has described at great length, and having this remarkable, that they did not disappear even after the lung had been macerated for eight hours in water—the blood seeming, so to say, to have become combined with the pulmonary substance. The right lung was attached to the thorax by firm old adhesions, but the left lung was entirely free from these. The latter crepitated over nearly its entire extent, the non-crepitant portion being proportionally very small in extent, and emphysematous. The right lung crepitated nowhere, but was a very dense, fleshy, resisting mass, containing only a small quantity of air at its edges. Its colour was deep red or blackish at certain points; this not resulting from hypostasis, for it was less deep where in that case it would have been most observed. The left lung was much less deeply coloured at points, but its general appearance was of a bright red. But the upper lobe of the left lung, *i. e.* just the point least liable to cadaveric congestion, exhibited a considerable dense, deep-red congested portion, exactly like, indeed, the totality of the right lung. The heart was manifestly hypertrophied.

Thus, in this case, the left lung had been in its normal condition, but the right lung was deprived of a portion of its functions,—a circumstance which would become a source of danger when the subject was submitted to the action of chloroform. It is certain that when a lung can no longer move freely in the pleura, its movements are diminished, and its circulation is more or less impeded. Chloroform, in place of becoming distributed equably and uniformly, may then become accumulated in considerable quantity in a lung which can no longer return upon itself in consequence of the adhesions which affix it to the parietes of the thorax; and lesions are produced resembling those which M. Faure determined artificially in animals—lesions which render the lung unsuited for hæmatosis and the continuance of life impossible.—*Union Méd.* 1859, No. 144.

EXCERPTA MINORA.

Face Presentations.—Dr. Edward von Siebold states that he has met with fifteen instances of face presentation in 3050 cases of labour. All these cases were left to nature, and twelve of the children were born living, three dead. In none of the individuals could a face presentation be diagnosticated during pregnancy. In twelve of the cases the mothers were primiparæ, and in three they had already borne children. In all the cases the forehead was at first placed forwards, always turning backwards in the course of the labour, and very frequently not until it had reached the floor of the pelvis. In nine of the cases the second, and in six the first position of the face (the right half of the face forwards) was observed.—*Monatsschrift für Gebürtskunde*, band xiii. p. 327.

A Plan for facilitating Turning.—Dr. Leopold having found the great inconvenience of the escape of the waters, while the hand was *in utero* seeking for the feet in order to turn, devised the following plan which he has repeatedly put into force with success. When the hand has been carefully introduced high enough to be ready to break the membranes within the os uteri, the midwife or other attendant binds several times around his bared arm, an old, soft handkerchief and sitting upon one side of the patient, presses this close enough against the external parts to allow of no interval remaining between the external opening of the vagina and the arm of the operator. This renders the escape of the waters impossible, and the manipulation consequently is so much the easier. If the accoucheur has a very large arm such manœuvre may not be required.—*Ibid.* band xiv. p. 60.

Camphor in Powder and Ointment.—Camphor may be very easily powdered by contusion in a large marble mortar, adding a small quantity of water, and passing it through a hair or silk sieve, according to the degree of fineness required. When powdered in this manner, the camphor never runs into lumps even when kept a long time. To make a good ointment:—three parts of camphor, so pulverised should be melted by aid of a bath, in twelve parts of prepared lard; and the mixture, as soon as it begins to be a little cold, should be stirred from time to time until it entirely sets—thus preventing the granular crystallisation always observed in ointments which are allowed to set without stirring. This ointment preserves its smoothness and consistence for a year after its preparation. —*Journal de Chimie Méd.* April, p. 219.

The Hoarseness of Singers.—A celebrated singer informed M. Diday that the greatest benefit is derivable from taking, during five or six days, twice a-day, five or six drops of nitric acid in a glass of sugared water. If from use the acid seems to lose its original efficacy, the dose may be increased to ten or eleven drops.—*Ibid.*

Soot in Cancer.—M. Debreyne states that of all local applications capable of acting upon open cancer in an efficacious way, soot, in the form of ointment or lotion, is the best, owing to its detersive, plastic, and regenerative properties. He employs the following ointment:—Lard and soot, of each sixty parts; extract of belladonna, eight parts. Glycerine may be advantageously substituted for the lard. M. Debreyne, regarding the action of the soot as special, suggests its internal use in the form of tincture or extract.—*Rev. Méd.* March, p. 369.

GENERAL CORRESPONDENCE.

QUARANTINE.

Letter from Mr. Hunter.

[To the Editor of the Medical Times and Gazette.]

"What evidence is there to show that any of the three diseases, against which quarantine is specially directed, to wit,—cholera, yellow fever, and plague, has ever been introduced into any place or country by a vessel, on board of which no case of disease has occurred during the voyage, and which was also free from sickness, etc.?"—*See "Medical Times and Gazette" of February* 18, *page* 170.

Sir,—May I request you kindly to permit me, through your valuable columns, to refer to the book of Missionary Williams, of South Sea celebrity, for an answer to this question; and also to record the following, which came to my own knowledge through a series of accidents. On arrival at Barbadoes in February, 1848, it was reported "black vomit"—yellow fever—had been in the garrison from December; and subsequently, that H.M.S. *Growler*, from the coast of Africa, with free labourers, had been suspected, but which vessel was, after a very full investigation, acquitted upon the following grounds:—1. The *Growler* had landed the free labourers at Trinidad, previously to her arrival at Barbadoes. There had been no fever during the voyage, nor was there yet among the free labourers landed at Trinidad. 2. The *Growler* had been in quarantine the whole time at Barbadoes; nor was it possible she could have had any communication with the garrison, and the fever was not then in Bridgetown. The ship was gone, and perhaps too much importance had been attached to the freedom of the free labourers from disease. (See *London Medical Gazette*, August 3, 1849, page 191,)—"Indeed never do the coloured troops appear to have enjoyed greater immunity from disease, than when the white, their own officers included, were dying around them."

The same year (1848), being then at St. Vincent with a large detachment of the regiment originally affected (yellow fever was still raging at Barbadoes), being in casual conversation with the acting adjutant, the latter observed,—"But it has since been ascertained, that one of our men had been clandestinely on board to see an old friend; not the first man who died, though he too did die, but his comrade; and scrawling the square of the barracks, pointed out its course right and left, until it reached the officers' quarters on the opposite face." Then several years after, since our retirement on half-pay, the late Staff-Surgeon Fowlis, who had been nearly all his service at Sierra Leone or at the Gambia, spent a night with us in passing; and speaking of the fevers of that coast, casually mentioned, as an exceptional instance, H.M.S. *Growler*, notwithstanding repeated cleaning, which they were glad to get off the coast with free labourers to the West Indies. This was in the year 1847. I urged him to send the whole to some Medical periodical; or if he would give me his part in writing, I would do so myself, but I saw or heard from him no more. He is since dead.

Missionary Williams mentions the freedom of ships from disease during the voyage, and attributes the origin, rather mysteriously, to the coming together of the opposite races.

I am, &c.

R. H. A. Hunter, Staff-Surgeon, Half-pay.

Moffat, Dumfrieshire, March 23.

POOR-LAW MEDICAL REFORM ASSOCIATION.

Letter from Mr. Griffin.

[To the Editor of the Medical Times and Gazette.]

Sir,—The Poor-Law Medical Officers, and others assembled at a public meeting on April 10, unanimously passed a vote of thanks to you for the valuable aid you have afforded them by the gratuitous insertion of an extensive correspondence on Poor-Law Medical Relief, and for the series of leading articles you have written in aid of the cause of the much-oppressed Poor-Law Medical Officer. In this vote of thanks I cordially join, as there is no man in the Profession knows better than myself the readiness with which, during the last four years, you have gratuitously inserted all communications addressed to you in furtherance of the cause, and the invaluable aid you have rendered us by your leading articles.

On the day succeeding the general meeting, I had a long interview with Mr. Pigott at Heckfield, and I have since sent to him written amendments on the Bill, which will, I trust, meet the objections of all reasonable men. For instance, I have proposed so to alter the Act that it is impossible for two officers to be appointed to one district. It is also proposed to add to clause 37,—"But nothing herein contained shall have the effect of displacing any of the present Medical Officers of Health, but those already appointed shall continue in office subject to the regulations of the Privy Council, and become permanently appointed in the same manner as is provided for Poor-Law Medical Officers in Sect. 8 of this Act." It is also proposed to have inserted in clause 38 on sudden deaths,—"Provided, nevertheless, that should the Registrar have reason to believe that any Registered Medical man who is resident within five miles of where the deceased is lying dead, has been his usual Medical attendant, although not immediately preceding his death, then it shall be the duty of the Registrar to direct his order of inquiry to him instead of to the District Medical Officer."

I trust these various alterations will meet the views of the Profession generally, and that there will be no dissension amongst ourselves; if there must be a fight, and most assuredly there will be one, let it be with the Guardians, and not with our Medical brethren.

The Bill now before the House was set down for a second reading last Monday, but as it was a Government night, Mr. Pigott had but little expectation that it would come on; and from a letter I have received from him this morning, Tuesday, I find he has at the request of Mr. Villiers, and from the fact that so much business is before the House, put off the second reading of the Bill until Friday fortnight, May 4.

Knight, in his *Official Advertiser* says:—"It does not appear that the Bill has the concurrence of the Poor-Law Board, and they have transmitted copies to the several Boards of Guardians for their consideration, and it is not improbable the second reading will be postponed in order to afford time for the Boards of Guardians and the country generally to express their views on the subject of the measure." I have little doubt from the foregoing quotation, and from private information I have received, that we shall have to encounter considerable opposition; it is, therefore, the duty of the Profession to lose no time in petitioning the Legislature, and also privately informing the Members of Parliament, that the Bill, though it lessens the grievances of the Poor-Law Medical Officers, is in truth a Bill for the poor man and the rate-payers, as its tendency is to lessen pauperism, which must cause a diminution of the rates. I firmly believe that if the Guardians could see the matter in its true light they would heartily join in support of the measure; let it be the task of the Poor-Law Medical Officers to enlighten them.

The clause making the Poor-Law Medical Officers Sanitary Officers is most valuable as preventive and curative Medicine ought to be allied. That clause alone, if carried, would save thousands of lives annually, and prevent an immense amount of suffering to the poor, it would also tend to lessen the burden on the rate-payers.

I am, &c. Richard Griffin.

12, Royal-terrace, Weymouth, April 17.

INFANT MORTALITY IN THE DISTRICTS OF DEPTFORD AND ROTHERHITHE.

Letter from Dr. Cregeen.

[To the Editor of the Medical Times and Gazette.]

Sir,—Writers on infantile mortality state, and the statistics of the Registrar-General appear to prove, that one-half of the children born in large towns die before they attain the age of ten years. I believe, too, that the districts of Deptford and Rotherhithe are generally considered as unhealthy, and

not at all likely to make an exception to the above-mentioned statistical data.

Judge of my surprise, then, on perusing the enclosed tables, taken from the papers of a Child's Burial Society, and sent me by a very intelligent official of her Majesty's Victualling Yard.

The first table gives an annual average of 120 members, at $1\frac{3}{4}$ deaths per annum, or 17 deaths in the ten years; in round numbers $1\frac{1}{2}$ per centum per annum infantile mortality!

I can only account for the low mortality rate of this Burial Club from the facts, that the parents of the children belonging to it are in regular employment in her Majesty's service; that they earn, though regularly, very small wages, and consequently the children are never gorged and pampered, but live frugally and regularly; that the regular hours and small wages of these Government *employées* encourage, if not necessitate, frugal habits and domestic regularity and cleanliness at home, and offer little room for late hours, and excesses in either eating or drinking. The districts, too, though low, and having other disadvantages, are favoured with free ventilation, and small density of population. All other sanitary conditions together, do not appear to make up for the conditions I have just alluded to. I am, &c.

James Joseph Cregeen, M.D., F.R.C.P.

P.S.—The following letter was sent with the Tables:—

"23, George-street, New-town, Deptford,
"April 4, 1860.

"Sir,—I beg to hand you a memorandum that I have taken from the balance sheets of a small Society over which I preside, showing the number of deaths that have taken place during the ten years of its existence. This Society is called the 'Royal Victoria Juvenile Burial Society.' A copy of the rules I have enclosed.

"The following Table will show the number of members in each year, and also the number of deaths that have taken place respectively. I have also shown by another Table the age of each child when entered in this Society at the commencement, March, 1850.

"Table I.

"March,	1851	..	Number of Members,	64	..	Deaths,	2
,,	1852	..	,, ,,	60	..	,,	1
,,	1853	..	,, ,,	89	..	,,	1
,,	1854	..	,, ,,	100	..	,,	None.
,,	1855	..	,, ,,	102	..	,,	2
,,	1856	..	,, ,,	115	..	,,	2
,,	1857	..	,, ,,	122	..	,,	None.
,,	1858	..	,, ,,	134	..	,,	None.
,,	1859	..	,, ,,	193	..	,,	3
,,	1860	..	,, ,,	222	..	,,	6

"Table II.

"Members under	2	years of age, who entered the first year,		16
,,	3	,, ,,	,,	14
,,	5	,, ,,	,,	12
,,	7	,, ,,	,,	11
,,	9	,, ,,	,,	4
,,	11	,, ,,	,,	3
,,	13	,, ,,	,,	4
				64

"You are well aware, Sir, that this is not considered a healthy district; therefore, with such facts before us, there must be something that assists in the preservation of the health of those children who form this Society, the majority of which, I am proud to say, are under your Medical attendance, and their parents are all well known to you. But, Sir, I do not attempt to ascribe all the praise to you, although much is due, for the prompt and earnest attendance you give to them; but I think, Sir, much is due to the parents for the manner in which those children are attended to and cared for by them, they themselves being all of sober and industrious habits, devoting all their earnings to the care and preservation of themselves and children.

"And by this I am led to think, Sir, that if we could inculcate such habits into the breasts of the thousands we see around us living in misery and destitution through their dissipated and immoral habits, the lives of thousands of the young children might be spared.

"I remain, Sir, Yours faithfully,

"To J. J. Cregeen, M.D. John Selzer."

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, April 10, 1860.

F. C. Skey, Esq., President, in the Chair.

A paper, by Dr. T. G. Hake, was read, on

THE SCROFULOUS CONFORMATION, OR DIATHESIS; BASED PRINCIPALLY ON THE STUDY OF THE SKELETON.

The author observed that scrofula might be regarded as one of the oldest diseases on record, and as having affected mankind from a period prior to history. But the chief interest of its antiquity resides in its alliance, as a disease, with a peculiar conformation of body, or diathesis, the anatomical characters of which, duly considered, belong to race, and, in fact, constitute it a variety of man. The conformation, distinct from the disease, has only been described by modern writers. Its features penetrate every system of organs, and are far more numerous than its literary history would lead us to suppose. It is the hereditary element on which scrofula, tuberculosis, and rickets are engrafted, and it was his purpose to trace its embryological and ethnological relations. The characters of the scrofulous type of conformation refer, as observed by previous writers, to the shape of the cranium, the jaws, the limbs, and to the symmetry and growth of the body in general. But these characters, observed without any guiding principle, afford a superficial view only, and convey, in some instances, a contradictory one of the conformation in question. *Origin of the scrofulous conformation.*—By means of an extensive comparison of anatomical elements, it has been found that while several of these and other characters are abnormal in relation to the European, or so-called Caucasian, they are distinctive of the inferior race; that all these characters are discoverable in the fœtus or the child; that, as a rule, the features of the scrofulous conformation, and of the inferior varieties of mankind, exist normally in the embryonic and infantile structures of the European, or higher type of man. *Definition of terms, and their application.*—The terms strumous and scrofulous are so deeply associated with morbid characters as to be inadequate to convey a correct idea of many of the facts adduced in this paper. It would not satisfy the requirements of correct definition to say that a grey or blue eye belonged to the scrofulous group of structures, while every other part was well developed; yet such a feature is of the same class of phenomena as rickets: in the one, the deposit of dark pigment is arrested; in the other, phosphate of lime—both belonging to the same early type. To express the immature organisation which accompanies tuberculosis, scrofula, and rickets, but which frequently exists without either of these being present, the term sporagenetous is employed by the author: it embraces immature characters under whatever circumstances they may arise, whether in the healthy or strumous habit, or among the inferior races. The following propositions were then stated by the author as the conclusions at which he had arrived, and illustrated at full length by tables and reports:—1. A resemblance is to be found between the characters of the head and pelvis of the so-called scrofulous conformation, and of the same parts in the lower races of mankind. This is especially true of the cranium and pelvis, less so of the long bones. 2. Want of resemblance in the special characters of the limbs of a scrofulous type of conformation, and of the lower races, excepting those of gigantic or dwarfish stature, limits the inquiry ethnologically; but the general features of both have their prototype in the fœtus. On a careful study of the long bones characterized by stunted growth, and by excessive growth, they have been found to be marked by deviations from the normal type, but these peculiarities proved to be normal in the latter embryo and child. 3. The anatomical conformation of the scrofulous type, thus due to the persistency through life of certain fœtal peculiarities, is liable to become the seat of strumous disease.

This proposition is borne out by the circumstance that various forms of strumous disease, hereafter enumerated, are found in bones in which the fœtal characters are clearly defined. The same remark applies to rickety bones. 4. Comparison of the cranium and long bones of an adult of the scrofulous type with those of the fœtus and child, displays their common characters. During the period of intra-uterine life, and afterwards, the cranium is large in proportion to the other parts of the skeleton; the frontal portion is low and narrow; the sides are compressed, widening towards the posterior part, which is large; while the antero-posterior diameter greatly exceeds the lateral at its broadest line. These characters gradually give way after birth to those of the Caucasian type, except in such children as inherit the scrofulous diathesis, in whom they persist throughout life. The long bones, during intra-uterine life, except in the first few weeks, have the form of a double truncated cone joined at their apices. This form continues in some degree during childhood, with a gradual approach to the mature form. But in the subjects of strumous disease, or rickets, the fœtal characters are more or less preserved. 5. The scrofulous and inferior types of man differ respectively from the higher type only to the extent to which they agree with the fœtus, as relates to the osseous system in particular. 6. The crania of the fœtal series (oval type) (a) and those of the adult inferior varieties of man, correspond, by admeasurement, in their relative diameters. The cranium of the adult Ethiopian and Mongolian find its parallel constantly in the European fœtus. The average length and breadth of the first is as 1·36 to 1; of the second, as 1·15 or 1·20 to 1. 7. The pelvis of the fœtus has characters which agree with those of rickety subjects in the same structure, and with those of certain adult varieties of man. The pelvis is oblong, in a direction from the symphysis pubis to the sacrum, in the European fœtus, also in the male negro, the New Hollander, the male and female Buschisman, the male Polynesian (Hunterian Collection). It is oblong in the European child also, but its transverse diameter becomes the greatest at maturity in the latter. In the fœtus, the negro (St. Bartholomew's Museum), and in others of the lower races; in the rickety subject, as well as in the mammalia of the lower series, with few exceptions, the obturator foramen is oval; in the European, at maturity, it is almost triangular. In the fœtus, the dwarf, the female Buschisman, etc., the ilia are upright; in the adult European they are expanded and hollowed. The elongated sacrum observable in the fœtus is noticeable as an inferior type in the dwarf, and in the New Zealander from the Isle of Pines (Hunterian Collection). 8. It is of importance to establish fixed characters, by means of which the diagnosis of strumous diseases may be effected. 9. An illustration is derived from the predominance of the organic over the earthy constituents of bone, as characteristic both of rickets and of the osseous system in the embryo. 10. Mollities ossium from fatty degeneration is a form of struma accompanied by embryonic characters. In this disease the neck of the femur, instead of rising boldly at an obtuse angle from the shaft, ascends at one of 95°, or thereabouts, as in rickets—a feature characteristic of the sporagenetous type, and of the mammalian series, to a great extent. 11. In congenital hydrocephalus the albuminous membrane forming the cranium does not everywhere advance to the osseous state, thus showing the persistence of a fœtal character. 12. There is an antagonism of the ends and shaft of long bones. The fœtal skeleton is typical of the scrofulous conformation of bones. Taking the femur as an example, the characters of that bone have been minutely observed and compared in the fœtus, the healthy adult of the European, the different lower races, and the scrofulous type of conformation. During the early weeks the femur represents a shaft without enlarged ends—a mammalian type, principally of the lower quadrumana. The ends progressively enlarge; their transverse diameter increases in a greater ratio than that of the shaft up to birth, when the ratio of the lower end to the shaft is about three to one. Development then takes a new direction, that of transforming the fœtal into mature characters. This consists in the formation of the lines and surfaces of the condyles, of the neck and head of the bone. In exceptional cases, the increasing ratio proceeds, and the development is interrupted or completely checked. This is noticeable in deformed fœtal skeletons, in rickets, and in the sporagenetous type at large. In rickets, if the end of the bone bears a greater proportion to the shaft than is normal, it is because the latter has not reached its maturity. The shaft of long bones in rickets, and likewise in congenital hydrocephalus, which is the same affection, is not only diminished in length, but in its true diameter, taken at right angles with the direction of its curvature, if distorted, and in the ordinary way if straight, as it often is in hydrocephalic cases. Thus no morbid character is discernible in rickets; if a disease, it is one only of misplaced natural conditions, and belongs to the anomalies of the organisation. Thus viewed, it may, and probably always does, commence in the fœtus; nor is the accidental occurrence of curvature necessary to show that it is present. The proportion of the lower end of the femur to the centre of the shaft is fœtal when it falls below 3·1 in relative diameter; it is normal when such ratio subsists. When this occurs at the same time that the shaft and end have surpassed their normal diameters, the limb approaches giantism in these respects, and may present its truest example. 13. There is an abnormal antagonism of the ends and shaft of long bones in rickets. Eighteen examples of rickets have been measured, and divided into two groups,—the first comprising the femora of such as have preserved the proportions of a fœtal type through life; the second of such as have the character of excessive development of the ends in relation to the shaft. In four examples of the first, the shaft exceeds the normal diameter; while in every instance save one the end falls below it. In every example of the second, the shaft is below the normal diameter, and, except in one instance, the end also. In the first group, the ratio of the end to the shaft varies from 1·8 : 1 to 2·9 : 1; in the second group, from 3·1 : 1 to 5·2 : 1. 14. The formation of parts, like the cranium, being consentaneous with the growth of the central organ, expresses its outline; but that of independent parts, like the femur, is subject only to its own law of development, and when arrested in its passage to maturity, affords the simplest exponent of the constitution of early life, of which the strumous diathesis consists. 15. The fœtal cranium, during the early weeks of embryonic life, has a conformation approaching to that of the Ethiopian type; at the twelfth week, or thereabouts, to the Mongolian; it afterwards attains by degrees to that of the Caucasian, and it is, for the most part, amongst the rudimentary forms of this latter that the scrofulous conformation is to be identified after birth. 16. The pelvis of Europeans is often marked by characters not found in those of the true oval type, but discoverable in the fœtus and lower races. The oblong pelvis is of this character; it is a feature of the sporagenetous type. It is found in the Ethiopian; amongst Europeans it is abnormal, except in the fœtus and the child. The round, or oval, obturator foramen, is a leading character of the sporagenetous group. It is found in rickety skeletons, in some of the inferior races, and throughout the mammalian series, with very few exceptions. In the human fœtus this opening is constantly oval; in the adult European it is somewhat triangular. 17. The thorax of sporagenetous subjects is distinguished by characters which are discoverable in the fœtus. The ribs in rickety subjects are dwarfish in length, but their ends are large, as in the embryo. Their shortness narrows the chest, and throws the sternum forward; a state similar to that which is present at birth. The ossification of the sternum is often not complete. 18. The spinal column of the same class of subjects is marked by fœtal characters. Spina bifida (and the acephalous and anencephalous state associated with it) must be regarded as rachitic; a view confirmed by the conformation of the femur. The sacrum is oblong in this class. 19. The jaws and the teeth are marked by characters of a fœtal type in subjects of the scrofulous conformation. The jaws are frequently prognathous in strumous habits; the teeth project, and are with difficulty covered by the lips. In an anencephalous fœtus in Guy's Museum the muzzle is prognathous. 20. The natural classification of scrofulous diseases affecting the osseous system (osteo-struma) is based on their common origin in bones of a sporagenetous type. Many examples of bone which were the seat of morbid or abnormal changes have been examined. The following conditions have been found in bones that were characterised by the absence of well-developed traits: 1, rickets; 2, enlargement of bone; 3, concentric atrophy of bone; 4, fatty degeneration of bone; 5, enlargement of the medullary cavity of bone; 6, dryness of osseous tissue and lightness of weight;

(a) Caucasian.

7, growth of compact tissue external to the walls of bone; 8, osseous tumour with different proportions of cancellous and compact tissue; 9, deposit of compact tissue in the concavity of bones distorted by rickets; 10, hydrocephalus; 11, excess of oleine in bones (greasy); 12, diminution of compact tissue; 13, excess of cancellous tissue; 14, caries; 15, fracture; 16, inflammation of medullary membrane; 17, medullary tumour of bone (osteo-sarcoma); 18, ulceration of ends of bone; 19, ulceration of cartilages of bone; 20, anchylosis of bones by cancellous structure. 21. The immature parts subsisting in the midst of mature structures in the skeleton are not all of the same developmental age, but are arrested in their formation at different epochs of life. 22. The anatomical conformation on which scrofula is engrafted penetrates the organisation generally. Polysarchia scrofulosa, enumerated among the characters of a strumous diathesis as affecting adults, is often accompanied by fatty degeneration of the heart. This abnormal disposition in the cellular tissue to produce fat (having a fatal tendency to deposit it in the place of muscle in the adult) is natural in the infant, up to the period of its second dentition especially. As the organisation matures, it gives way, and its persistence is an indication of struma—of a constitution that does not ripen. It may disappear for a time; but the circumstance of its renewal supplies the proof that the tissue in which it exists retains its early character, displaying its tendency in the form of fatty liver, fatty degeneration of the bones and muscles, probably of mottled kidney, and of tubercular disease in which margaric acid takes part. This view of the probability of an immature cellular tissue amounts almost to certainty in rickets—a condition reaching from fœtal life to manhood—during which interval the inorganic matters of bone, abundant in the blood, are not assimilated beyond their fœtal amount, but are excreted by the kidneys. The cartilaginous form of the skeleton, its imperfect ossification, belong to the same class of effects as alopecia connata, etc., and are proper to the scrofulous constitution. The prolonged infancy of our species has to be taken into account in explaining the blue eye of adults. Dr. Hake had long been desirous of examining the negro fœtus in relation to these points. The opportunity has recently occurred through the courtesy of Dr. Murie, of the Hunterian Museum. He found the iris of a pale colour, greyish-blue. The hair was black, the skin of the hands and feet white, of the other parts of the body slightly tinged with brown, while that of the face was olive. There was an Ethiopian cast of feature: the nose depressed, the nostrils transverse, the lips thick, the effect being heightened by the colour of the hair and complexion. The features themselves were scarcely distinguishable in shape from those of a European fœtus of from four to six months, and in their character and type were such as are daily observable in European adults of a sporagenctous type of conformation. The dark races follow the lower mammalian type in their more rapid progress to maturity than the European.

Dr. Webster understood that among the indications of a scrofulous diathesis enumerated by the author were blue eyes, light hair, and a pale complexion. That might be true in regard to the northern nations of Europe, the Albinos and Germans, who possessed these peculiar characteristics, and among whom scrofula was exceedingly rife. Nevertheless, in the south-west of Ireland, where the reverse characteristics usually prevailed, scrofulous affections, particularly of the eyes, were very frequent. Throughout Spain, where a blue eye and light hair were scarcely ever seen, while the natives appeared unusually dark and Moorish-looking, strumous maladies existed to a still greater extent; as he (Dr. Webster) would state confidently from personal observation when recently visiting that southern portion of Europe. The author had likewise remarked that scrofula was very common among dwarfs, and no doubt it frequently made people dwarfs; but excepting the Swedes, there were not a better formed or more gigantic race of men than the Spaniards, especially in Castile, and yet scrofula often existed. The author had evidently attributed to race results which arose from food and other causes; since it was found that, in nations living chiefly upon vegetable aliment, as in Spain, and no doubt also in Italy, where dark complexions also prevailed, scrofula was particularly prevalent, and that as they became an animal-food-eating people scrofulous diseases proportionately diminished; and this effect, Dr. Webster said, had been noticed in Great Britain.

Dr. Hake observed, if his paper, of which an abstract only had been read, were considered more fully, it would be found that he only adduced the blue eye as a feature of immature development. He objected to call it by the name of scrofulous, and therefore introduced a term that would embrace features not truly unhealthy, but really indicating immature development of an organ or part. The blue eye in the European, particularly the Northern, seemed to be the point that Nature considered perfect in those particular races, and she accordingly arrested her development in that point, extending it in some other direction and to some system of organs. With reference to the remark made by Dr. Webster that scrofula occurred generally in persons of a darker complexion, it should be borne in mind that the subject of scrofula as a disease had not been then brought forward, but merely the conformation on which it was based or engrafted; otherwise, it would have been shown that scrofula existed very largely in many of the dark races, particularly in the Australian.

Dr. Meryon considered that it would be of very great advantage to Medicine if anything like an ethnological relation in scrofulous diathesis could be established; and although the absence of the tables referred to in the abstract had preserved the author from a great deal of criticism, the paper itself was certainly very suggestive; but if the propositions were true, they should be universally true. There was evidently a certain amount of discrepancy with regard to the coincidence of the blue eye with scrofulous formation, because the dark eye prevailed in the low development of man, which would appear to be incompatible with the author's proposition. The blue eye might perhaps be taken as the type of Northern peoples, and scrofula was not more frequent in those races than in the Southern. Indeed, he should suppose it was less prevalent in the Teutonic than in the dark-eyed and dark-skinned races. The proposition also respecting the development of bone, and the deposit of phosphate of lime in bone, if that were correct, it should be so universally. But in descending to the lower animals, a greater deposit of lime was found in some of them—for instance, in birds—than in man; and he supposed that if the skeleton of a phlegmatic Dutchman and the skeleton of an Arab were compared, it would be discovered the Arab had a great deal more phosphate, while his bone was of a denser character. With regard to the coincidence of the scrofulous type and the low development of the race, several skulls of the Teutonic type recently examined by Mr. Busk were very small in proportion to the other bones found with them. The development of the skull was no doubt to a certain degree attributable to the individual culture of a nation. With respect to the bones, the humerus of the turtle and the femur of the crocodile were developed according to the rest of the skeleton, and in the case of the crocodile it was certainly better that the femur should be rounded to a certain extent; in fact, all the reptiles had more rounded bones than other animals. Dr. Meryon, further, did not think the physical development of animals generally would bear out the author's conclusions; and if the propositions enunciated were true, he might have extended his analogy more to the intellectual faculties, and he would have found that in many of the dark-haired races there was a very low form of intellectual development.

Dr. Hake explained that many of the objections which had been raised were answered in the original paper. He was, however, glad to hear them now, as they would no doubt lead to further consideration of the subject.

A paper, by Dr. T. A. Barker, was read, on a

CASE OF IMPERFORATE ARCH OF THE AORTA IN WHICH THE ROOT OF THE AORTA WAS RUPTURED.

A man, aged 24, supposed to be in good health, was suddenly attacked, while lacing his boot, with severe pain in the chest, followed by great dyspnœa. He was supposed to have pericarditis. In about a fortnight he came to the Hospital much easier, and was said to be convalescent. There was extended cardiac dulness; no heart sounds; and no impulse, except to the right of the sternum. He died suddenly the next day. The coats of the aorta were not diseased, but it was very greatly dilated from the aortic valves to an inch below the innominata. Just below the

ductus arteriosus it was completely closed by congenital malformation. There were two recent lacerations of the aorta close to its origin, and through these blood had become infiltrated into the substance of the heart; this had excited pericarditis, as was shown by a thick layer of shaggy lymph; and death had ultimately been caused by rupture of the visceral pericardium, and the escape of a considerable quantity of blood into its sac. The subclavian and internal mammary arteries were much enlarged.

Dr. Edward Stephens, of Manchester, said he was once fortunate enough to meet with a somewhat similar case to the one just described. It had every appearance of being congenital, because there were no effects of a previous inflammatory state, no tumours, and no appearance of compression, but it appeared as if the aorta had been tied with a fine piece of whipcord exactly beyond the ductus arteriosus, and he could not help thinking there was some natural tendency for constriction to take place at that point. On dissection, the infra-scapular artery was found to be unusually large. The injection had not been very successful, but he thought there would be some obliteration of the aorta. The stricture was complete and perfect, but the arch was only slightly dilated. The collateral circulation had been carried on entirely by the superior intercostal, the internal mammary, and the subscapular. The internal mammary seemed, he was going to say, almost the size of the brachial; but certainly the superior intercostal was quite as large. The collateral circulation had evidently been carried on for a great many years, and the man enjoyed the most perfect health. He was a working butcher, accustomed to carry very heavy weights; and while carrying a basket of meat, he fell dead in the street. The cause of death was found to be rupture of the aorta within the pericardium. The heart was only slightly dilated, but the aorta had ruptured in a very peculiar manner. The internal and middle coats had evidently beceme ruptured previously, perhaps a day or two before; and the blood had insinuated itself between those coats and the external pericardial covering of the aorta, which was consequently extended. Owing to the heavy weight the pericardium gave way, not opposite to the previous rupture of the internal and middle coats, but more than an inch distant, and about a pound of blood was found in the pericardium. There was certainly nothing to lead any one to suppose that there had been any previous disease at the point ruptured.

Dr. Maclachlan would have liked, if Dr. Barker had been present, to ask whether he did not consider the present a common case of dissecting aneurisms of the aorta. The contraction took place exactly at the usual site, and in those cases the aorta was frequently perfectly sound at the point of rupture. Some years ago he had a similar case under his care: in it the rupture extended nearly all round the aorta. Immediately above the valves there was a clean cut, as if it had been done by a knife. In Dr. Barker's patient the effusion seemed to have been bound down in the ordinary manner by the portion of the pericardium covering the aorta. It appeared to be a very common case.

Dr. Barclay reminded the speakers that Dr. Barker stated in his paper, that when cutting across the aorta he came to a part where there was only a very small hole left sufficient to admit a probe, and that in his estimation it was doubtful whether there had not been at that point a partial or complete obstruction of the aorta.

The President said he was about to call the attention of Dr. Maclachlan and Dr. Stephens to this circumstance. It was evident there had been some obstruction. A similar instance fell under his notice some years ago in the person of a very stout, healthy woman, about 45 years of age, who did not, however, die suddenly. He would not adduce it as a case of rupture, but he merely referred to it as an example of entire obstruction, where rupture was not inevitable. The circulation was bouleversed in a most remarkable way. The brachial arteries were supplied from the inferior thyroid, and the obstruction was complete at the juncture of the ductus arteriosus with the aorta. No doubt in this case also there was a relation to original development, and there were a number of peculiarities in it which no doubt ran parallel with those mentioned by Dr. Stephens. In both cases the rupture was probably the result of an obstruction, more or less complete, at the arch of the aorta.

THE PATHOLOGICAL SOCIETY.

Tuesday, March 20, 1860.

W. Fergusson, Esq., President, in the Chair.

Mr. Barwell again brought forward

MICROSCOPIC SPECIMENS, SHOWING THE STRUCTURE OF ARTICULAR BONE.

Mr. Fergusson stated that Mr. Barwell, who had brought these specimens before the Society on a previous occasion, now exhibited them again at the desire of many members of the Society. The subject was one of much interest, and one on which he considered it would be valuable to have a further report.

Mr. Toynbee stated that, in 1842, he had, in the Philosophical Transanctions, described this structure. He had never been able to trace any vessels in it. Dr. Wilks, Mr. Barwell, Mr. Hulke, and Mr. Bryant were appointed to report on the specimens.

Mr. Barwell then showed

PARTS REMOVED IN EXCISION OF THE ELBOW-JOINT.

A weak, delicate boy received an injury to the arm on February 5. It was followed by pain and swelling. Fourteen days after he was admitted into Charing-cross Hospital. An abscess formed below the triceps. It being clear, by further examination, that the disease was confined to the joint. It was resected. The joint was found extensively diseased, full of pus, and there was ulceration of the articular surfaces of the bones.

Dr. F. Davis then brought forward, for Dr. Messer, a specimen of

STRICTURE OF THE RECTUM.

It was about six inches from the anus, measuring three-fourths of an inch in length, and one-third of an inch in diameter. The mucous surface was completely destroyed and surrounded by a deposit of a hard almost cartilaginous material. When examined under the microscope no cancer-cells were detected, it was composed of simple fibrous tissue. The large and small intestines were immensely dilated above the obstruction and distended with fluid fæces. In the cæcum on its anterior aspect was a small ulcer through which fæculent matter oozed on pressure. In the transverse colon was the cicatrix of an old ulcer. Commencing peritonitis existed in the region of both iliac fossæ. With the exception of concretions in the gall-bladder, the liver was healthy, as were also the other abdominal viscera. The specimen was taken from the body of a man, aged 79. He was stout and apparently well nourished. He complained on February 21, 1860, of pain in the bowels, loss of appetite, and constipation; this he said had existed for three days. The abdomen was excessively large, in part from obesity, and in part from tympany. Several purgatives were given, and enemata administered without effect. It was seen afterwards that the long tube of the enema apparatus had not passed through the strictured part of the intestine. The stomach became irritable, and vomiting set in, and soon became fæculent in character. He died on the morning of February 26, during a fit of retching, apparently from obstruction to respiration. It was stated by his friends that he had previously suffered from symptoms which resembled dysentery.

Dr. F. Davis also exhibited a Heart, showing

RUPTURE OF THE RIGHT VENTRICLE.

The following history was related:—E. B., aged 64, was under treatment since July of last year, for dropsy of the lower extremities, and occasional attacks of orthopnœa and angina pectoris, the results of heart disease. There was precordial dulness to a great extent, and a loud murmur replaced both sounds of heart. There was a *bruit de scie* heard loudest over the base, and propagated along the course of the great vessels. Under the third costal cartilage, about an inch to the right of the sternum, this double bruit was very loud, and there was also a visible pulsation in this position, so that at first aneurism of the aorta was suspected. Repeated and more careful examinations, however, led to the belief that

there was no aneurism. The heart's action was tumultuous and irregular, and the pulse at the wrist small and intermitting. The urine was scanty, high-coloured, and of acid reaction; specific gravity 1018. It contained lithates and purpurates; no albumen nor tube-casts. The tongue was foul. Much relief was afforded by puncturing the swollen limbs by allowing the escape of fluid from them, by acting on the bowels, skin and kidneys, and by supporting the patient's strength. About a week before death, however, the kidneys failed to act, the dropsy increased, and there was effusion into the cavities of the pleuræ and peritoneum. Death occurred suddenly on the morning of the 7th instant. It was not ascertained that she had ever suffered from rheumatic fever. She had been a nurse in a public establishment for the last ten years—a hard-working, temperate woman. She had a well-marked arcus senilis on each cornea. At the post-mortem examination it was found that the pericardium contained two ounces of dark fluid blood, which had escaped from a rupture in the right ventricle, about half-an-inch in extent, near the septum, and about midway between the base and apex of the ventricle. All the cavities of the heart were distended with black coagulum; when emptied, it weighed thirty ounces. The right auricle was dilated and thinned, and, in one portion of its free wall, almost perfectly transparent. The walls of the right ventricle were found thinned, its cavity dilated, the fleshy columns prominent, and a rupture on its anterior surface. The left auricle was dilated, and its walls were thinned. The cavity of the left ventricle was enlarged, and its walls were thickened; the fleshy columns were hypertrophied. The mitral and tricuspid valves were normal. The aortic semilunar valves were incompetent, and allowed water to flow through; their free and attached borders were hard and thickened; the sinuses of Valsalva were dilated into pouches. There were extensive atheromatous and cretaceous deposits on the inner coats of the aorta. The coronary arteries were ossified and patent; the right was a hard bony tube, and more diseased than its fellow. The muscular tissue of the heart was found to be in an advanced stage of fatty degeneration. The pleuræ contained about two pints of fluid; the lungs were healthy; the liver pale, and the spleen weighed three and a-half ounces. The kidneys were large and healthy; the peritoneal cavity contained a little fluid. Dr. Davis stated that this was the fourth case of death from rupture of the heart which he had seen lately. Two of them were of the right ventricle, and one of the left, and one of both ventricles. The last occurred in the case of a Krooman in Africa, who died suddenly after violent exertion at a regatta. In all these there was fatty degeneration.

Dr. John Ogle also exhibited specimens showing the effect of

POISONING BY SULPHURIC ACID ON THE ŒSOPHAGUS, STOMACH, etc.

The case was that of a man, aged 53, who, owing to low spirits caused by loss of money, committed suicide by swallowing a quantity of this acid. He was, on taking the poison, observed to stagger and drop down suddenly and was thought to be affected by some kind of a "fit." He was at once brought to St. George's Hospital. On admission the lips were very corroded, and he was very collapsed. Acid fluid was brought from the stomach by the stomach-pump, and along with the pipe of the instrument, portions of shreddy mucous membrane were removed. The patient died collapsed about nine hours after the accident. On post-mortem examination the mucous membrane of the tongue was but very slightly affected, but that of the fauces and œsophagus was very much injured, being very congested, and in a great many places quite altered, so that it could without any force be removed in flakes of a thick white substance. Here and there the loose altered mucous membrane was of a deep brown and black colour. There were also found in one or two places patches or masses of extravasated blood beneath the mucous membrane. The mucous membrane of the stomach was in a very similar condition, being in several places, chiefly along the smaller curvature, quite black, as if charred by heat; in other places it was of a dark-red colour. Part of the duodenum was in a similar condition. The ileum and vaginum were very congested, but not otherwise affected. The lungs were also congested, and the mucous membrane of the air-passages, especially of the upper part of the larynx, etc., was very highly congested.

Dr. John Ogle exhibited

A PECULIAR TUMOUR OF THE UTERUS FORMED BY A RETAINED PLACENTA.

The uterus exhibited was lined by a thick layer of light-brown fibrinous deposit, and was occupied by a cylindrically-shaped firm tumour attached to the fundus of the uterus by its base, but at all other parts perfectly free. It tapered at its lower extremity into a shreddy mass, which projected through the os uteri to some extent. On close examination, it was found that the attachment of the tumour to the upper part of the inner surface of the uterus was effected by short dense fibres, which proved to be true muscular uterine tissue, and that it contained a large longitudinal cavity, containing bloody fluid, and lined by a smooth distinct parietes, which was continuous with one or two passages, terminating openly at the extremity of the tumour along with the shreds before spoken of. Microscopical examination showed that the growth mainly consisted of some portion of a retained placenta, the villi of which, although in most parts very much altered in structure, were yet perfectly apparent. A good deal of blood was in parts mixed up with the mass. As regards the cavity in the middle of the growth, this was most likely occasioned by the duplicature of the retained placenta. The specimen was removed from the body of a middle-aged woman, who died in St. George's Hospital of peritonitis, after an operatin for femoral hernia. Nothing was known of the antecedents of this patient, and the tumour in the uterus was found accidentally after death.

Dr. John Ogle exhibited a specimen showing

MALFORMATION (BY EXCESS) OF PERITONEUM.

The specimen consisted of the small intestines along with a portion of the colon of a man, showing the almost entire envelopment of the former (small intestines) in a duplicature or fold of peritoneum, which served as a kind of bag for their reception. The patient died of some disease totally unconnected with the abdomen, and on opening this cavity scarcely any of the small intestines were visible, owing to the presence of this supernumerary peritoneal membrane, which almost wholly covered them, and bound them down. This additional membrane appeared to be a supplemental fold of the mesentery of the ascending colon. The specimen showed how unusual formation might, in certain cases of disease, add greatly to ordinary danger, as it was obvious that, in cases where the free movement of the intestinal coils ought to be preserved, and was endangered, as, for instance, in the later stages of peritonitis, or certain cases of obstruction, invagination, etc., such an envelopment of the bowels as the above specimen showed, might be the source of very great embarrassment to their movement.

Dr. Anstie exhibited an

ANENCEPHALOUS FŒTUS.

This fœtus was the first child of a young woman, aged 26, a patient of Mr. Anstie, of Devizes. The mother was in weak health, but had sustained no fright, nor experienced any forebodings respecting the child, which was born prematurely at the sixth month. It was a female, and very imperfectly developed. The whole of the parietal bones, and great part of the temporal, occipital and frontal bones of each side were wanting. Of the vertebræ, only the lumbar were closed, and even these displayed a curious abnormality; the transverse processes being fused together at their extremities, and the branches of nerves having evidently issued from foramina, as in the sacrum. All the dorsal vertebræ were divided into two quite distinct halves; the interval between them increasing in the upper ones. It was evident that there were only the faintest indications of the posterior arches; and that the bodies likewise remained separated into two portions. Only the most indistinct traces of the cervical vertebræ could be met with; and the muscles ordinarily attached to them were correspondingly deficient. The ribs, clavicles, and sternum were quite normal, as were the scapulæ; and the ribs were articulated in the usual manner to the vertebræ. The hyoïd bone was represented by a small nodule of cartilage on each side of the base of the tongue. The maxillæ and bones of the face were perfect, but the skull was tilted back so as to rest on the dorsal vertebræ. It was impossible to examine the nervous system completely, as this had been already much decomposed before the specimen came to hand; but it did not seem to be

materially different in its degree of development from the ordinary run of cases of this deformity. The external appearance of the creature was singularly repulsive, as, owing to the tilting back of the head, the great length of the arms, toes, and fingers, it almost exactly resembled a frog; indeed, this was the most remarkable feature of the specimen. It was believed that the creature never breathed after birth.

Dr. Wilks exhibited a specimen showing

DISEASE OF THE TRICUSPID VALVE.

This specimen showed the right auricular ventricular orifice almost closed by the presence of two large fibrinous masses or vegetations attached to the curtains of the valve. When recent, each was the size of a small walnut, rounded and smooth on the surface, and firmly adherent to the auricular side of the curtains. On separating them the endocardium was seen to be ulcerated, indeed, to have been inflamed, and thus forming a basis for the fibrinous deposit from the blood. The heart was taken from a man, aged 44, who was admitted, under Dr. Wilks, into Guy's Hospital for cough. On examining his chest, nothing was heard abnormal about the heart-sounds, but merely *râles* in the lungs. A few days afterwards he died suddenly, when the only disease found in the body was that seen in the specimen. No part of the vegetation had escaped into the pulmonary artery.

Dr. Wilks also exhibited a specimen of

BONY PLATES ON THE SPINAL ARACHNOID.

This was shown as exhibiting a remarkable example of the affection, more than half of the surface of the cord being covered with the bony plates. As usual they were confined to the posterior part, and did not reach above the dorsal region, and were firmly united to the visceral arachnoid. Dr. Wilks considered the old name, bony plates, to be substantially correct, since, although when small they present little more than a fibrous structure, yet they undergo an osseous change, and true bone may sometimes be discovered in them. He considered also that although they might be found accidentally in persons who had presented no symptoms of spinal derangement, yet, when numerous, they were generally associated with degeneration or chronic inflammation of the cord. The present specimen came from an old woman, who had atrophy of the brain and spinal cord and symptoms of general paralysis for many years.

Dr. Wilks next brought forward a specimen of

LARDACEOUS DISEASE OF THE SUPRA-RENAL CAPSULES.

This specimen showed that in cases of lardaceous disease affecting the several organs of the body, as liver, kidney, spleen, etc., the supra-renal capsules may be also involved. The parts exhibited were from a man who had long suffered from syphilitic caries of the cranium. After death these viscera of the body were found thus affected. In such cases, where so many important organs are diseased, it is difficult to appropriate any particular symptoms to each one, and thus, in the present case, to know how far this slight change in the supra-renal capsules assisted in bringing about a fatal result. The specimen was shown rather as evidence of the fact that these bodies may be, like the other viscera, affected by lardaceous disease.

Mr. Nunneley next showed a specimen of

CIRCUMSCRIBED FALSE ANEURISM OF THE CEREBRAL PORTION OF THE LEFT INTERNAL CAROTID ARTERY.

This preparation was taken from the woman whose case is related in the last volume of the *Medico-Chirurgical Transactions* as having died after the left common carotid had been tied for the so-called disease of aneurism by anastomosis in the orbit. It was exhibited to show that the disease was not primarily in the orbit at all, but within the cranium. In the specimen exhibited there was a small circumscribed aneurism of the carotid artery, just as the ophthalmic branch is given off which at its origin was partly surrounded by the coagulum. This also pressed upon the cavernous sinus, hence, probably, the intense congestion and protrusion of all the structures within the orbit. The ophthalmic artery was dilated, and in its coats were earthy deposits, as also in the other cerebral branches lead. On the tying the carotid artery, the patient immediately became paralysed on the same side, and convulsed on the opposite of the body. The patient died on the sixteenth day after the operation, having had repeated bleeding from the tied vessel, in the distal side of which no coagulum had formed. The brain-tissue just above the aneurism was found softened and disorganised.

(To be continued.)

HARVEIAN SOCIETY OF LONDON.

Thursday, April 5, 1860.

Henry Thompson, Esq., President, in the Chair.

TRAUMATIC PHLEBITIS.

Dr. Stewart related the particulars of a case of phlebitis of the femoral vein and rupture of the internal and middle coats of the femoral artery resulting from a blow. The vein and artery were exhibited, as well as a drawing of the parts taken at the time of the post-mortem examination. The subject of the injury was a tall, pale, strumous girl, 12 years old. Whilst at school, a fellow-scholar thrust a piece of stick up her clothes and struck her violently on the groin whilst the leg was extended. The blow gave her much pain, and she felt very ill. The leg became stiff, and she walked home with difficulty. Except aperients no Medical appliances were adopted for two days, when Dr. Stewart was sent for, and he found her feverish and very excitable. There was much pain along the course of the femoral vessels, the leg was swollen and the skin of a dusky hue. The countenance was very anxious. Salines with antimony were ordered, and for two days she greatly improved, but on the third day the governess of the school came to see her, and soon after an angry interview, the child sank and died. The post-mortem examination showed the femoral artery as it emerges from beneath Poupart's ligament distended, and upon slitting it up the two inner coats were found torn. The femoral vein was injected and blocked up with fibrinous deposit. The heart was filled with black liquid blood. It was difficult to assign the immediate cause of death in this case, was it the escape into the heart of some of the fibrinous deposit from the vein; or was it simply the shock produced by the interview with the governess?

Mr. W. Adams, Dr. Camps, Dr. Pollock, Dr. Handfield Jones, Mr. Cleveland, Mr. Ballard, and the President commented upon the case; and the general impression was that the escape of a fibrinous clot into the heart was not sufficient to account for death, as the blood in the heart was fluid; that there was great depression produced by the phlebitis, and that in that state fatal syncope was readily produced by mental annoyance.

TAPPING IN EMPYEMA AND HYDROTHORAX.

Dr. Hamilton Roe mentioned a case of empyema occurring in a child of twelve years old. The lungs were perfectly resonant, and there was no sign of tubercles. The heart was displaced to the right side. A small trocar having been passed into the pleura, half-a-pint of pus was withdrawn with perfect relief to the symptoms, and the child got quite well. In tapping the chest, Dr. Roe advised the use of a small trocar, and that, to prevent the admission of air into the pleura, the canula should be withdrawn as soon as the fluid ceased to pass freely from the tube. In long-standing cases of pleuritic effusion tapping was useless, because the fluid would collect again; but in more recent cases, provided the inflammation had subsided, tapping cured the patient at once without having recourse to the depressing agency of mercury. The effusion which was developed during active inflammation was curable by general treatment, and tapping was not called for.

Dr. Pollock urged the early performance of this operation as adhesions prevented the return of the lung and heart to their normal positions. He had seen the air pass freely into the pleuritic cavity in a case operated on at the Consumption Hospital, yet the patient got well. He would not advise tapping whilst inflammation was going on, nor in cases of effusion resulting from tuberculosis, but in passive effusion he thought the operation desirable. Slight effusion was cured by good diet. There was a class of cases not uncommonly

met with in which there was crepitation above the water-line suggestive of tubercle, but which, in fact, depended on the pressure produced by the effused fluid. In these cases tapping may be advantageously resorted to.

Dr. Hare had seen cases operated on which would have done well without operation. He had cured cases of pleuritic effusion by mild mercurial and other treatment in three weeks. In a case of empyema which he had seen tapped fourteen ounces of fetid pus were drawn off. The wound continued open, and there was a discharge for two or three years. The case occurred twelve years ago, and the patient was now well and in service.

Dr. Handfield Jones, Mr. Cleveland, Dr. Vinen, Mr. Weeden Cooke, Mr. Ballard, and Dr. Camps, joined in the discussion, by whom it was urged that tonic treatment should not be forgotton in these cases, that iodide of potassium was a useful remedy, that the epyema mentioned by Dr. H. Roe was the exact counterpart of a chronic abscess forming in any other part of the body, and that the operation of tapping was called for in double pleurisy, but might be avoided when one side only was affected.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

ADULTERATION OF FOOD AND DRINK BILL.

This Bill, as amended, was considered and agreed to.

MORTALITY ON BOARD TROOP-SHIPS.

Sir De Lacy Evans asked whether the statement relative to the mortality which had occurred on board of various vessels which had arrived at Madras and Bombay in the public journals was correct; and, if so, what department or officer might be regarded as responsible for any neglect of due precautions, if such had been, in connexion with this lamentable event?

Sir C. Wood stated that the transmission of the soldiers' wives and children to India took place under the direction and superintendence of the Emigration Commissioners, and he could not do better than read a report which they had drawn up on the subject. The facts were these:—Thirteen ships were originally taken up for the conveyance of 5410 souls. We have received intelligence of the arrival in India of nine of these ships, which carried 3747 souls. In these the mortality was 377, equal to 10 per cent. But this mortality was almost exclusively of children under 5 years old. Of adults (that is all above 12) there died 11 out of 1820 = ·60 per cent. Of children between 12 and 5 inclusive 24 out of 866 = 2·77 per cent.; making, out of all above 4 years of age, 35 out of 2686 = 1·30 per cent. This is rather less than the whole mortality in Australian emigration (1·32 per cent,), and, considering the class of women, that the voyage occupied nearly four months, and passed twice through the tropics, it must be allowed to be very small. But among children under 5 the mortality amounted to 341 out of 1061 = 32 per cent. With very few exceptions it was caused by measles and scarlet fever, which broke out in almost every ship shortly after sailing. In emigration vessels this can be avoided, because our power of selection enables us to reject families containing many young children. But in sending out the soldiers' wives, it was inevitable that their children should be sent with them, so that the number of young children became a necessary part of the arrangement. The question remains whether due care was taken to ascertain that there was no sickness among the children before they were put on board. In this respect the same plan was followed as has been followed for many years with complete success in regard to Australian ships. The Surgeons of the ships were required to be at the depôts as soon as the first of the people came in, and to continue there till they embarked. This period varied from three to five days. It is the interest of these Surgeons, no less than their duty, to see that no infectious disease is introduced into their ships, not only because the introduction of such disease increases their labour and responsibility on the voyage, but because their remuneration at the close of it is reduced by every death that occurs. The Surgeons had full authority, and were bound to land any child whom they suspected to be suffering from infectious disease, and to delay the sailing of the ships so long as they had any doubt as to their sanitary condition. But everyone's experience must satisfy them that no Medical skill is sufficient to detect measles or scarlet fever in a latent form; and to have delayed the ships until time had been given for any latent disease to develope itself would have postponed their departure from this country till the cold and wet of winter had set in, and their arrival in India till the season had passed during which they could have been sent up the country.

NEW INSTRUMENTS.

THE DIAPHEMETRIC COMPASS.

In Vol. I. of Beale's "Archives of Medicine," No. iv. is a description of the above instrument, which has been contrived by Dr. John Ogle, for measuring the degree of discriminative power as regards contactile impressions possessed by the skin and certain parts of the mucous membrane, in those affections of the nervous system wherein this power of appreciation is interfered with. Dr. Ogle has been in the habit of employing this instrument in the clinical wards of St. George's Hospital, and demonstrating its use to the students as a means of ascertaining the existence of anæsthesia or hyperæsthesia as regards the contactile sense in nervous diseases. In the paper describing its application, however, Dr. Ogle does not fail to point out certain circumstances occasionally met with which tend to render the use of this instrument nugatory or fallacious.

The instrument was constructed as an improvement upon the various means which, in the study of diseases of the nerves or the nervous centres, have been resorted to for ascertaining how far the contactile discriminative power of the skin, as regards double simultaneously-made impressions on its surface, has been diminished or exalted; and in order to the complete understanding of this Clinical use of it, Dr. Ogle reviews the several allusions made by physiologists to this peculiar discriminative faculty naturally enjoyed by the skin. Commencing with the observations of Ernest H. Weber, who first, in 1834, fully enunciated the results of his observations on the subject, in a series of Anatomical and Physiological Annotations, the following fundamental conclusions are noticed:—1stly. That various parts of the body are endowed (though unequally) with the faculty of clearly recognising two substances by which they are simultaneously touched. This degree of endowment may be measured by the exact distance existing between the two substances touching the part. 2ndly. That we perceive the distance and position of two substances by which we are simultaneously touched more distinctly if placed transversely to the axis of the body, than when placed in a longitudinal diameter. 3rdly. That in those parts of the body simultaneously touched, in which the points of the compass touching are clearly recognised (although at no great distance from each other), the distance between them appears to be much greater than in parts not endowed with so exquisite a sense of touch. In ascertaining these results Weber used what is called in Germany a beam compass, *i.e.* a long piece of wood having attached to it two malleable points, which could be approximated or separated at will.

It will be found that, in substantiating these statements by experiment, it is necessary that both of the points touching the skin should be of the same form, material, and temperature; also, that the application of the two points be strictly simultaneous, and made with equal force, and that the points be not so sharp as to excite pain.

Curious enough, it is ascertained that, at the tip of the tongue, and the palmar aspect of the third phalanges of the fingers, separate objects brought simultaneously into contact with the surface might be identified, having a smaller distance between them than in any other part of the body. At the above-mentioned part of the tongue, contactile impressions from two applied points may ordinarily, in a natural state, be distinctly appreciated, if only 1-22nd part of an inch apart. At the middle of the forearm, thigh, and back, the two points of the instrument must be as much as thirty lines apart before they can be identified.

Dr. Ogle then reviews the observations of Valentin, Allen Thompson, Belfield, Lefevre, and Graves, on the subject, and points out how it might be expected that modifications of, or exceptions to, the general rules above detailed may be expected

to arise. These might arise from varieties exhibited by different persons in general sensibility as regards perception of all impressions, from varieties in education respecting the perceptive powers, varieties in age, sex, and in differences as to the thickness of the skin, etc.

In connexion with the subject, Dr. Ogle draws special attention to the more recent and truer view entertained regarding the tactile sense. For, while there is no reason for supposing the existence of any substantive, or special sense of touch, all the tactile phenomena are referable to four primitive distinct sensations, assignable to different nervous elements, and possessing individual and appropriate centres—viz. those of temperature, muscular action, pain, and "contact." The description of the Diaphemetric Compass is as follows :—

The instrument, about 4½ inches long, consists of a pair of mathematical compasses, with the usual joint furnished with a circular dial-plate, whose circumference is divided into inches, and tenths, and twentieths of an inch, and provided with a central hand or indicator (see drawing, Fig. 1), which

Fig. 1.

Fig. 2 shows the posterior view, with the tooth-wheel working in the wheeled pinion.

may be moved in any direction, so as to point out the various subdivisions. The dial is attached to the anterior surface of one of the legs of the compass, and the indicator on its surface is moved by means of a small wheeled pinion behind the dial, of which the pivot is connected with it through the dial. Into this wheeled pivot, Fig. 2, *a*, behind the dial works a segment of a tooth-wheel, Fig. 2, *e*, which is attached to the other leg of the compass in such a way that, when the legs are separated—that is, when the compass is opened—the tooth-wheel works in the pinion, moves the indicator on the face of the dial, and makes it point to the various subdivisions. Thus, as these subdivisions are calculated and constructed with reference to the fact, that the legs of the compass open round a centre, and not in a straight line (and, consequently, are not made equal), the exact distance at which the points of the compass are separated may at once be "read off" on the graduated face of the dial-plate.

The advantages afforded by this instrument in measuring readily the distance between the two points made simultaneously to impinge upon the surface, consists in the great length of the graduations on the dial-plate, the quickness with which the corresponding distances between the separated points of the compass are registered on the dial, and the ready handling of the instrument, owing to the ease with which the two legs can with one hand be drawn asunder, while, at the same time, the distances are clearly shown on the indicator. Moreover, it surpasses other instruments in its application to surfaces which are not flat as about joints, etc.

THE celebrated writer Sterne was buried in a graveyard near Tyburn, belonging to the parish of Marylebone, and the corpse being marked by some of the *resurrection-men* (as they are called), was taken up soon afterward, and carried to an Anatomy Professor of Cambridge. A gentleman who was present at the dissection told me he recognised Sterne's face the moment he saw the body.—*Life of Edmond Malone.*

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted Members of the College, at a meeting of the Court of Examiners on April 16 :—

A'Beckett, William Goldsmid, Melbourne, Australia
Braddon, Charles Hitchman, Upton-on-Severn
Brumwell, George Murray, Monkwearmouth, Sunderland
Bush, Danvers Ward, Weston, near Bath
Buszard, Frank, Lutterworth, Leicestershire
Butler, Thomas Mapleson, Guildford, Surrey
Cockcroft, John, Middleham, Yorkshire
Collins, Charles Phillips, Grafton-street, Fitzroy-square
Dean, Peter Thomas, Lower Broughton, Manchester
Farrant, Samuel, Collumpton, Devon
Fernie, Edward, Wellingborough
Harding, John Alfred, Bath
May, Henry, Birmingham
Moore, James Foster, Bradford, Yorkshire
Sheridan, John Wilton, Killeshandra, County of Cavan
Sissons, William Arling, Hull
Walker, William Holmes, Romford, Essex
Warner, John, Leighton Buzzard
Williams, Evan Evans, Llandyssil, near Carmarthen

At the same meeting of the Court Dr. James Johnstone, of her Majesty's ship *Lizard*, passed his Examination for Naval Surgeon. This gentleman had previously been admitted a Member of the Edinburgh College, his Diploma bearing date January 2, 1849.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, April 12 :—

Barker, Daniel, Macclesfield
Bartleet, Thomas Hiron, Birmingham
Cockcroft, John, Middleham, Yorkshire
Dawson, William Henry, Exeter
Huxley, James Usher

The following gentlemen also on the same day passed their First Examination :—

Bailey, Frederic Charles, Norwich
Makens, John, Ringshall, Suffolk
Trimmer, Francis, Gloucester

APPOINTMENTS.

CLARKE—DOWNER—DUNN—HAMILTON—SCOTT.—His Excellency the Governor of Jamaica has been pleased to appoint Andrew Dunn, Esq. M.D. Edinburgh, G. P. M. Downer, Esq. M.R.C.S. London, James Scott, Esq. L.R.C.S. London, Thomas Clarke, Esq. M.D. Edinburgh, Robert Hamilton, Esq. M.A. and M.D. Cantab., M.R.C.S. England, and M.D. Paris, to be Members of the Board of Medical Examiners, under the Medical Act of 1859.

MCCANN.—The Lord Chancellor has been pleased to appoint Nicholas McCann, Esq. M.D. and D.L., of Parliament-street, Westminster, and of Lisinoy House, County Longford, Ireland, a magistrate for that county. Dr. McCann was sworn in on Monday, April 2, before Colonel Greville, M.P., one of the Magistrates for the County of Longford.

WATSON.—Dr. Patrick Heron Watson has been appointed Assistant-Surgeon to the Royal Infirmary of Edinburgh.

DEATHS.

BUCKNILL.—April 4, William Bucknill, of Nuneaton, aged 79.

CAMBELL.—April 1, at Corfu, John Cambell, M.D., Staff-Surgeon, aged 32.

COULTER.—March 2, at Oak Bay, St. Davids, New Brunswick, William Coulter M.D., aged 63. He was a native of Ireland. He graduated at the University of Glasgow and emigrated to New Brunswick where he settled and practised his profession until his death.

GRAY.—April 6, at Howley place, Maida-hill-west, John Robert Gray, M.D., aged 58.

HOBBS.—April 17, John Hobbs, of Southampton-row, Russell-square, F.R.C.S., aged 54.

HUBBARD.—April 15, after a few days illness, George Hubbard, of Bury St. Edmunds, M.R.C.S., 1810, aged 75.

LIVESAY.—April 8, suddenly, at Great College-street, Camden Town, Dr. Salter Livesay, R.N.

LUPTON.—March 30, at his residence, Cheadle, near Manchester, Bow Lupton, L.S.A., 1818, aged 64.

MACGOWAN.—February 6, at Jerusalem, Edward Macgowan, M.D.

MALDEN.—March 31, at Cheltenham, Jones Malden, M.D., for more than forty years Senior Physician to the Worcester Infirmary, aged 68.

OWEN.—March 26, at Barnstaple, Thomas Owen, aged 84.

ROBARTS.—March 30, at Poictiers-villa, Albion-road, Hammersmith, Charles Robarts, M.R.C.S., L.S.A., late of Sketty-villa, near Swansea, Glamorganshire, aged 65.

SAVAGE.—April 1, George Savage, of Urmston, aged 67.

SKEETE.—March 25, Edward Skeete, M.D., second son of the late Hon. J. B. Skeete, President of the Island of Barbadoes.

Sock.—February 10, at Clanwilliam, Cape of Good Hope, Cornelius Justus Sock, M.D. and J.P., aged 57.

Southall.—March 30, at Birmingham, John Marris Southall, M.R.C.S., aged 30.

Willcox.—April 12, at his residence in Jury-street, Warwick, Joseph Willcox, Surgeon.

The French Medical Press already begins to congratulate the Profession on the annexation of Savoy to France. "It restores to our country the birth-place of one of our most illustrious Professors, Fodéré, who was born at St. Jean-de-Maurienne, a little town of Savoy, where there has been a statue erected to him by public subscription."

Hypnotism appears to have been a failure at Strasbourg. "We see nothing but want of success; at most, it has only produced a few cases of headache. It appears to us," says the writer, "that this phenomenon will remain a scientific curiosity, and not capable of any practical application."

According to some statistical researches of M. Ringh, of Schaffhausen, there are in Switzerland, which has a population of 2,392,740 souls, 1419 Medical men, 951 of whom have private pharmacies, 280 pharmaciens, 781 veterinary Surgeons, 44 dentists, and 730 who practise what is called minor surgery.

Dr. Farini, the Governor of Æmilia, has received from the King of Sardinia the collar of the supreme order of the Ste. Annonciade. His Majesty first of all accorded to the Doctor the quarterings of nobility, which were necessary for him to possess before he could receive the collar aforesaid. When the King writes to one of this high order, he calls him his *bien-aimé cousin*.

A curious illustration of the differences of Doctors has lately been exhibited at the French Academy. The subject is the effects of iodine. M. Rilliet, of Geneva, has seen terrible accidents follow its administration. No one else has. Hereon issue joined. Is iodine different in its action at Geneva from elsewhere?

A sale of Medical Autographs comes off on the 30th inst. at Paris. The most beautiful is a parchment document, signed by Ambrose Paré, in which *le premier chirurgien du Roy* gives a receipt for 25 crowns, for half-a-year's income paid by the Municipality of Paris. Letters also of Dupuytren, Pariset, and Jenner. In the catalogue is an autograph of Dr. Abakia, who figured as a Doctor in 1660; of Helvetius, the importer of ipecacuanha; of the two Renaudot; of Béclard; of Berzelius, Breschet, Broussais, Cabanis, De Candolle, Boyer, Lisfranc, Corvisart, Labatier, Dodart, Desault, etc. etc.

A Sneezing Fit.—Dr. Mosler, of Giessen, relates the case of a girl, who, suffering from an affection of the ear consequent upon an attack of typhoid fever, was suddenly seized with a sneezing which lasted for eighty hours. Reckoning ten sneezes per minute, he makes out that the girl must have sneezed 48,000 times.

Professor Jeitelles, of Olmütz, has taken up the dispute about the true discoverer of the reflex movements. He gives the whole credit to Prochaska, who anticipated both Dr. Marshall Hall, and Müller, and Sir C. Bell. He gives quotations from Prochaska's work, and says of them: "These quotations are enough to show that Prochaska established in all essential points the doctrine of reflex motion; and it will be remarked that he makes use of the expressions sensitive and motor nerves, although the experiments of Sir C. Bell were only made twenty-seven years afterwards (1811)."

"Let me say to those who think that inflammation has changed its type during these last years," says Professor Forget, "that I believe nothing of the kind. How can this be when nothing around us has changed; when all the local and general phenomena of inflammation remain the same; whilst irritants still preserve the privilege of engendering inflammation, and other remedies of soothing it; when we see at the same time, in the same town, in the same Hospital, at La Charité for example, enlightened Practitioners combatting inflammation by opposite means, we are told that inflammation once sthenic has now become asthenic! The fact is that it is now what it always has been, and if anything has changed it is not the Medical constitution, it is the Medical heads that have turned."

The Jacksonian Prize.—At a meeting of the Council of the Royal College of Surgeons, on the 12th inst., the Jacksonian Prize of twenty guineas was awarded to Mr. John Whitaker Hulke, F.R.C.S. Assistant-Surgeon to the King's College and Royal Ophthalmic Hospitals, for his essay on the morbid changes in the retina as seen in the eye of the living person, and after removal from the body, together with the symptoms associated with the several morbid conditions, illustrated by cases, drawings, and preparations. At the same time, an honorarium was awarded to Mr. Charles Bader, a Member of the College, for his dissertation on the same subject.

The following are a few of the sentiments expressed by the advocate of M. Vriès, in behalf of his black client:—"In science we meet with two contrary forces—the force of inertia, and the force of motion. And the most eminent men have often, through over-confidence, enveloped themselves in the force of inertia. Antimony, frequently employed as an emetic, has been persecuted; Guy-Patin persecuted it in 1656. In 1666 the Parliament of Paris passed a decree proscribing its use. Molière, though no *routinier*, allowed himself to be drawn into the war against antimony, as we find in his '*Médecin malgré Lui*.' Boileau also endeavoured to write it down,—

> "Il compteroit plutôt combien en un printemps,
> Guénault et l'antimoine ont fait mourir de gens."

Nevertheless antimony maintained its ground. Quinine was also persecuted to the death, until the cure of the dauphin, son of Louis XIV. Coffee, the peroration of the gourmand, and tobacco, the conqueror of the world, have been persecuted and proscribed. About 1628 Harvey discovered the circulation of the blood; and in 1670 Guy-Patin published a work with the following title:—'*Ergo Sanguis per Omnes Corporis Venas et Arterias Jugiter non Circumfertur.*' In 1672 Hardouin St. Jacques published another with this title:—'*Ergo Sanguinis Motus Circularis Impossibilis.*' This time, however, Molière was against routine."

Synthesis of Cataract.—At the meeting of the Medical Society of London, on Monday, Dr. Richardson made a second communication on the synthesis of cataract. On the last occasion, he had brought forward forty-six experiments, showing that a peculiar kind of cataract was producible, as Dr. Mitchell, of Philadelphia, had first pointed out, by the introduction of sugar into the bodies of animals. Since that time, he had made experiments with other substances, which experiments he now proceeded to describe: *Glycerine.*—Two experiments were performed with glycerine. In the first, one drachm of glycerine being injected into the dorsal sac of a frog, there was produced, in three hours, posterior opacity of the lens. In a second experiment, a drachm and a-half was injected, which caused death in six hours, without cataract. *Alcohol.*—A drachm of absolute alcohol, injected into the dorsal sac of a frog, caused death in two hours, with extraordinary shrinking of the body, and distinct double cataract posteriorly. Half-a-drachm of absolute alcohol, injected into the dorsal sac of another frog, caused death in six hours, with distinct cataract, but, singularly enough, on one side only. The cataractous condition produced by glycerine and alcohol resembled that produced by sugars. *Choride of Sodium.*—By introducing into the dorsal sac of a frog from two to three drachms of a solution of chloride of sodium, of specific gravity 1150, the animal was rendered tetanic; and, in twenty minutes, the limbs were drawn immoveably towards the body, but jactitation of the muscles continued for an hour, when the animal died. Distinct cataract was produced in both lenses before death. In another experiment, a drachm and a-half of the solution was used; the same symptoms followed, but more slowly. Distinct cataract resulted. In a third case, one drachm of the same solution was injected; death occurred in two hours, marked cataract having previously appeared. In a fourth case, half-a-drachm was used; death occurred during the third hour, with the same signs of cataract. In a fifth case one drachm of solution of chloride of sodium, of specific gravity 1050 was thrown in. In three hours there was distinct double cataract; the animal was immensely shrunken, and the skin was dry, almost like parchment. Placed in water, the animal recovered; and, the water being frequently changed, the cataract entirely disappeared in fifty-three hours. Cataract was reproduced in this animal, again removed, and again reproduced. Dr. Richardson presented the animal,

with cataract a third time produced. The character of the cataract produced by chloride of sodium seems to differ materially from that produced by sugar. The lens is much firmer, and the opacity extends through the whole structure. The lens resembles one that has been boiled. *Iodide of Potassium.*—From the chemical analogy between chloride of sodium and iodide of potassium, Dr. Richardson had been led to use the latter salt in the same way; the general symptoms produced were very similar, but the cataractous condition did not result. *Acid Urate of Soda.*—From the fact of the insolubility of the urate, Dr. Richardson said he did not expect that a cataract could be produced by the introduction of this substance into the blood. He did not conceive, that is to say, that any osmosis could be established by the salt; but an accidental experiment had led him to try what could be done in this direction. On March 2, of the present year, he had commenced to adminster to a well fattened and healthy bitch, the acid urate of soda, in doses of two to three drachms daily, with her food. His object was to ascertain whether any affection of the joints would be produced. At this time, she had taken nearly a pound of the urate, with no effect whatever on the joints; but, within the last three weeks, with distinct and rapidly-increasing indications of double cataract. The animal was exhibited to the Society. Acting on this suggestion, the author had tried to produce the same effect on frogs, by charging them with the urate of soda, but without any similar result. The occurrence of cataract in the larger animal might therefore be a coincidence; but Dr. Richardson was inclined to think that it was an indirect effect of the urate; that is to say, he believed that the urate was decomposed in the digestive process, and changed into a soluble salt of soda; which, being conveyed into the blood, produced the cataractous condition. In proof of this, he showed that a solution of lactate of soda, of specific gravity 1060, produced cataract in frogs when injected. Dr. Richardson drew the following conclusions from the experiments:—1. In addition to the sugar-cataract, there is producible what may be called a saline cataract; 2. The appearances of the cataracts as produced by different solutions vary; thus the cataract produced by chloride of sodium differs from that produced by grape-sugar; 3. The same cataractous appearances can be produced in a clear lens, after removal from the body, by immersion in solutions of sugar, salines, etc.; 4. As the cataractous appearance is modified by the density of the producing body, and is removable by reversing the conditions which have led to it, and as it is producible in a clear lens removed from a body, it is a demonstration that the cataract induced in the different animals is a purely physical—that is to say, osmotic—change.

BOOKS RECEIVED.

On Rheumatism, Rheumatic Gout, and Sciatica. By H. W. Fuller, M.D. Third Edition. London: 1860.

Christian Revivals. By John Chapman, M.D. London: 1860. (Reprint of an able article from the *Westminster Review.*)

The Senses, the Brain, and the Mind. By L. J. Beale, M.R.C.S. London: 1860.

Medical Anatomy. By F. Sibson, M.D. Fasciculus VI. London: 1860.

On Consumption. By G. Timms, M.D. London: 1860.

On the Oriental Bath. By E. Haughton, M.D. Dublin: 1860.

Historic Literature of the Pathology of the Heart and Great Vessels. By John Cockle, M.D. London: 1860.

Ure's Dictionary. Part VI. April, 1860.

Historical Sketch of the Royal College of Surgeons of Edinburgh. By John Gairdner, M.D. Edinburgh: 1860.

The Future. No. I. April, 1860.

Registration of Births, etc., in Ireland. By A. Moore, Esq. Dublin: 1859.

Remarks on the Treatment of Inflammation. By L. M. Lawson, M.D. Philadelphia: 1860.

The Pathology and Treatment of Venereal Diseases. By John Harrison, F.R.C.S. London: 1860.

On Spermatorrhœa. By J. L. Milton. Fifth Edition. London: 1860.

On Diarticulation of the Scapula. By G. M. Jones, Esq. Jersey: 1860. (Reprinted from the *Medico-Chirurgical Transactions.*)

Advice to a Mother. Fifth Edition. By P. H. Chavasse, F.R.C.S. London: 1860.

The Physiology and Pathology of the Nervous System. By A. T. H. Waters. London: 1860.

The Franklin Expedition. By R. King, M.D. London: 1860.

The Acclimation of European Troops for Service in India. By J. Bird, M.D. (A Reprint of a suggestive paper from the Journal of the United Service Institution.)

Quelques Aperçus sur la Chirurgie Anglaise. Par P. Topinard, M.D. Paris: 1860.

Transactions of the Medical and Chirurgical Society of Bombay. Bombay: 1860.

Physiology of Common Life. By G. H. Lewes. Vol. II. Edinburgh: 1860.

Second Annual Report of the General Board of Commissioners in Lunacy for Scotland. Edinburgh: 1860.

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 14, 1860.

BIRTHS.

Births of Boys, 932; Girls, 934; Total, 1866.
Average of 10 corresponding weeks, 1850–59, 1684·1.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	738	669	1407
Average of the ten years 1850-59	579·6	539·8	1119·4
Average corrected to increased population..	..	..	1231
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	44	13	57

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	4	4	4	1	12	6	1
North ..	490,396	3	3	4	..	12	4	3
Central ..	393,256	5	1	1	..	9	2	2
East	485,522	3	8	6	2	9	5	1
South ..	616,635	6	5	5	5	18	7	2
Total . ..	2,362,236	21	21	20	8	60	24	9

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·805 in.
Mean temperature	40·7
Highest point of thermometer	57·2
Lowest point of thermometer	28·2
Mean dew-point temperature	35·4
General direction of wind	Variable.
Whole amount of rain in the week	0·21 in.

TO CORRESPONDENTS.

Letters and Papers from Dr. Jenner, Dr. Anstie, Mr. Rose, Dr. Shout, Dr. Cregeen, etc., are in type, but are unavoidably postponed until next week.

Intending Student should make the enquiry of the Secretary of the College.

Mr. Ewens's letter on Intra-Uterine Fracture next week.

A. F. X.—It would be advisable to produce the Register.

A Dental Licentiate.—The omission of the pass-lists is not accidental. The great length of several lists obliges us to restrict our publication to the Colleges of Physicians and Surgeons and the Hall. We do not insert the Edinburgh and Dublin lists, nor those of the Pharmaceutical Society.

Mr. Sercombe has sent a long letter in reply to our remarks last week—but the following paragraph is the only one which bears on the point at issue:—"My remarks were not, as any one might infer from your comments, on periostitis in general, but on periostitis as it occurs on the root of a tooth, and the remedies I prescribed—and which I am proud to see you consider I did *secundum artem*—were for the affection so located. It never occurred to me it would be considered that a dentist was intruding on the domain of the regular Medical attendant of a given patient if he prescribed medicine for the relief of an affection purely constitutional in character, but which is expressed locally by tooth-ache, and I frankly state that your remarks on the point will not alter my practice an iota. I am not afraid to have it known far and wide that whenever it is possible to cure tooth-ache by medicine I employ it in preference to the forceps. I may state that I invariably request my patient to show my prescription to his regular medical attendant and in no instance have I ever found even the most sensitive man annoyed at my doing so, or jealous at the effect it might have on the mind of his patient."

An "Old Physician" has forwarded us a letter, in which he speaks of the future position and prospects of the College of Physicians of London. We agree with all the good sentiments he utters in it, in reference to the necessity of the College advancing with the spirit of the age, and throwing open its portals wide to all honourable members of our Profession. We think, however, that he has forgotten the fact, when he accuses the College of not being liberal enough, that the College has already, in this Year of Grace, admitted upwards of 400 Physicians, and that it has passed resolutions rendering its entrance easy to all worthy Members. We think if our correspondent will make himself master of all the facts which relate to the present condition of the College, he will find that his remarks on "Sectarianism and ill-timed Restrictions" are not applicable now, whatever they may have once been. Besides, our late remarks will have shown him that the College is at this moment seriously engaged with a project for the admission of a third class to be called Licentiates. He does not specifically point out the nature of the improper restrictions which he objects to, nor does he mention in what way the College exhibits a sectarian spirit. We can only say, that if he will do so, and make good his charge, we shall be most happy to give him our best aid in removing them.

Surgeon and Butcher.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have cut out the enclosed from my daily paper, what does it mean and what has the Profession come to?—"Bankrupt: William Jackson, Brewer-street, Somer's-town, Surgeon and Apothecary, and Queen's-terrace, Maiden-lane, Camden-town, Butcher, April 26, at 12, May 26, at 11, at Basinghall-street. Official Assignee, Mr. Bell, Coleman-street-buildings; sols., Messrs. Harrison and Co. Bedford-row." Surely there must be some mistake.

April 18. I am, &c. M.R.C.P.

Nudersdorf Water.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I beg leave to draw the attention of the Profession through your valuable paper, to a new kind of Mineral Water, which has proved wonderfully efficacious in chronic affections of the uterus in general, and particularly in that form of chronic inflammation which is accompanied with swelling and ulcerations of the neck, and so widely spread among the younger portions of the female population. Everybody who has had to do with these obstinate and unsatisfactory cases, will hail any means holding out a rational prospect of assistance with joy. The "Tintenquelle" of Nudersdorf, a watering-place near Wittenberg, Prussia, furnishes that water. It is a sulfo-aluminous chalybeate, the analysis of which is as follows. It contains, according to Dr. Hillriegel's analysis, in a Prussian pound:—

Silicic Acid	0·2244 grs.
Phosphate of Alumina	0·0155 ,,
Chloride of Sodium	0·0213 ,,
Chloride of Potassium	0·1340 ,,
Sulphate of Potassium	0·0404 ,,
Sulphate of Lime	0·3034 ,,
Sulphate of Alumina	2·1151 ,,
Sulphate of Iron	3·0109 ,,
Sulphate of Magnesia	0·1478 ,,
Sulphate of Manganese	0·0274 ,,

Sulphate of Copper, traces.

Having been myself at Nudersdorf last summer, I can bear testimony to its great efficacy in the disorders mentioned. It is extensively used in Germany. Upon my suggestion specimen bottles have been deposited with Mr. Blades, Chemist, 52, Edgware-road, where it may be seen and tasted. I am, &c.

Emeritus.

The College of Surgeons in Ireland.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—While I have not thought it necessary to offer any excuse for occupying your valuable space in discussing a question of such public importance as the emergency in which the R.C.S.I. is now placed, I feel that I must apologise for asking you to insert this letter, which has reference to personal matters of little public interest. I presume, however, that when you inserted a member of the Council's letter, which, scarcely touching on the question under discussion, occupies a column of your journal, in accusing me of acts of inconsistency, which, even if not disproved, would not affect the present matter, you intended that I should offer in reply some explanation as to the part which I have taken in the transaction. First, he states that in a discussion which occurred last year, and has no direct reference to the present question, I wrote to him approvingly of his conduct, and subsequently at a meeting of the College, divided against him. If he will refer to the minutes of the meeting in question, he will see that he has made a mistake, as I abstained from voting either way on the division at which his resolution was passed, my reason for not taking part in the division being, that I and several other Fellows similarly circumstanced, had previously supported an amendment which would have fairly compromised the question by mutual concession. Second, he complains that I have attacked the Council *en masse*, to which I give the answer that I propose still following the same course, discussing its acts as a public body, but abstaining as far as possible from personalities or attacking individuals, and I regret that in the present instance, he has not followed the same plan. Third, he states that I was one of the twelve Fellows who signed the requisition for the meeting, having for its object the unconditional surrender of our charter into the hands of the Crown, at which meeting he and another member of the Council expressed their opinions, and carried a resolution unanimously condemning such a proposition. Now to explain the conduct of those who were guilty of an apparent inconsistency in joining in an unanimous vote condemning their own proposition, would require more space than I could venture to trespass upon, but so far as I am concerned, I only advocate the abolition of that portion of the charter which unfortunately mixes up the College with a Medical School. I think the requisition referred to by him, was faultily worded in proposing an unconditional surrender of the charter; and if he will read it again, he will see that he has made a mistake in stating that I was one of the twelve Fellows who signed it, as my name was not attached to it.

I beg also to remind him of the questions under discussion. 1. The connexion of the College with a Medical School. 2. The culpable negligence of the Council in not having called the College together to deliberate on Mr. Cardwell's alternative. 3. The unsatisfactory way in which the accounts are kept.

It has been said that language may be used to conceal one's thoughts: I defy the most attentive of your readers after reading the column of your journal which the letter I am now answering occupies, to come to any conclusion as to what the writer's thoughts on these three points are,—an omission which I regret exceedingly, as I value his opinions very highly, and if he can bring forward any arguments showing that on these general questions, taken *en masse*, I have been in the wrong, I hope I shall have candour enough to confess that I have been convinced by him, begging to assure you that I shall not enter into any further personal discussions.

I am, &c. S. A. Cusack.

7, Upper Merrion-street, Dublin, April 16.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. Jenner; Dr. Robert Lee; Dr. McWilliam; Mr. Startin; Dr. Arnott; Dr. Rolleston; Dr. Gibbon; Dr. Thudichum; Dr. Richardson; Dr. Graily Hewitt; Dr. Adams; Dr. Taylor; Dr. Chapman; Dr. Short; Mr. Price; Mr. Henry Smith; Mr. Haynes Walton; Mr. Griffin; Dr. Anstie; Dr. Dickenson; Dr. Dauglish; Mr. Ewens; Mr. Postgate; Mr. Lowndes; Mr. Nourse; Mr. Scott; Dr. Robertson; Mr. Whiskin; Mr. Montagu; Mr. Sercombe; Dr. Fairless; Mr. Wheatley; Mr. Rivers; Dr. Baines; Dr. Stewart; Mr. Hamilton; Mr. Hughes; Mr. Barlow; Mr. Vincent; Mr. Cole; Dr. Steele, &c.

APPOINTMENTS FOR THE WEEK.

April 21. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. F. A. Abel, Esq. "On some Results of the Association of Heat with Chemical Force Practically Applied."

23. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Dr. Thudichum "On Intravasation, Embolia, and Cytastasis, as Causes of Cerebral and other Paralysis."

24. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Zoological Society, 9 p.m.

Royal Institution, 3 p.m. T. Spencer Cobbold, M.D., F.L.S., "On the Structure, Habits, and Affinities of Herbivorous Mammalia—Deer."

Royal Medical and Chirurgical Society, 8½ p.m. Mr. James Syme, F.R.S. Edin. "On the Treatment of Axillary Aneurism." Dr. Messer "On the Condition of the Prostate in Old Age."

25. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Hunterian Society, 8 p.m.

26. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Society, 8½ p.m.

Royal Institution, 3 p.m. David T. Ansted, Esq., M.A., F.R.S. "On some Recent Researches in Physical Geography and Geology—the Atlantic Ocean."

27. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 8 p.m. F. A. Abel, Esq. "On Recent Applications of Science to Military Forces."

Western Medical and Surgical Society of London, 8 p.m. (Nomination of Officers.) Practical Evening for the Narration of Cases and Exhibition of Specimens.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Lithotomy; Hare-lip; Diseased Wrist; Plastic Operation on Forehead; Removal of Epithelial Growth from Hand; Removal of Necrosed Bone from Leg; Closing Urethra.

ORIGINAL LECTURES.

A SERIES OF THREE LECTURES ON RICKETS,

DELIVERED AT THE

Hospital for Sick Children,

IN DECEMBER 1859 AND JANUARY 1860.

By WM. JENNER, M.D.

Physician to University College Hospital, and to the Hospital for Sick Children.

Lecture III.

Summary: Anatomical Characters of Albuminoid Infiltration of Spleen, Lymphatic Glands, Liver, Kidney, Thymus, and Brain—State of the Voluntary Muscles—Symptoms—Age, Constitutional Symptoms which precede the Bone Disease—Derangement of Digestion—Perspiration of Head—Desire to lie cool at Night—General Tenderness—Commencement Abrupt or Gradual—Softening of the Bones most marked when the Constitutional Disturbance is Severe and the Child very Young—Symptoms Consequent on the Softening of the Bones—Loss of Muscular Power—Large Abdomen of the Rickety Child, and its Causes—Intellect deficient in Power and Capacity—Teeth—Skin—Fontanelle—General Aspect—the chief Causes of Death in Rickets—Influence of Softening of the Ribs on the Fatal Termination of Bronchitis—Symptoms of Albuminoid Infiltration of Lymphatic Glands, Spleen, etc.—Laryngismus Stridulus—Pathology of Rickets—Not mere want of Lime in the Bones—Causes—Special Influence of Mother—Hygienic Conditions—Treatment.

Gentlemen,—At the conclusion of my last Lecture I described the appearances presented by the spleen and lymphatic glands, when the seat of that disease from which rickety children so often suffer — viz. infiltration with a homogeneous, firm, tough, transparent, glue-like substance. And I told you that the disease was rarely, perhaps never, limited to those organs. In both the children to whose cases I referred when last addressing you, the liver and kidneys were infiltrated with the same substance as the spleen and lymphatic glands. The liver when the seat of the albuminoid infiltration, as I have observed it in rickety subjects, is larger than natural, heavy in proportion to its size, very tough, its cut surface smooth, its substance semitransparent; sometimes the exudation infiltrates the portal canals and the interlobular spaces, in others it invades the circumference of the lobules. I have never seen the whole of the structures of the liver infiltrated.

In the boy F., the cut surface of the liver had the appearance of stiff not very well-clarified size, tinted red and thickly studded with small opaque yellowish spots. These latter were lobules, the cells of which were in a state of fatty degeneration. In some cases the infiltration of the organ is concealed by its congestion, but a brief soaking in water removes the blood and makes the lesion of structure visible. The kidney of the rickety child when the seat of this same disease is somewhat enlarged, heavy for its size, tough, more transparent than natural, and, as a rule, very pale. When the disease attains a high degree, all appearance of structure is lost to the naked eye. Fatty degeneration of the cells may accompany it.

The thymus in rickety children is often larger than natural; its increase in size being due, in some cases at least, to its infiltration with the same substance as that found in the spleen, etc. The so-called hypertrophy of the white matter of the brain seems really to be albuminoid infiltration of that structure. The transparent substance which I have described as infiltrating the organs of certain rickety children, presents neither blue, violet, nor crimson reaction with iodine and sulphuric acid, such as are said by Virchow to be characteristic of lardaceous infiltration. I am therefore inclined to believe that it differs in nature from what that pathologist considers to be lardaceous, but for which, probably, the name he has himself proposed, viz. amyloid, is preferable.

The voluntary muscles that have lost their power in rickety children are small, very pale, flabby, and soft. Examined with the microscope their fibres are found to be singularly colourless, transparent, and soft, the transverse striæ very delicate, sometimes scarcely to be made out. I have never been able to detect in these fibres a particle of olein. The disease from which they suffer seems to be the very opposite of fatty degeneration.

Symptoms.—I have never seen congenital rickets. I have often heard the mother say that the rickety deformities of her child had existed from its birth; but no value can be attached to such assertions if unsupported by strong confirmatory evidence. The general cachexia very rarely manifests itself before the fourth month; usually between the fourth and twelfth months.

I have now a boy under my care in whom the symptoms of the constitutional disease did not manifest themselves till he was a little more than three years old, and I saw, some years since, a girl, aged nine years, who was then only beginning to suffer. It is rare, however, for the general cachexia to first manifest itself after the child has passed its second year. At the outset of the disease there is no deformity of the bones, no enlargement of the wrists, of the ends of the ribs, etc.; no thickening of the flat bones, no bending of the long bones. The child is dull and languid; its skin is hot; it is drowsy, or sleeps little; its appetite is lost; it is thirsty; if it has begun to walk, it is "taken off its legs." It lies about, is unwilling to play or to be amused. The bowels are irregular,—confined, or more commonly relaxed—the stools being usually of a dirty brown or leaden colour, and most offensive. The offensive odour is peculiar, resembling that of rotten, half-decayed meat. In all these symptoms there is nothing diagnostic. They might arise from deranged digestion, from improper food, or from tuberculosis. By many they are referred to that over-ridden hobby, the irritation of teething; or to that cloak for ignorance—infantile remittent fever.

When conjoined with that infiltration of the spleen and lymphatic glands which I previously described, as it was in the boy H., whose spleen, etc. were on the table at my last lecture, it is extremely difficult to distinguish from tuberculisation; and in some cases it is only from the state of the lymphatic glands, or after the anatomical changes proper to rickets occur, that the diagnosis is possible.

Commonly, however, there are certain symptoms present which at once mark the nature of the disease, render the diagnosis easy, and enable us to predicate that the bone affection will show itself.

One of the most remarkable of these symptoms is profuse perspiration of the head, or of the head, neck, and upper part of the chest. Not uncommonly, it is because this symptom has arrested the mother's attention that she seeks Medical aid. She uses the strongest terms to express the amount of the perspiration:—"It stands in large drops on his forehead"—"it runs in streams down his face"—"his head is all of a reek"—"the pillow is soaked." It is especially when the child sleeps that these copious perspirations of the head occur, but they are not infrequent at other times, as when the child is at the breast, or even resting its head on the mother's arm. A little increased exertion, a little increased temperature, may induce them at any time. When these profuse head-perspirations occur, the superficial veins of the scalp are generally large and full, and sometimes the carotid arteries may be felt strongly pulsating. At the same time that the head, face, and neck, are bathed in perspiration, the abdomen and inferior extremities are usually dry and hot.

The second symptom which especially indicates that the general derangement of which I spoke is the precursor of the rickety deformity of the bones, is the desire of the child to be cool particularly at night. As a consequence of this desire, the child kicks the bedclothes off, or throws its naked legs on to the counterpane.

"He is always catching cold, because he will lie without any clothes at night," is what one is repeatedly told by the mother in these cases. I have frequently gone into our wards, after the children have been some time asleep, and seen the rickety children lying exposed, and have been assured by the nurses that they had put the bedclothes over them again and again, but to little purpose,—and this even in cold weather, when the other children were well covered. A third highly characteristic symptom is general tenderness. The child cannot be moved without its uttering a cry; pressure on any part is followed by like evidence of suffering. "He is tender all over," says the mother, or, "I can't think what has come to the child, if I do but touch him he cries."

A child in health delights in movements of every kind. It joys to exercise every muscle. Strip a child, of a few months old, and see how it throws its limbs in every direction, it will raise its head from the place on which it lies, coil itself round, and grasping a foot with both hands thrust it into its mouth as far as possible, as though the great object of its existence

at that moment was to turn itself inside out. The child suffering severely from the general cachexia which precedes and accompanies the progressive stages of the bone disease, ceases it gambols, it lies with outstretched limbs as quietly as possible, for voluntary movements produce pain. Its unwillingness to be moved is so great, that, as Stiebel has observed, it will cry at the approach of those who have been accustomed to dance it—of those at the sight of whom it previously manifested extreme pleasure (a). As the disease progresses, the child gets a peculiar staid and steady appearance; its natural lively expression is replaced by a pensive, aged, languid aspect; its face grows broad and square, and when placed upright on its mother's arm, it sits, as she says, "all of a heap." Its spine bends, and its muscles are too weak to keep it erect. Its head seems to sink between its shoulders, its face is turned a little upwards (b). The general cachexia is sometimes very severe, at others extremely trifling. And one or other of the more characteristic symptoms may be scarcely observable or wanting, while one or other may be so strongly marked, as to give a general feature to the case. Instead of commencing more or less abruptly, the disease may begin and progress most insidiously, so that the mother cannot say when the child began to suffer. Often the changes in the shape of the bones are the first abnormities she notices.

Ere the general disease, if that be severe enough to attract attention, has lasted long, the bone deformities commence. If the attack be attended with severe general symptoms, the softening of the bones usually precedes, and is out of proportion, for some time, at least, to the enlargement of the ends of the bones. The younger the child also, the softer are usually the bones.

And now the consequences of the bone disease are superadded to the general derangement. It is strange to see a little child sitting placidly on the bed without moving for hours together,—its legs placed so as to escape pressure, its spine bowed, its head thrown backwards, the chief weight of its body cast on to its anus; and to know that notwithstanding the apparent calm, the tiny thing is indeed fighting the battle of life; for it is striving with all the energy it has, to keep in constant action every one of its muscles of inspiration, endeavouring so to supply the mechanical defects of its respiratory apparatus due to the softening of the ribs. It wants no toys. It is the best of children if you only leave it alone; move it, and you inflict pain on its tender frame; show it the horse or the doll that was once its delight, and it turns away its head or stares vacantly; to notice would divert its attention too much from the performance of those respiratory movements which are essential to its existence.

At this time the appetite is often good, but the bowels are deranged; the stools being either fetid or white, or the food is passed as it is eaten. As the disease progresses the muscles lose power and waste; but the loss of power is infinitely greater than can be accounted for by their diminished size.

A girl, aged six years, was some time since brought to the Hospital, in whom the loss of muscular power was so extreme that she was not only unable to stand, but even to support herself in the least possible degree. She lay across the arms of the person who carried her like a large half-stuffed rag doll. When placed in bed, she was incapable of changing her position without assistance; nay, she could not raise her arm an inch from the bed. Long after, when greatly improved, she could not feed herself, and had to be tied in a chair and her head placed on a pillow at its back. If her head fell forward, the nurse had to raise it, for, unaided, she could not lift her chin from her breast (c). And yet I have often seen tubercular children, of the same age, with muscles much more atrophied, walking about, and performing for themselves all necessary acts, as cutting their food and dressing.

Although it is rare to see the loss of power in the muscles so complete as in the case referred to, it is very common to see children of two, three, or even four years of age, who are quite unable to support themselves in an erect position; and if a child has commenced to walk before it becomes the subject of extreme rickets it loses the power.

The abdomen of all young children is large in proportion to the size of the chest; hence the Physician often has a child brought to him because its mother fancies its abdomen is larger than it should be, when, in fact, it is only of normal size.

The causes that conspire to produce the large abdomen proper to the child are,—

1st. The flatness of the diaphragm.

2ndly. The size of the liver.

3rdly. The shallowness and small size of the pelvis.

4thly. And especially the weakness of the muscles of the abdominal and intestinal parietes, which afford facilities for the accumulation of flatus.

The abdomen of the highly rickety child *is* larger than natural, and usually very much larger, for all the causes which make a large abdomen proper to a young child are greatly more potent in the rickety.

1st. The chest is smaller and the diaphragm more depressed than in health.

2ndly. The liver and spleen are often larger than natural.

3rdly. The capacity of the pelvis is diminished.

4thly. The muscles of the abdomen and intestines are less powerful even than they are in their normal condition; and, moreover, derangement of the digestion is always present to favour the excessive formation of flatus.

It is curious to note the frequency with which writers state that the intellect of the rickety child is precocious, nor is it difficult to account for the origin of the error—for error it unquestionably is. In regard of the intellect of a child speaking generally, the mother's opinion must be weighed before it is received as correct. If a child be not suffering from chorea, and the mother states that it is mentally deficient, her statement is, I believe, invariably correct; but the mother constantly tells us that her child is very clever, quite a prodigy, when it is only a few degrees removed from an idiot.

The little rickety child separated in consequence of its physical defects from other children, and thrown necessarily much into the society of adults, catches their tricks of expression, their phrases, and even some perhaps of their ideas, and hence is thought by the mother especially, to have a larger intellect than other children.

Children, the subjects of extreme rickets, are almost always deficient in intellectual capacity and power. They are not idiots, they offer no signs of idiotcy, they resemble rather children of low intellectual capacity and power much younger than themselves. Their mental, like their muscular power, is not merely lowly developed but it retrogrades as the rickety diathesis progresses. When the disease ceases, the mind like the body regains all its powers. The muscles of those who were once rickety, in after life are often marvellously powerful, their bones singularly strong, and their intellect certainly not below the average.

The teeth are always retarded in their development in rickety children. I dwelt on this fact in my first lecture. Not only, however, are the teeth cut late, but they fall from their sockets very early; thus I have seen the incisor fall from the jaws before the second molars of the first set had made their way through the gums. Occasionally, instead of falling from their sockets, the teeth decay quickly.

The back, arms, and sides of the face are very often covered

(a) See Stiebel's admirable article on Rickets, in Virchow's "Path. und Therap." Band 1.

(b) I subjoin a case illustrating some of the points mentioned in the Lecture, and I do so because I am confident that the symptoms present in these cases are very rarely correctly interpreted. A. V., aged 3½, male. His present ailment commenced about four months since, shortly after "a severe cold on the chest," with the following symptoms:—Heat of skin, especially at night; thirst; loss of appetite; profuse sweating about the head; extreme tenderness of the whole body, so that he could not be touched without crying from the pain it caused him; relaxed bowels, the stools being, to use the mother's own words, "stinking," a "rottony smell;" desire to lay exposed at night; again to use the mother's words, "even in that bitter cold weather he would never lay covered over," "in the previous winter he liked to lay warm." Although he had long run alone, he was soon "taken off his legs."

Present state:—Rather thin; muscles very flabby; evident tenderness of head, trunk and extremities. The muscles seem to partake of the tenderness; and the abdominal muscles are as tender as those of the thighs. Sits in his chair unwilling to move from morning to night. Cries if his brothers or sisters approach him. Feverish at night; throws the clothes off; sweats over the head profusely; the perspiration is limited to the head; appetite very small; bowels act once a-day, but stools very offensive. Intellect decidedly less acute than that of his brothers and sisters was at the same age. Head large, square. He cut all his teeth long before his illness commenced. Spine curved backwards from about the first dorsal vertebra to the sacrum, and forward from first to last cervical vertebræ. Ribs very soft, so that there is great recession of each rib where it joins the costal cartilage at each inspiration. Physical signs of trifling catarrh. Very little enlargement of the ends of the long bones. No enlargement of glands, liver, or spleen.

(c) This child recovered so much as to walk about without assistance. After her return home, she fell down stairs and was killed by the fall.

with downy hair. The anterior fontanelle is frequently open till the child is three or more years of age.

On the deformities of the rickety child I dwelt so long when speaking of the morbid anatomy of the disease, that I must now pass them by.

The general aspect of the rickety child is so peculiar, that when the crooked limbs, the large joints, and the deformed thorax are concealed, you may even detect its ailment at a glance. Its square face, its prominent forehead, its want of colour, its large, staring, and yet mild eyes, its placid expression, and its want of power to support itself, like other children of its age, on its mother's arm, all conspire to form a picture which has no like in the gallery of sick children.

(To be continued.)

ORIGINAL COMMUNICATIONS.

CLINICAL MIDWIFERY.

By ROBERT LEE, M.D., F.R.S.
Obstetric Physician to St. George's Hospital, London.

(Continued from p. 141.)

Case 613.—On January 10, 1851, I was requested to see a patient five miles from London, who had been in labour since five p.m. of the previous day. The pelvis was greatly distorted. I found an arm in the vagina; the hand was hanging through the orifice of the vagina, and a loop of the umbilical cord without pulsation. The head of the child was felt above the brim, and the os uteri was not completely dilated. I did not attempt to turn the child, because it was dead, and because the pelvis was distorted, and rupture of the uterus or some fatal injury might have resulted from the operation of turning. I opened the head, and endeavoured to extract it with the crotchet passed inside the skull, but the bones soon began to come away in pieces, and I felt that a long time would probably elapse before the labour would be completed if I did not adopt a different method. I passed up the crotchet on the outside of the head, having previously introduced two fingers a considerable distance between the uterus and head. The point of the crotchet entered one of the orbits, and the head speedily descended into the pelvis, and was dragged through the outlet. The arm remained all the time in the vagina. The placenta soon came away, and the patient recovered most favourably.

Case 614.—On April 2, 1851, I was requested by Mr. Terry to see a case of protracted labour, where the employment of the forceps was contemplated. The os uteri had been fully dilated only six hours; the pains were strong and regular; there was no exhaustion; the perineum rigid. The patient was most anxious to be allowed to render herself insensible with a narcotic, but this wish we could not comply with. I recommended delay, and left at half-past six a.m., begging that four or five hours' delay might be allowed, and the child was born alive at a quarter to eight by the natural efforts.

Case 615.—On April 24, 1851, Mr. Jackson, of Wimpole-street, requested me to see a patient in the eighth month of pregnancy, who had suddenly been attacked with flooding about 8 a.m. A great quantity of blood had escaped in a short time, and she became extremely faint; she had not been exposed to any accident of any kind. Great alarm was excited by the hæmorrhage, for she was fully aware of the danger. Mr. Jackson was immediately summoned. There were no labour pains, and the os uteri was so slightly open that only one finger could be introduced, and the part was extremely rigid and undilatable. The patient was desired to remain in bed, and vinegar and water was applied over the lower part of the abdomen, and cool air admitted. At one o'clock in the morning the flooding and faintness returned, and I saw the patient half an hour after. Two fingers could with difficulty be passed through the os uteri, and with these a portion of the placenta was felt at the anterior part of the cervix. Immediate delivery was required, but the hand could not be introduced to turn the child. With the two fingers introduced through the os uteri, the head of the child was pushed aside; one of the knees was seized and then the foot, but it was impossible from the contracted and rigid state of the os uteri to draw the foot into the vagina without risk of injury. All the efforts I could make were unavailing, and it was resolved therefore to desist for a time, till the os uteri had become more yielding. The hæmorrhage having ceased, Mr. Jackson remained with the patient, prepared, the instant it became possible, to seize the foot and extract the child. At 7 a.m. the hæmorrhage being renewed with great faintness, and the os uteri not only more open but more dilatable, the foot and legs were drawn through by Mr. Jackson, then the nates and the whole child extracted without much force; the placenta came away at the same time. A slight oozing of blood having continued, I saw the patient at eleven, recommended stimulants to be freely given, ice in a bladder to be applied to the external parts, and if the discharge continued, a large sponge to be introduced into the vagina, and that it should be pressed up firmly against the os uteri. A binder and pad had been applied. The child was dead. The patient recovered favourably.

Case 616.—On June 10, 1851, I saw Mrs. C , who had vesico-vaginal fistula, of several years' duration. In her first labour, which was protracted, the forceps had been employed and great force was required to extract the child. In three days sloughing of the vagina and bladder took place. An attempt had been made by an eminent Surgeon to close the fistula, but it was unsuccessful. Caustic had been applied without any advantage. She went away, she said, worse than when she began to be treated in this way. A second pregnancy had taken place, and she did not state that any accident had occurred during the labour.

Case 617.—On July 9, 1851, I saw a lady in Brompton-crescent, who had been seized with profuse uterine hæmorrhage in the womb fourteen days before. Upon the discovery that the placenta presented, she was sent to London, and placed under the care of Mr. Haden. Before the last flooding happened she was perfectly well the moment before, "and she at once and on the instant lost such an enormous quantity of blood, that any attempt to save her was simply hopeless." Mr. Haden "thought it his duty, however, not to let her die undelivered, and therefore turned. Not a drop of blood was lost during the operation or afterwards." According to the nurse's account, "the fatal rush was over in half-a-minute." Mr. Haden had completed the delivery as above stated before my arrival. Had the operation of turning been performed two weeks before in the country, where the hæmorrhage first took place, and it was ascertained that the placenta presented, the result might have been different.

Case 618.—On July 10, 1851, Mr. Pollock, of Hatton-garden, called and informed me that he had been requested to see a patient in labour that morning in a smithy near Leather-lane. I accompanied Mr. Pollock to the house, where I found three Practitioners in Midwifery. Mr. B. had passed his hand into the uterus and brought a foot into the vagina, but could not succeed in turning the child. I assisted to complete what he had commenced, by applying a tape around the ankle, and by the help of this was enabled to make strong traction and bring down the leg and thigh. But the nates would not descend by any force that I could exert. I took the crotchet and passed it into the anus, and the breech quickly descended; both lower extremities and the trunk were delivered, but the arms could not be got down. I passed up the crotchet over one of them, and soon brought it out,—the same with the other. It was then obvious that the pelvis was distorted in a high degree. The base of the sacrum could not have been more—if so much—than two inches from the symphysis pubis. It was certain the head would never pass if its volume were not reduced. I therefore passed up the perforator along the left side of the pelvis, where the occiput was situated, and without much difficulty opened the head freely. The point of the crotchet was then introduced through this opening, and I got a firm hold by fixing its point on the base of the cranium. The greater part of the brain escaped during this period. I then passed up two fingers of the left hand to the right side where the bones of the face were, and fixed the crotchet firmly on the face, and after drawing forcibly for a short time the head passed through the brim. There did not appear to be much distortion at the outlet. The child was at the full period, and of a large size. The placenta immediately followed. I then learned that this woman had been delivered five times. Her first child was born alive, but soon died. The second, third, and fourth were born dead, but without the assistance of

instruments. Dr. S. opened the head the last time, feeling satisfied that the pelvis was much distorted. Premature labour was recommended to be induced in this pregnancy, but the patient would not consent to have it done. I left her with a ghastly countenance, rapid breathing, and feeble pulse. My impression was she could not live. When Mr. B. introduced his hand to turn, he did not feel the head; but the head had presented when the labour commenced, and long after it receded, so that it could not be felt when Mr. Pollock came to me at four o'clock. There could be little doubt that the uterus was ruptured.

Case 619.—Saturday, August 9, 1851, Mrs. ——, Islington. First labour; had commenced on Thursday night; forceps attempted to be applied; child dead; bones riding over one another. I opened and extracted it. It was soon ascertained that there was a second child. Passed up the hand and brought down the feet and delivered. This also had been dead some time. The skin was all peeling off. I was compelled to leave before the placentæ were expelled. 15th. Informed that the placentæ did not come away for two hours, and then were taken away—adhesion to the uterus—taken away with difficulty. Tremendous hæmorrhage followed, but she is recovering. Pulse 110.

Case 620.—On August 23, 1851, I received a letter from an eminent Practitioner, requesting me immediately to see a lady in labour, and to bring a perforator and crotchet with me. The feet had presented. The lower extremities and trunk were delivered, but great difficulty had been experienced in extracting the head. The child was very large, and there had been a difficulty in bringing down the arms. This had been accomplished with the blunt hook. The occiput was then found to be in the hollow of the sacrum. As the child was dead, we considered it wise to perforate the head behind, that the uterus might not be injured. This was done, and the delivery completed without injury. This patient was afterwards cut off by peritonitis.

Case 621.—On Wednesday, August 27, 1851, I was requested to see a patient residing near Howland-street, who had been delivered a week before. Another Medical Practitioner had been called to see the patient, and she was considered by him to be labouring under a dangerous attack of uterine inflammation. I found the bladder enormously distended with urine. The ordinary Medical attendant would not believe me when I informed him of the fact; he did not think it possible that the swelling in the hypogastrium could arise from the over-distended urinary bladder. I begged him to go home for his catheter. This was introduced, and nearly two basins full of urine drawn off. Mr. —— said he had attended 4000 cases of labour, but he never before received such a practical lesson. On September 10 sloughing had taken place; the bladder in a frightful state; and she will probably die.

Case 622.—On August 29, 1851, I was requested to examine a patient who was seven and a-half months pregnant, and deliver an opinion on the propriety of inducing premature labour. The first labour had been protracted and delivery completed with the forceps, and the child was alive. The second labour took place five years after the first and the labour was extremely protracted, but the child was born without instrumental aid. The recovery was bad both times, inflammation having followed. Mrs. H., when I saw her, was in excellent general health. I introduced my finger into the vagina, and pressed it forward in the direction of the base of the sacrum, but I could not reach this, and inferred in consequence that the short diameter of the brim was not distorted. The hollow of the sacrum was capacious, and there was the ordinary distance between the tuberosities of the ischia. I could not be sure that there was unusual projection forward of the extremity of the sacrum and coccyx. Believing that there was no considerable want of room in the pelvis, my opinion was that premature labour should not be induced.

Case 623.—On September 1, 1851, I was called to a case of puerperal convulsions in Stanhope-street, Mornington-road. It was the first labour. Severe fits occurred when the second stage of labour was far advanced. The patient was bled largely. I recommended delay, as the pains were going on regularly, and as it seemed probable the head would be expelled by the natural efforts. Consciousness had returned. The fits were suddenly renewed with great violence. As the child was ascertained to be dead, immediate recourse was had to delivery by craniotomy.

Case 624.—September 17, 1851; Mrs. R. About a week ago the liquor amnii began to escape. Mr. —— was called last night, and remained during the night. No pain; ascertained that a hand presented; strong unsuccessful efforts made to turn. I found an arm hanging out of the vagina; os uteri dilated considerably, but thick and unyielding. Took off my coat, and passed the right hand into the vagina. The hand could not get within the uterus. I felt a knee with my forefinger at the back part. Resolved to try and seize this with my left hand, which I readily did, the forefinger passing into the ham, and the foot brought down, leg, breech, etc.

Case 625.—October 6, 1851, Mrs. M., aged 39, had been delivered prematurely of her first child six years before. The last confinement took place four years before; the labour was very protracted, and the forceps was employed, and the child was born alive; great force used in extracting the head. She has never been able to retain her urine since, and has had little or no control over the action of the bowels. She has had a living child since, and feels worse now than she has ever done before. The perineum has been torn into the rectum. Cannot now retain the contents of the rectum thoroughly. At one time could not retain them at all. I could not, from what I had then seen of various attempts made to repair the perineum when extensively injured, recommend any Surgical operation in this case. To estimate properly the value of the forceps in the practice of midwifery, it is necessary that the results of all the cases in which the instrument has been employed should be recorded.

Case 626.—On October 8, 1851, at four p.m., I was requested to see a patient upon whom the operation of turning had been performed, and the head could not be extracted. I was informed that the head and arm had presented. The woman had no pulse, and was moribund. I opened the head in the back part, and soon extracted it with the crotchet. She was dead a few minutes after. I thought it would have been better if the operation of craniotomy had been performed when artificial assistance first became necessary.

Case 627.—On November 9, 1851, I was attending Lady S. in her first labour. The presentation was natural, and there was every prospect that, in a very short period, the process would be happily completed. Suddenly a great extravasation of blood took place into one of the labia, and it became swollen and livid, and actually burst on the inner surface, and a large effusion of blood took place. Mr. Stone was requested to see the patient in consultation, and we agreed that immediate delivery was necessary, and that the forceps could not be applied, although the head was within the pelvis. Turning was out of the question. I opened and extracted the head very speedily. The recovery was in all respects most satisfactory. Soft emollient applications were made for some time to the affected part, and in the three subsequent labours no accident occurred.

Case 628.—On Wednesday, November 24, 1851, I was called to a case of labour which had commenced at three a.m. on Monday, and had continued all that day and night, and the following day and night. Laudanum and ergot had been alternately given rather freely. When I saw the patient one child had been delivered still-born. The head of the second child presented. There was no pain and no unfavourable symptom. I ruptured the membranes, and a great quantity of liquor amnii escaped. Pains followed, and I expected that the child would soon be born, but this did not take place, and I had reason deeply to regret that the operation of turning had not been performed before the membranes were ruptured, which could have been done without much risk. At six a.m. on Thursday I was again called to see the patient. There had been no progress, and it having been ascertained that the child was dead, the head was opened and extracted. The placenta were obliged to be removed artificially, but no hæmorrhage followed, and the patient recovered more favourably than we had any right to expect.

Case 629.—April 25, 1851, Mr. Pollock came at three p.m. and requested me to see a case of labour near Smithfield. The patient had been in labour all the night. It was not the first labour. Suddenly the pains had ceased, but there was constant violent pain in the upper part of the abdomen, and the different parts of the child could be felt very distinctly through the parietes of the abdomen. The pulse could scarcely be felt. Sickness, but little vomiting. I found a

portion of the funis hanging through the external parts without pulsation. The head loose in the brim. Ghastly sunk countenance. The child being dead, and the patient being in a state to require immediate delivery, I opened the head without delay. A good deal of difficulty was encountered in extracting it. There was difficulty also in extracting the shoulders. No help from the uterus. Waited some time, but as the placenta was not expelled, I extracted it.

"26, Hatton-garden, April 29, 1851.

"Dear Doctor,—Our patient in Cow Cross-street died about ten o'clock on Sunday evening. From the time you saw her till her death, with the exception of the last few hours, she complained of little else than the extreme tenderness of the belly. During the last few hours she had vomiting and diarrhœa.

"What was the cause of death? Not to know this with something bordering on certainty weighed heavily on my mind. So I determined, as the friends refused a post-mortem, not to give a certificate without one. This had the desired effect, and I examined the uterus this morning, and found an ugly rent, large enough to allow the child to escape into the abdomen. It was something like an inverted T (thus ⊥), the upper part being towards, and about three inches from the fundus. I remain, dear Doctor, yours very truly,

"Dr. Robert Lee. T. Pollock."

(To be continued.)

REMARKS ON

DR. THUDICHUM'S EXPERIMENTS ON OXALIC ACID AND OATMEAL GRUEL.

By THOMAS SKINNER, M.D.

The last number of the *Medical Times and Gazette* contains an account of some experiments instituted by Dr. Thudichum, of London, in order to prove that oxalic acid cannot be "secretly administered by one person to another in poisonous doses," upon which I beg to offer the following brief remarks.

Without disputing the validity of the experiments, let me simply glance at Dr. Thudichum's chief conclusion. He says, that his experiments "incontestibly" prove,—"That it is utterly impossible to administer to any person, against his will and without his knowledge, oatmeal gruel containing a poisonous dose of oxalic acid, without the attempt being immediately detected."

I wonder that it never occurred to Dr. Thudichum to sweeten his "disgusting" meals with sugar. I am sure that a pastry-cook would not speak of the utter impossibility of making a pint of oatmeal gruel, acidified with only ten grains of oxalic acid, palatable. Of this I am certain, that it lies in our power, not only to annihilate the sourness, but to render a chronic or even an acutely poisonous dose of oxalic acid, rather pleasant than otherwise. Sugar, I would remind Dr. Thudichum, is the ingredient most generally used to render gruel palatable; and what is more probable than that a secret poisoner should make use of sugar to disguise a sour poison? We very well know that sugar is capable of mitigating, to an almost indefinite extent, the sourness of such a quantity of oxalic acid as neither Dr. Thudichum nor myself would care to swallow.

Although Dr. Thudichum thinks that a draught containing ten grains of oxalic acid to a pint of oatmeal-gruel is a "most disgusting mixture," I wonder what he thinks of the palate and teeth of Pietrowsky, or a friend of his, who swallowed 5 grammes (77½ grains) in five hours, in doses of 1 gramme (15½ grains) at a time. On two other occasions the same person swallowed 7 grammes (108½ grains) in six hours. And on another occasion so much as 8 grammes (℥ij., gr. iv.) were taken in the course of several hours, and most probably without sugar. ("Pathology of the Urine," by Dr. Thudichum, 1858, p. 364.)

Granting the accuracy of Dr. Thudichum's experiments, I think they are open to the following objections:—1. When patients are accustomed to be attended by any one in whom they place every confidence, they are not likely even to suspect that poison lurks within the cup which they believe is to minister to their comfort, and restore them to health. The difficulty often lies in convincing them that their confidence is misplaced. And this arises from the fact that the office of attendant upon the sick is one of love and trust. Strange, but true, many a villain too often succeeds in holding such an office. 2. Patients in this unsuspecting mood, who are wholly ignorant of anything poisonous being offered them, are in a very different position from Dr. Thudichum and his seven students and lady friends, who are already aware that there is something sour in the gruel; or, who cannot but suspect, from the very circumstance of being asked to taste gruel, that there must be something peculiar about it differing from ordinary gruel. 3. The parties were all in the best of health and spirits. It is different with a sick person, who may be "sans teeth, sans eyes, sans taste, sans everything;" and who may have such a thirst as to drown the very idea of taste; and which thirst would feed upon the fluid given and taken to quench it.

As the antacid properties of the saccharine element and of potash seem to have escaped the otherwise vigilant attention of Dr. Thudichum while pursuing his researches on oxalic acid and oatmeal gruel; perhaps he will permit me to suggest, that in any future experiments which he may institute, he might try the effect of a good dash of sugar, and a stick of cinnamon; and if that does not render it sufficiently palatable, he might neutralize some of the acid with potassa. Such steps will in no way interfere with the poisonous action, but I think they might assist in preventing the "mimic spasms" complained of "when moving a tablespoonful of the acid gruel about in the mouth;" and they might also be of some service in warding off the woe-begone sensations of those unhappy participants, who "as if they would never laugh again."

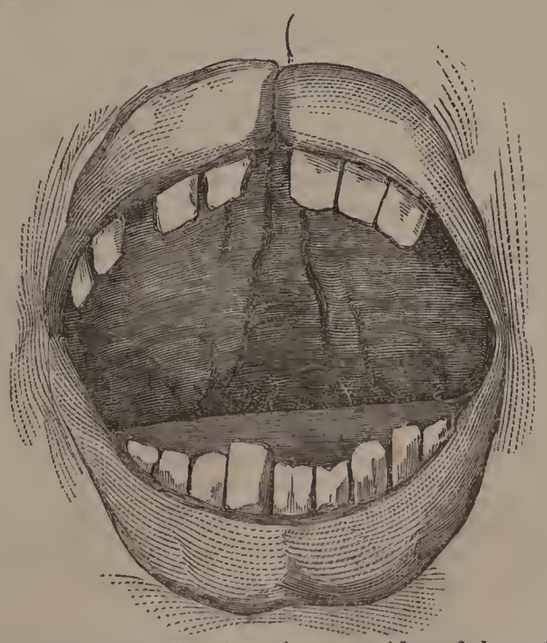
1, St. James's-road, Liverpool.

MALFORMATION RELIEVED BY ARTIFICIAL PALATE.

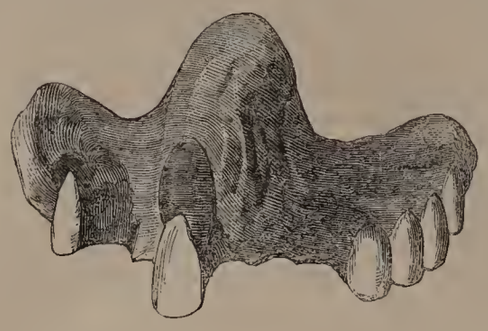
By J. W. ELLIOTT, M.R.C.S.

Surgeon-Dentist to St. Thomas's Hospital.

The following may serve to illustrate the value of mechanical appliances in cases where Surgical interference would be inadmissible. Mrs. A. the subject of congenital hare-lip and malformation of the mouth (on the advice of a Medical friend), consulted me as to the possibility of remedying the deficiency. I found on examination that the palate processes of the maxillary and palate bones, with the vomer and perpendicular plate of the ethmoid were wanting, and that the pillars of the fauces, instead of uniting in the centre, were prolonged anteriorly on to the maxillary bone, so that the natural boundaries being absent, the mouth, nares and pharynx presented but one cavity. In such a state of parts articulation was very imperfect, and deglutition without throwing the head far back impossible.



The accompanying sketches give some idea of the extent of the malformation and of the means used for remedying it.



As the patient had endeavoured to wear a metallic plate but without success, I constructed an artificial palate of vulcanite, which, without much difficulty, she has been able to wear.

Deglutition is now performed with as much ease as if the deformity had never existed, and articulation is so much improved that I have no doubt a little practice will render it nearly perfect.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1859.

The subjoined Report comprises the cases supplied by the following Hospitals (a) :—

Addenbrooke's (Cambridge), the Carlisle Infirmary, the Derby Hospital, the Cheltenham, the Dorset County, the Gloucester, the Hull, the Leicester, the Leeds, the Liverpool Southern, the Norfolk and Norwich, the Nottingham, the North Stafford, the Sheffield, the Sussex County, and the York County Hospital.

AMPUTATION OF THE THIGH.

Case 1.—Addenbrooke's Hospital (Cambridge) : Dr. Humphrey.—A soldier, aged 58. Disease of the knee-joint of two years' duration. Great pain in the joint, attended with swelling. On the inner side of the joint and, as afterwards found, communicating with it, was an elastic swelling which contained about a pint of a semi-gelatinous fluid. Amputation (flap) in the lower third of thigh ; chloroform was not given. The articular surfaces were in part deprived of cartilage, and the synovial membrane was thickened. With the exception of a slight attack of erysipelas of the stump, he recovered well. *Case* 2.—The Sussex County Hospital : Mr. Blaker.—A man, aged 34, of scrofulous habit, and the subject of scrofulous abscesses in various parts for twenty years. The left knee-joint was contracted and anchylosed at a right angle. The lower two-thirds of the femur were extensively diseased. Flap operation on February 14. The stump at first did well ; but at the time of report there was much unhealthy discharge, and it was feared that the bone had again taken on diseased action. General health good. *Case* 3.—Addenbrooke's Hospital (Cambridge) : Mr. Hammond.—A lad, aged 10. Disease of the knee-joint of only two weeks' duration. Amputation in the middle of the thigh by the circular operation. There was found in the removed joint much synovial disease and great destruction of the cartilages. *Case* 4.—Addenbrooke's Hospital (Cambridge) : Mr. Hammond.—A healthy girl, aged 17. Great deformity of the left knee from disease ten years before. The leg was bent at a right angle and perfectly useless. There was also in the foot a large sinus leading to necrosed bone. The femur, tibia, and foot of this leg were each an inch shorter than the same bones on the opposite side. Mr. Hammond operated at the lower third of the thigh. She was reported as doing well at the time of the report. *Case* 5.—The Dorset County Hospital : Mr. Curme.—A woman, aged 20, was admitted September 15, 1859, with a swelling below the left knee, which proved to be cancerous, and infiltrated the head of the tibia. It was of three months' duration. The swelling was very puffy, and seemed to consist of blood and gelatinous matter. The knee was bent at a right angle. The swelling increased rapidly, and she was apparently sinking. Amputation in the middle third of the thigh. The muscles were found very flabby and infiltrated. The circular operation was performed, as the parts about the knee were infiltrated with the cancerous matter. On examination of the knee-joint after amputation, it was free from disease, as anticipated ; but immediately below the joint was a cavity with ten ounces of sanguineo-purulent fluid. The head of the tibia was the seat of malignant deposit, and three times its natural size. Her health speedily improved, and she was discharged cured on December 8. *Case* 6.—The Dorset County Hospital : Mr. Curme.—A boy, aged 12, admitted in January, for strumous disease of the right knee-joint. The disease had existed for six months. The boy was at first treated with a view of obtaining anchylosis ; and he seemed progressing favourably until August, when unfortunately he removed the splints and got out of bed. Inflammation of the joint set in, pus formed and collected in the joint. His health was correspondingly affected, and as he appeared sinking, the limb was removed by the circular operation in the middle third of the thigh. Recovered. *Case* 7. —The Derby Infirmary : Mr. Johnson.—A man, amputation of the right thigh for long-standing disease of the knee-joint. Recovery. *Case* 8.—A healthy man, his right leg was smashed up to the knee-joint by a bark mill. Flap amputation. Recovery. *Case* 9.—The Gloucester Infirmary : Mr. Wilton.—A man, aged 35, amputation in middle third of the thigh for epithelioma occurring in the cicatrix of a burn. The disease had involved the deeper structures. Recovery. Nearly a year after the operation the stump remained sound. *Case* 10. —The Gloucester Infirmary : Mr. Wilton.—A man, aged 29, disease of the knee-joint of four years' standing. Flap amputation. Recovery. *Case* 11.—The Sussex County Infirmary : Mr. Blaker.—A boy, aged 16, circular amputation of thigh for suppuration in the knee-joint caused by a penetrating wound of the joint. Secondary abscesses in the other foot. Under treatment. *Case* 12.—The Hull Infirmary : Mr. Craven. —Disease of the knee-joint for two years, following an injury. The limb was flexed at a right angle, and there was much general enlargement of the joint with ulcers on the outer side. Amputation in the middle third of the thigh by the circular operation. Silver sutures were used. Recovery. *Case* 13.—The Bristol General Infirmary : Mr. Godfrey.—A very extensive fatty tumour surrounded the knee-joint, it had been five years forming. Its greatest circumference was two feet four inches. Flap operation at the junction of middle and lower third. Under treatment. *Case* 14.—The Sussex County Hospital : Mr. Lowdell.—A woman, aged 43. Strumous disease of the tibia for more than a year. The disease was very extensive, and implicated the head of the bone close to the joint. Amputation was performed above the knee. Recovered. *Case* 15.—The York County Hospital : Mr. Hey.—A man of dissipated habits, aged 42. Leg and lower part of thigh crushed by a threshing-machine. Amputation high up through the thigh. Recovery. *Case* 16.—The York County Hospital : Mr. Husband.—A man, aged 32, in feeble health. Disease of the knee ; pulpy degeneration. Amputation. Recovery. *Case* 17. — The South Staffordshire Infirmary : Mr. Sandford.—Amputation by the circular operation for strumous disease of the knee-joint. Recovery. *Case* 18.—The Sheffield General Infirmary : Mr. Jackson.—A tall, delicate, emaciated lad was admitted in February, 1859, for a tumour on the inner side of the left knee, extending beneath the inner head of the gastrocnemius, also covering the front of the upper fourth of the tibia. It began twelve months before admission. Teale's operation by long and short rectangular flap was performed on March 5. After the operation the tumour was carefully dissected out, and proved to be a large encephaloid one of very vascular character. By its encroachment on the tibia it had produced ulceration and absorption of that bone for five or six inches in length, and extending quite into its cancellous structure. A mere shell of bone separated it from the joint, which was free from disease, except the inner articular cartilage, which was slightly roughened. He recovered slowly, and was dis-

(a) Two or three other Institutions also furnish a few cases which had been omitted in previous reports, and are now inserted in order to completeness, although the Hospitals referred to do not supply us with their cases operated upon during 1859.

charged with the stump nearly healed. He was re-admitted three months after for "pneumonia," the stump being quite sound. It was supposed that there was some malignant deposit in the chest. The patient died on June 25. No autopsy was permitted. *Case* 19.—The Sheffield Infirmary: Mr. Barber.—A thin, emaciated, and very feeble man, aged 57, was admitted with gangrene of the toes, which extended up the leg, and necessitated amputation of the thigh. Recovery. *Case* 20.—The Sheffield Infirmary: Mr. Barber.—A strumous lad, aged 9, who had suffered from strumous disease of the knee-joint for five years. The circular operation was performed. The ends of the femur and tibia were found extensively diseased. Recovery. *Case* 21.—The Sheffield Infirmary: Mr. Jackson.—A man, aged 28. Compound fracture of left leg. Extensive inflammation and suppuration followed, and it was found necessary to amputate. Recovery. *Case* 22.—The Sussex County Hospital: Mr. Blaker.—A man, aged 36, a compound comminuted fracture of the lower end of the femur, with extensive laceration of the soft parts. The femoral artery was also divided. Amputation through the upper third of thigh. Under treatment; doing well. *Case* 23.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A healthy man, aged 21, disease of the knee for ten years. It had resisted all treatment, and the man was determined to have it off, refusing excision. Teale's method adopted. Recovery. *Case* 24.—Hull Infirmary: Dr. Lunn.—A delicate boy, aged 17. On admission, the joint was tense and painful. Scott's dressing and various methods were tried, but without benefit. As extensive disease of the bones was suspected, it was thought better to amputate, which was done by the circular method. After removal it was found that the joint was extensively diseased, the bone being soft and vascular for a considerable distance from the joint. Recovery. *Case* 25.—The Sheffield Hospital: Mr. Favell.—A boy, aged 9; strumous disease of the knee for seven years. Amputation; recovery. *Case* 26.—The Hull Infirmary: Dr. King.—A boy, aged 4, severe compound comminuted fracture of the limb close up to the knee-joint. The left foot and arm were also injured. The limb was removed at the lower third of the thigh by the flap operation. Slow recovery. *Case* 27.—The Leeds Infirmary: Mr. Teale.—A pale, anæmic man, aged 23; disease of the knee-joint. The lower end of the femur was expanded to the size of a child's head. Amputation by rectangular flaps. Severe secondary hæmorrhage occurred on the same day, necessitating the opening out of the stump. The patient, however, ultimately did well. *Case* 28.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A strumous girl, aged 10; the knee much swollen, and fixed at a right angle. There are numerous sinuses leading to bare bone. Muscles of thigh and leg wasted. Amputation by Teale's rectangular flap operation. Recovery. *Case* 29.—The Leeds Infirmary: Mr. Smith.—A strumous boy, aged 9; disease of the knee-joint of long standing. Amputation by rectangular flaps. Recovered; good stump. *Case* 30.—The York County Hospital: Mr. Husband.—A boy, aged 11, necrosis of tibia and ulceration of the cartilages of the knee-joint. Amputation of thigh in lower third. Recovery. *Case* 31.—The Liverpool Royal Infirmary: Mr. Bickersteth.—An unhealthy-looking man, aged 23; disease of the knee-joint of fourteen months' duration. He was becoming gradually worn down by the pain and discharge. Amputation in the lower third of thigh. The joint was quite diseased, cartilages ulcerated, etc. Recovered. *Case* 32.—The Hull Infirmary: Dr. King.—A delicate lad, aged 11, disease of the knee-joint for sixteen months, following injury. There was general enlargement of the joint, which was bent at an acute angle. Sinuses about the joint discharging pus. Recovery. *Case* 33.—The Leicester Infirmary: Mr. Paget.—A man, aged 22; five years before admission he had some affection of his knee, which ended in anchylosis, the leg being bent at such an angle as to be useless. Amputation by flaps at the junction of the middle and lower third. Recovery. *Case* 34.—The Leicester Infirmary: Mr. Paget.—A man, aged 20, admitted for pain and swelling in the upper part of the tibia. Iodide of potassium, mercurials, and various other means resorted to without success. He was discharged and again admitted. The head of the bone being much enlarged, flap amputation was performed at the junction of the middle and lower third of the thigh. On examination of the limb after removal the disease proved to be osteoid cancer. He recovered, and was discharged cured. After a few months, however, he died of cancer; the exact particulars of the recurrence were, however, not obtained. *Case* 35.—The Leicester Infirmary: Mr. Paget.—A man, aged 59, of good general health. Malignant disease of the tibia. Amputation by Teale's method at the junction of middle and lower third. The man recovered well. *Case* 36.—The Norwich Hospital: Mr. Nicholls.—A man, aged 58. Disease of the left knee-joint for six years, following injury. Flap operation. Recovery. *Case* 37.—The Norwich Hospital: Mr. Cadge.—A man, aged 29. Disease of the left knee-joint for twelve months. Amputation; flap operation. The disease was myeloid. Recovery. *Case* 38.—The Norwich Hospital: Mr. Cadge.—A boy, aged 10. Disease of the right knee-joint for three years. Amputation; flap operation. Recovered; but was re-admitted with disease of the cellular tissue about the stump. *Case* 39.—The Norwich Hospital: Mr. Nicholls.—Disease of the knee-joint of five months' duration. Flap operation; extensive abscesses followed. Recovery. *Case* 40.—The Norwich Hospital: Mr. Cadge—Disease of the right knee-joint following a blow. Flap operation. Recovery. *Case* 41.—The Hull Infirmary: Dr. Lunn.—A delicate boy, aged 8, was admitted with swelling by the side of the knee. Glairy pus was evacuated, and bare bone felt in the cavity. Secondary affection of the joint followed. He left for a month, and on his return was much emaciated, was very pale, and had cough, but no marked chest symptoms. The limb was removed by the flap operation. After removal the joint was examined, and pulpy degeneration of the synovial membrane, with ulceration of the articular cartilages. Recovered. *Case* 42.—The Sheffield Infirmary: Mr. Barber.—A man, aged 33, of strumous habit. His knee-joint had been excised three months previously. No union took place; and as he was rapidly losing flesh, and hectic coming on, amputation was performed. Recovered. *Case* 43.—The Hull Infirmary: Dr. Lunn.—A man, aged 36, was admitted on August 17. Compound fracture of tibia and femur into the knee-joint. He was, on admission, in a state of great exhaustion, having lost much blood. Amputation (the circular operation) at the middle of the thigh, three or four hours after the accident. Some sloughing of the integuments of the stump followed. He did well ultimately, and was discharged October 18. *Case* 44.—The Liverpool Royal Infirmary: Mr. Bickersteth.—A stout healthy man, aged 43, received, on July 2, a compound comminuted fracture into the knee-joint, owing to a mass of stone falling on him. The lower end of the femur was broken in several pieces, but the tibia and patella were uninjured. There was severe hæmorrhage from the fractured bone, and the joint was opened into in three or four places. The man refused to have amputation through the thigh performed. Free incisions were then made on each side of the joint, and the fractured portion of the femur removed; the patella was left. The limb was placed on a swing splint, and the parts healed without a single bad sympton. The man, however, finding that a leg like a flail was of no use to him, requested removal of the limb, which was performed. Recovered. *Case* 45.—The Liverpool Royal Infirmary: Mr. Long.—A delicate strumous lad, aged 11, for disease of knee-joint. Excision of the joint had been performed in the previous May (*vide* former Report). The lad did well at first, but the discharge in time began to tell upon him, in spite of good diet, wine, etc. His legs and scrotum got œdematous, and he had frequent vomiting, and a tympanitic abdomen—in fact, was getting gradually worn out. Under these circumstances, amputation through the thigh was performed in the middle third. The tissues were extensively disorganised and the bones were diseased. Secondary hæmorrhage occurred, and another ligature placed on the femoral, after which no further bleeding took place. The boy slowly recovered, and the stump did well, and was discharged cured on October 23. After the excision of the joint, the limb had been placed on a back iron splint, which was swung; by this means, the parts had been kept in good apposition and perfectly quiet. *Case* 46.—The Liverpool Royal Infirmary: Mr. Long.—A stout, healthy man, aged 40, with disease of the knee-joint. Amputation. Recovery. *Case* 47.—The Bristol General Hospital: Mr. Coe.—A boy, aged 4, whose knee-joint had been excised nine months before. Circular operation. Recovery. *Case* 48.—The Leeds Infirmary: Mr. Hey.—A boy, aged 18. He had submitted to amputation of the leg two years before, for disease of the ankle-joint. The knee had since become affected. Amputa-

tion. Recovery. *Case* 49.—The Leeds Infirmary: Mr. Smith.—A delicate boy, aged 11. Old-standing disease of the knee-joint, the limb in a bent position. Amputation. Recovery. *Case* 50.—The Leeds Infirmary: Mr. Teale.—A man, aged 30. Disease of the knee-joint had existed fourteen months. Amputation. Recovery. *Case* 51.—The Leeds Infirmary: Mr. Smith.—A delicate boy. Disease of the knee-joint of two years' standing. Amputation. Recovery. *Case* 52.—The Leeds Infirmary: Mr. Hey.—A woman, aged 36. Excision of the knee-joint had been performed a year before. There had never been any anchylosis, and as disease returned in the parts amputation was performed. Recovered. *Case* 53.—The Leeds Infirmary: Mr. Teale.—A man, aged 24. Disease of the knee-joint. Recovered. *Case* 54.—The Leeds Infirmary: Mr. Hey.—A woman, aged 36. Old disease of the knee. Amputation. There was some sloughing of the flaps. Chloroform had been given, and there was much sickness for some days. Recovered. *Case* 55.—The Leeds Infirmary: Mr. Teale.—A man, aged 25. Old disease of the knee. Recovered well.

FATAL CASES.

Case 56.—A man, aged 25. Compound comminuted fracture of the thigh. Circular operation. Death from pyæmia. *Case* 57.—A man, aged 25. Compound comminuted fracture of the left thigh. He had lost a large quantity of blood before the operation. Amputation. Death in seventy-eight hours. *Case* 58.—A robust looking but intemperate man, was admitted for a compound fracture of the left leg in the middle third and a simple fracture of the right. Gangrene came on in the left foot, and extended to the leg. Amputation in the left thigh. Circular operation. Died on the seventh day from repeated attacks of secondary hæmorrhage, the stump having sloughed. *Case* 59.—A healthy-looking intemperate man, admitted for a compound comminuted fracture of the right thigh. He was almost in collapse on admission. Amputation. He went on well for three days when pyæmia set in, and he died on the seventh. *Case* 60.—A man, aged 48, received a severe contusion of the ham three weeks before the operation. There was probably an injury to the popliteal artery as no pulsation could be detected in the posterior tibial. Gangrene of the leg set in the day before the amputation, which was performed through the thigh by the rectangular method. He never rallied, and died on the seventeenth day, symptoms of pyæmia being present. *Case* 61.—A man, aged 52. Amputation of thigh by rectangular flap for medullary cancer of the leg. He was a man of feeble power, and his muscles were found to be infested with trichina spiralis. Much sloughing of the long flap. Death followed from exhaustion. The autopsy showed nothing of moment but a feeble fatty heart. *Case* 62.—A man, aged 60, of very intemperate habits, sustained a fracture at the upper end of the tibia with much displacement. Gangrene set in in forty-hours, and travelled up to the knee. Amputation of the thigh by rectangular flaps at the end of three weeks. He died on the sixth day. Nothing recent was found at the autopsy. The heart was large and fatty. The kidneys large and containing many small cysts. *Case* 63.—A pale emaciated woman, aged 39, was admitted with an immense ulcer, occupying the outer side of the leg from the trochanter to the ankle. It occupied the scar of a burn. The burn had occurred in childhood, and the ulceration in its cicatrix had existed for twenty years. Any prospect of cure appearing hopeless, amputation was performed, a long flap being taken from the inner side of the limb. Much blood was lost at the operation, as a tourniquet could not be applied. She died from exhaustion on the eleventh day. Nothing peculiar was found at the autopsy. *Case* 64.—A delicate man, aged 49, was admitted with extensive sinuses in the lower part of the thigh, attended with profuse discharge. He was sinking in spite of the most liberal allowance of stimulants and nourishing food. Amputation by the circular method was performed, and there was some oozing of blood from the stump. Death. *Case* 65.—A man, aged 36. Compound dislocation at the knee-joint, great laceration of soft parts, dislocation of shoulder-joint, wounds of scalp, from a fall from a building. Amputation by rectangular flaps in the middle third of the thigh. He sank on the third day from mortification of soft parts caused by the great violence of the injury. *Case* 66.—A woman, aged 67. Previous to the present disease healthy. Acute inflammation of the right knee-joint attended with great pain. Pus formed and found its way to the surface. Amputation. She went on well for some time, but subsequently tubercles were detected in the left lung. Diarrhœa set in, and death followed. *Case* 67.—A man, aged 26. Amputation of the lower third of thigh for malignant disease of tibia. He had had some pain in the leg for three months, but the swelling had been noticed only since an injury received three weeks before. He died on the seventeenth day after the operation from exhaustion, symptoms of trismus setting in within a few hours before death. No secondary deposits of cancer or pus were found at the autopsy. *Case* 68.—A delicate girl, aged 16. Strumous disease of the knee-joint. Amputation was performed. Death from pyæmia. *Case* 69.—A man, aged 26, had ligature of the femoral artery for popliteal aneurism. He went out apparently well, and shortly afterwards returned to his work. He came again to the Hospital in about six months. He had now enormous swelling of the lower third of the thigh and upper part of the leg. Numerous veins were seen coursing over it, and the man suffered great pain. This pain and swelling had come on about ten days before admission. It had an elastic feel; no pulsation could be detected, but a bruit was heard over the upper and inner part. Amputation was performed through the thigh. Severe hæmorrhage came on, and the man sank five days afterwards. *Case* 70.—A labourer, aged 34, was admitted with a wound on the inner side of the left knee. It did not appear that the joint had been penetrated. Diffuse inflammation of the cellular tissue of the thigh followed. The man refused to submit to amputation until his strength had been much reduced by long-continued and profuse suppuration. Amputation in the upper third was performed five weeks after his admission. He did well for a few days, but subsequently abscesses formed in his back and in the stump, and he sank one month after the operation. *Case* 71.—A woman, aged 21, the subject of strumous disease of the knee-joint of long standing. She was in a very feeble state, and suffering from profuse discharge. Amputation through the thigh. Death from exhaustion on the third day.

AMPUTATION OF THE LEG.

Case 1.—The Leeds Infirmary: Mr. Teale.—A delicate man, aged 24. Amputation of the leg for disease of the ankle-joint. Recovery. *Case* 2.—The Leeds Infirmary: Mr. Teale.—A delicate man, aged 27. Amputation of the leg for disease of the ankle-joint. Recovery. *Case* 3.—The Leeds Infirmary: Mr. Teale.—A boy, aged 14. Disease of the ankle of two years' standing. Recovery. *Case* 4.—The Leeds Infirmary: Mr. Smith.—A boy, aged 16. A severe smash of the leg, requiring amputation just below the knee. Slow recovery, on account of there being a deficiency of skin for a covering. *Case* 5.—The Royal Berkshire Hospital: Mr. Bulley.—A healthy boy, aged 13. Hopeless disease of the foot of four years' standing. Amputation of leg. Most alarming hæmorrhage occurred an hour after the operation. He, however, rallied, and did well. It was found that the muscles of the calf had undergone fatty degeneration, not a trace of muscular fibre being to be found. An excellent stump, however, resulted. *Case* 6.—The Norwich Hospital: Mr. Cadge.—A man, aged 22. Strumous disease of the left ankle-joint of two years' duration. Teale's operation. The stump healed remarkably well. He left the Hospital cured, but has since died from phthisis. *Case* 7.—The Nottingham Hospital: Mr. Wright.—A man, aged 56, who had had amputation at the ankle-joint (see below). Amputation below the knee. Recovery. *Case* 8.—Addenbrooke's Hospital (Cambridge): Dr. Humphry. — A man, aged 35, whose foot had been amputated at the ankle-joint a few months previously (see below); an ulcer remaining at the end of the stump, and there being diseased bone, a second amputation was performed at the upper part of the leg, after which he recovered well. *Case* 9.—Addenbrooke's Hospital, (Cambridge): Dr. Humphry.—An unhealthy man, aged 40, on the middle of whose leg a very painful ulcer had been caused by the bite of a horse. The ulcer resisted all means of treatment; and at length Dr. Humphry dissected it out entirely, transplanting a flap of skin from the calf. The flap sloughed. The man was now free from pain, and regained his health. The sore left was, however, very large, and the man's patience being exhausted, he was anxious that the leg should be amputated. Amputation in the upper third. Recovery. *Case* 10.—The Norwich Hospital: Mr. Nicholls.—Strumous disease of the

tarsus and ankle-joint, of many years' duration. Flap amputation of the lower third. Recovery. *Case* 11.—The York County Hospital: Mr. Husband.—A man, aged 30; disease of the leg and tarsus. Amputation below the knee. Recovery. *Case* 12.—The Liverpool Royal Infirmary: Mr. Long.—A healthy-looking boy, aged 15. The disease, which was of eighteen months' duration, appeared to be confined to the ankle-joint, and Symes' operation was performed; but, on sawing off the end of the tibia, a cavity was found extending two inches or more up the shaft. Amputation was then performed through the middle third of the leg. *Case* 13.—The Liverpool Royal Infirmary.—A boy, aged 9. Disease of the ankle, of two years' duration. Amputation through the middle of the leg. Joint in a state of pulpy degeneration of synovial membrane. *Case* 14.—The Bradford Infirmary: Mr. Parkinson.—A man, aged 20. Old-standing strumous disease of the ankle and foot. Amputation at the lower third of leg. Recovery. *Case* 15.—The York County Hospital: Mr. Husband.—A woman, aged 30, the subject of strumous disease of the ankle and tarsus, of eight years' duration. In very feeble health. Amputation by rectangular flaps. The lower end of the lower flap sloughed to a slight extent. Her recovery, on account of her feeble state, was very protracted, and she had several attacks of erysipelas of the stump. *Case* 16.—The Leeds Infirmary: Mr. Hey.—An emaciated man, aged 35, the subject of disease of the ankle-joint, of nine years' duration. Amputation. Recovery. *Case* 17.—The North Stafford Infirmary: Mr. Garner.—A boy, who had been admitted with a severe burn of the foot, after which extensive sloughing followed, leaving the bones exposed. Amputation in the lower third. Recovery. *Case.* 18.—The Nottingham Hospital: Mr. Wright.—A woman, aged 26, the subject of disease of the ankle-joint, for which some portion of the lower end of the tibia had been removed without benefit. She was in tolerable health. Amputation. Recovery. *Case* 19.—The Nottingham Hospital: Mr. Wright.—A woman, aged 36, the subject of disease of the tarsus. Amputation below the knee by rectangular flap. Recovery. *Case* 20.—The Sheffield Infirmary: Mr. Favell.—A healthy man, aged 44, admitted with compound fracture of the inner malleolus of the astragalus, and of the fibula. Primary amputation fourteen hours after admission. After the operation he had several abscesses form among the muscles of the calf, which opened into the stump. Recovery. *Case* 21.—The Sheffield Infirmary: Mr. Jackson.—A delicate woman, aged 22, the subject of chronic disease of the ankle-joint of a year's duration. Amputation in the middle third. Necrosis of the end of the tibia retarded the healing of the stump. Recovery. *Case* 22. — Addenbrooke's Hospital (Cambridge): Mr. Lestourgeon. — An emaciated, feeble man, aged 40, was admitted with a sloughing ulcer of the leg, by which the tendons had been destroyed and the bone exposed. Circular amputation below the knee. Sloughing of the stump. Recovery. *Case* 23.—The Sussex County Hospital: Mr. Furner.—A boy, aged 13; amputation at the upper third for strumous disease of the tarsus. Recovery. *Case* 24.—The Sussex County Hospital: Mr. Lowdell.—A boy, aged 11, the subject of strumous disease of the tarsus. Amputation. Recovery. *Case* 25.—The Derby Infirmary: Mr. Johnson.—A boy, aged 19, was admitted; his left foot having been torn off in a bark-mill. The stump was all but healed in the seventh week, when it was attacked by hospital gangrene. Recovery. *Case* 26.—Addenbrooke's Hospital (Cambridge): Dr. Humphrey.—A man, aged 55, in ill-health, with the cicatrices of ulcers in various parts of his body, was admitted on account of a large circular ulcer which surrounded the right leg. The margin of the ulcers were much indurated, and a cure was apparently quite hopeless. Recovery. *Case* 27.—The York County Hospital: Mr. Hey.—A man, aged 43, the subject of strumous disease of the tarsus. Amputation in the upper third. Recovery. *Case* 28.—The Leeds Infirmary: Mr. Smith.—A boy, aged 9, the subject of diseased tarsus. Amputation by rectangular flaps. Recovery. *Case* 29.—The Leeds Infirmary: Mr. Smith.—A man, aged 50, whose leg had been amputated eight years before, was admitted on account of the cicatrix being adherent and ulcerated. A second amputation was performed, the flap being taken from behind. Recovery. *Case* 30.—Addenbrooke's Hospital (Cambridge): Mr. Lestourgeon.—A woman, aged 39, much out of health, admitted with a large mass of encephaloid cancer in the lower third of the thigh. The tumour was firm to the touch, and had not caused much pain. An exploratory incision under chloroform having confirmed the diagnosis, amputation in the upper third of the thigh was performed. The medulla where the bone was sawn through looked healthy though rather vascular. *Case* 31.—The Sussex County Hospital: Mr. Blaker.—A man, aged 36. Primary amputation through the thigh on account of crushed limb in a railway accident. Recovery. *Case* 32.—The Sussex County Hospital: Mr. Furner.—A man, aged 20. Primary amputation of the thigh on account of compound comminuted fracture implicating the knee-joint. Great sloughing of the stump subsequently. Under treatment. *Case* 33.—The Cheltenham Hospital: Mr. Eves.—A man, aged 35, for ten years the subject of disease of the knee-joint. Amputation. A large quantity of matter was found in the joint, and the bone was extensively diseased. *Case* 34.—The Cheltenham Hospital: Dr. Wright.—A little girl, aged 6, the subject of disease of the knee-joint of fifteen months' duration. She was a delicate "scrofulous" child. Amputation. *Case* 35.—The Leeds Infirmary: Mr. Smith.—A boy, aged 18, in very feeble health. Disease of the knee-joint for fourteen months. Amputation. Recovery.

FATAL CASES.

Case 36.—A young man, aged 19, strumous disease of the ankle-joint. Teale's operation. Considerable hæmorrhage from the medullary artery of the tibia, restrained with difficulty. He had also several attacks of secondary hæmorrhage. Pyæmia came on, and he died on the twenty-eighth day after the operation. *Case* 37.—A man, aged 44. Amputation just below the knee for severe smash caused by a threshing-machine. He never seemed to rally, and death took place on the tenth day. At the autopsy a slight recent pleurisy was found at the left side. *Case* 38.—A man, aged 24, sallow and of unhealthy aspect, the subject of disease of the ankle-joint. Amputation by rectangular flaps. The stump was in a sloughing condition from the first. On the seventeenth day severe secondary hæmorrhage occurred, requiring the whole of the stump to be opened out. Death on the twentieth day. The kidneys were found large and pale. *Case* 39.—A man, aged 21, the subject of malignant disease of the tibia. Amputation by rectangular flaps in the upper part of the leg. Death from exhaustion, with diphtheria, on the tenth day. *Case* 40.—A man, aged 19, was admitted with severe compound fracture in the middle of the leg An attempt was made to save the limb. The patient, however, became feverish and delirious, and the aspect of things looking ill, amputation was performed on the third day. Trismus came on soon after the operation, and was followed by general contraction of the muscles, with but very slight spasms. The man passed into a semi-comatose condition, and death took place on the third day after the operation. *Case* 41.—A woman, aged 50, very stout, was admitted with a compound fracture of the leg close to the ankle-joint, caused by a threshing-machine. Primary amputation in the middle third. Death from pyæmia on the twenty-first day. *Case* 42.—A man, aged 38, was admitted with a compound fracture of the left leg, and a simple fracture of the right leg, having also received fractures of both clavicles and of several ribs. The injuries had been caused by a quantity of coal falling on to him. Primary amputation of the left leg. Death from pyæmia three weeks after the operation. *Case* 43.—A stout man, aged 35, of very intemperate habits, was admitted with a severe compound comminuted fracture of the tibia and fibula received while intoxicated. He had lost much blood, and the soft parts were much contused. Primary amputation. Gangrene of the stump followed, and he sank on the fifth day. *Case* 44.—A woman, aged 51, in feeble health, was admitted with a large chronic ulcer of twenty years' duration. She remained in the Hospital for some weeks under treatment, but getting weaker and no local improvement having been obtained, it was determined to amputate the limb, as affording her the only chance of recovery—and that a very small one. Amputation by the circular method. Her debility was so extreme that it was not considered wise to exhibit chloroform to its full effect. She remained in a very feeble state after the operation, and died on the fourth day. *Case* 45.—A lad, aged 16, admitted with compound fracture of both legs from a machinery accident. The right leg had been torn off, and amputation below the knee was

performed eight hours afterwards. An attempt was made to save the left leg, but the patient sank. Death took place on the eighth day.

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Medical Times and Gazette.

SATURDAY, APRIL 28.

WET-NURSES.

Our attention has been lately called to a paper which was contributed by Mrs. M. A. Baines to the Association of Social Science at Bradford. The authoress therein denounces the practice of hiring wet-nurses from the class of individuals called the "fallen." And she is also in it led to speak of the reasons why this business of wet-nursing has become such a regular and extensive trade. With both the positions which Mrs. Baines takes up we cordially agree, and have already, on various occasions, expressed our sentiments. The true ends of morality can never be served by holding out a premium to vice, which the establishment of a regular systematised House of Call where suckling mothers of illegitimates may find a valuable market for their wares, would undoubtedly offer. Another manifest evil resulting from the system of wet-nursing, is the immense mortality of the infants of the nursing mother. Mr. Acton, in a paper read before the Statistical Society, has pointed out this fact in a most striking manner. The mortality of these infants is, in some parishes, frightful; and he proposes, to obviate this, that the mothers should be employed as wet-nurses. Now, we would ask, on this head, if it is not very probable that many of these numerous and premature deaths are actually the result and consequence of the mothers of the children being employed as wet-nurses? Curious enough, as indeed seems more than probable, that the very means which Mr. Acton proposes to alleviate the distresses of the "fallen," and diminish the mortality of their illegitimate offspring, should be one of the causes which produces such mortality.

Mrs. Baines strikes at the root of this wet-nursing evil, and in all she says on this point we most cordially agree. Mothers, who are able to do so, ought to suckle their own children. But whose is the fault that so many mothers now-a-days neglect to perform this duty, of which every instinct, and natural impulse, and moral and religious duty enjoin the performance? We unhesitatingly say, that the cause of this great neglect of moral and natural duties—not to say the crime—lies mainly at the door of the members of our own Profession. Undoubtedly there are cases in which the suckling of the child might be something like death to the mother, and where the duty of the Physician manifestly enjoins him to relieve her from this maternal duty. But these cases are comparatively rare; and even in these the question may be well asked, whether the child may not be safely brought up by hand. As Dr. Routh has clearly shown, ignorant management in the artificial feeding of the child, is a most fertile source of the mortality which is said to result from the want of breast-milk. The real truth is, that a great number of children are brought up by hand, and brought up safely and securely; and we firmly believe, that if only due care and right and proper attention were paid to the nature of the food, and the mode of its preparation, the wet-nurse need be very rarely called into requisition.

The extent to which this practice of using wet-nurses is carried in the upper and middle ranks is notorious, and in our opinion most unjustifiable. As we have already said, the thing is done mainly because it is enjoined by members of our Profession. Some mothers—few and unnatural—are only too glad to be relieved of a duty which interferes with their routine of fashionable pleasure; but many, and the great majority of mothers, yield to the instances of the Doctor only after remonstrances, and at the urgent entreaties of their friends. Cases have often come under our own observation, in which from personal knowledge we can assert that the wet-nurse was a superfluity. Most certainly, neither the Doctor who enjoins the procuring of the wet-nurse, nor the mother who procures her, are fully aware of the deep responsibility which rests upon them in respect of the life of the wet-nurse's child. The proceeding will bear no testing either by the standard of natural or religious laws. It is founded on a contradiction of the laws of Nature, and is therefore, of necessity, an unnatural proceeding. The wet-nurse and her milk, or rather her child's milk, is purchased; and often does it happen that she is closely watched, and allowed no sort of communication with her own family, lest she defraud the foster-child of its food! Is not the idea shameful?

But it may be said, if hand-feeding be so little dangerous, why need harm come to the forsaken one? The answer is obvious: hand-feeding requires care and attention, and the power of procuring foods which the wet-nurse does not enjoy, but which she who can hire the nurse can have in abundance. Besides, the one can have skill and science at her command, the other's child must be reared by the hand of ignorance. Let our Profession do its duty, and refuse to sanction the procuring of a wet-nurse, except in those cases in which the necessity of the thing is clear and manifest, *i.e.* in which neither the mother can feed her child, nor the child be reared artificially, and we will venture to affirm that the *system* of wet-nursing would at once be enormously diminished. We have no hesitation, also, in asserting, that so long as the system lasts, society has a right to demand that a guarantee be given as to the proper and due nourishment of the wet-nurse's child. If it can be shown, as it undoubtedly may, that the mortality of these forsaken infants is *unnecessarily* large, and that its excess depends upon this system of wet-nursing, then, undoubtedly, it becomes the duty of society to interfere here between the parent and her child, just as it interferes in the case, for instance, of overhours of work in our manufactories. It has protected the children in one case against an evil which destroyed many of them, why should it not do so, equally, in this?

Here, as in the case of all other social evils, there is no such thing as patching-up and cobbling at the difficulties and misery which result from them. The only way to remove them is to lay the axe to their very root. The way to treat fever and cholera effectually is to remove the causes which call them into action; and just so in this case. It is no use attempting to tinker up an existing evil and its consequences—the proper procedure is, manifestly, to remove the nuisance altogether. What is the use of our snatching—to speak Exeter-hall language—a few "brands from the fire" of the Great Social Evil, whilst their removal, as things are now constituted, only precipitates fresh victims to their fall? The supply exceeds the demand. To cure the misery of this evil, also, we must strike at the roots of the causes which are its fosterers.

Since the above lines were written, an important discussion upon some of the topics here referred to has taken place at the Medical Society after an able paper by Dr. Routh. We very much regret, however, that the question as to the part which our Profession takes in the unnecessary recommendation of wet-nurses was not discussed. We think that this point might have been well brought prominently before the Profession. We have on a previous occasion fully stated our objection to Mr. Acton's scheme of employing the "fallen" as wet-nurses; and we are pleased to see that the arguments which we then used are strengthened by the opinions of others.

It is curious to notice that many of the questions brought forward incidentally for discussion of a physiological character are still left entirely in the position of questions. Is the mental condition of the child affected by the mother's milk, or as Mr. Acton is made to call it, by an "immoral milk"? The answer is all vague. Dr. Jephson says that the nurses of Tiberius and Caligula were persons of bad character—though it might be suggested that the badness (and what must the character have been which was called *bad* in those days?) of the nurses' characters was discovered after the development by these two Roman gentlemen of their villanous peculiarities. Dr. Richardson took a sensible physiological view of the matter, and did not believe from physiological data that the mother's milk would infect either the mind or body of the infant. Evidently physiology is more likely to help us to an answer of this question than either Roman history or modern fables. Does Dr. Jephson believe that Romulus was suckled by a wolf? Mr. Acton does not believe in milk conveying the mental peculiaritiesof the secretor of it to the child; and tells us, that there were well-known instances of the children of pious parents, suckled by the mother, turning out highly immoral characters. Dr. Webster believed in the hypothesis, and referred to Sir Walter Scott's novels for his authority.

On the points already taken up by us in the above lines, however, there was a general coincidence in opinion, viz. that wet-nursing was carried too far; that it was the cause of great mortality among illegitimate children; that on moral grounds the establishing of a system of supplying wet-nurses from the "fallen" is highly undesirable, that nurses from this class often effect much mischief in private families, and that if more care were taken in artificial feeding, the child so fed would rarely suffer in consequence.

THE WEEK.

In answer to several correspondents, who have inquired what are the Regulations established by the Royal College of Physicians of London, for the carrying out of the measure adopted by them for the creation of a class of Licentiates, we beg to state:—That the Bye-laws, which will embody the Regulations, have not yet been finally agreed upon. It would be, therefore, premature to give any details concerning them. We may, however, remark that there is every reason to believe the College will frame the Regulations on principles which will maintain the credit of the College, and at the same time meet the requirements of the times. We believe that twenty-one will be the age fixed upon for admission of candidates for examination; and that the examination will probably be divided into two parts, and will be of a kind to test fully the knowledge of the candidate for the licence of the College. We also understand that qualified Practitioners who have reached a certain age, say forty, will be admitted to an examination which shall be considered suitable to their position, and not such as is required for the younger candidates. We need hardly say that the carrying out of this last clause will constitute a most important part of the measure, if it is to be successful; and we candidly confess that we hope the College will make such arrangements as will altogether preclude the necessity of an examination at all of qualified gentlemen who have reached a mature age of life, and who occupy, and have maintained for years, an honourable position in society. The opinion of the College clearly goes in this direction, or it would not have been proposed, that a Bye-law should be enacted to permit of a special examination being given to such candidates. Why not be wholly liberal, and instead of going through the farce of a modified examination, admit such candidates at once to the Licentiateship? We maintain that after a man has once passed an honourable examination, he ought never again, and especially at a late period of life, be made to go through the process. Fancy some of our highly respected grey-haired General Practitioners, going up to the College of Physicians, to be examined by men who were probably not born when they were already in practice!

Mr. Syme, of Edinburgh, appeared at the Medico-Chirurgical Society on Tuesday night quite in his own peculiar character. He brought forward a paper intended to teach what he calls a new rule in Surgery, but which rule Messrs. Erichsen, Adams, Skey, and Curling showed to be perfectly well known wherever the works of Guthrie had reached—to be now acted on in cases to which it is applicable by most Surgeons—and not to be so generally applicable as Mr. Syme considers. The assumption of originality, however, would not have surprised anybody; but the Society did appear surprised that even Mr. Syme should have taken advantage of a question (since understood to have been preconcerted) put to him on a matter of practical interest, to indulge in sarcastic remarks upon a brother Professor and Colleague who was not present to reply. We should like to know what would be said if one of our Hospital Surgeons and Teachers were to have a paper read at the Medico-Chirurgical Society of Edinburgh, were to attend the meeting, and on being asked a question as to some novel practice introduced by a Teacher in the same School, and Colleague in the same Hospital, were to stigmatise it as "nonsense," and to talk of his colleague as an "individual," one who had "no notion of Surgery," to declare that his practice had no merit, that it was only followed because it was supported by this Journal, and was "a bait to catch whales." We believe that Mr. Spencer Wells expressed the very general feeling of the Fellows present when, passing by without notice the personalities of Mr. Syme, he pointed out that acupressure did in many cases offer great advantages over the ligature,—that this mode of suppressing hæmorrhage might be applied to the cure of varicose veins and of aneurism, and that it was another of the gifts for which Surgeons ought to be thankful to the great discoverer of chloroform. Jealous detraction of such a man appears very paltry. It is to his labours that the Edinburgh School of Surgery now owes its chief reputation. Mr. Syme has acquired considerable proficiency in the routine training of Surgical adolescents, and he has some real merit as a practical Surgeon; but his revival of the perineal section has not tended to enhance the reputation of its performers, and it has certainly proved disastrous to many unfortunate sufferers from stricture. To Simpson every Surgeon is indebted for the discovery of the anæsthetic uses of chloroform, the exposition of the true value of metallic sutures, the simplification of the operation for vesico-vaginal fistula, the operative treatment of coccyodynia, and the use of needles in compressing blood-vessels. Surgery has little else for which to be thankful to Edinburgh since Liston's welcome to a wider field. It is on what Simpson has done that the reputation of

the Edinburgh School of Surgery in the present century is founded, and on which it must depend in future histories of our Science. Mr. Syme is surely very unwise to exhibit, in the Medico-Chirurgical Society of London, the passions excited in him by the successful labours of an Edinburgh Colleague. If not restrained by good feeling, he need not make his bad taste quite so public.

It will be seen by the following report that some homes of our malefactors are at last got into a satisfactory condition. Mr. John Kincaird, Inspector of Prisons in the northern district, has sent in his report to the Home Office. In this document, issued on Saturday, he says:—

"I have great satisfaction in reporting that the prisons generally throughout the district are in good order, and under excellent management; there are some few exceptions, chiefly among the small class of old prisons, which will be found noticed in the separate reports which show the prisons I have visited in the course of the year."

Such being the case, we trust that the time has arrived when the authorities of the country will turn their attention to the condition of the homes of our honest workmen. Although much has been done in this direction, it is certain that an immense deal will yet have to be accomplished before the industrious labourer is lodged as well as a felon or a thief.

The journals, a few weeks ago, reported to us the death of an aged General, the father of the Turin Parliament. He was seized with an apoplectic fit, it was reported, in the Parliament itself, was bled three times during the day, and died in the evening. The journalist suggested that he died from the bleeding. Last Tuesday's papers, again, in their telegram-corner, contained a curious tale of death and venesection. The very same telegram announces that at noon Baron Bruck had congestion of the brain, was bled, and was *improved* by the bleeding, and that in the afternoon Baron Bruck—*expired!*

The Portuguese convict, who has been for some months lying under sentence of death at the Old Bailey, is not to be executed. Our readers may remember that we expressed our conviction strongly at the time of the trial, that the conduct of the man was the conduct of a lunatic, and that his execution, therefore, would be unjustifiable. The delay in finally deciding as to his fate, occurred in consequence of the official inquiry which has been made in Portugal regarding his previous mental condition. The result of the enquiry, we are informed, is that the man had previously shown decided symptoms of unsoundness of mind.

A French Physician, M. Monneret, has lately astonished the Parisian Medical world by announcing that he uses food as a curative agent in typhoid fever. Hereupon, *L'Union Médicale* writes:—

"It is interesting to observe, that it is at Paris itself, in the bosom of the Organic School, of that school to which we owe the most beautiful anatomical descriptions of typhoid fever, that the first insurrectional tendencies against therapeutics which may be called exclusively anatomical have been manifested."

There really is something very astounding in the fact which so often comes before us, of the remarkable ignorance which our French brethren so often display concerning our English ways of doing things. How, indeed, in these days of unlimited printing, can it never have reached the ears of French Doctors that "the treatment of typhoid fever by aliment" has been, for a quarter of a century at least, the ordinary treatment of typhoid fever in this country. "We do not confine our treatment," says M. Monneret, apparently astonished at his own boldness, "to the nourishment of patients with wine and broth; very early, about the sixth or seventh day, we give them soups three or four times a-day, together with the wine, etc." "We must not conceal the fact, that the Physician feels at first repugnance in making a patient drink wine and soup whose tongue is coated, who has diarrhœa, fever and delirium, etc." In any fever ward, in any Hospital of this United Kingdom, this *new method* has been in full practice, we beg to assure M. Monneret and *L'Union Médicale*, for at least a quarter of a century.

Mr. Kesteven is Surgeon to an Asylum for Infant Paupers, and he has done his work so well as a preventer of disease that he has maintained the health of the children to a very remarkable extent. He has received the munificent salary of £50 a-year for his services—and the trustees are so pleased with the results of his labours that they press upon him the appointment of an adjoining Medical District, with the addition of £30 a-year to his salary. If he decline this liberal offer, he is called upon to resign both offices to some one who will take the joint-duty. Mr. Kesteven naturally objects to the District Surgeoncy, even although the astounding addition of £30 a-year to his income is gained, and he also objects to leave the pauper children to the care of an overworked District Surgeon. We trust the rate-payers will support him. If they do not, they may expect increased sickness, heavier expenditure, and consequently higher rates.

Sir Benjamin Brodie's second *soirée* for the season, as President of the Royal Society, passed off with great success last Saturday, at Burlington House. A large number of Medical men attended, and representatives of all classes of society and of all branches of Art, Literature, and Science, were present. A great number of interesting objects were exhibited, which have been duly chronicled in the daily papers.

We last week asked, on the occasion of the attempt of a woman to poison herself with laudanum, Where she obtained the poison? We have again this week to enquire where the sergeant of Artillery, who a few days ago poisoned himself at Croydon, obtained the prussic acid by which he accomplished the fatal act? Does the Government really require further hecatombs than have been already sacrificed to the lawlessness of druggists to show the necessity for interference with what is called free trade in poison?

We have much pleasure in calling attention to a list of Donations and Subscriptions which appears this day in our advertising columns, in reply to the appeal made in behalf of the Medical Benevolent Fund on the 7th inst. The principles on which this Fund are conducted are so praiseworthy, and the results of its operation are so gratifying, that we earnestly commend it to the sympathy of our readers. In the words of the Committee:—

"In the course of the last ten years the sum of £7887 9s. 7d. has been given to 679 Medical men, or to the widows and orphans of Medical men, in misfortune. The Committee alone can tell how great and bitter was the distress which has been relieved by the distribution of the above sum. Medical men, hopelessly struggling in ill-health or in poverty, have been aided, and often enabled to make their way to success; widows, left wholly destitute, and with large families dependent upon them, have been succoured with so bountiful a hand, that many of them have been enabled to bring up their families respectably; while orphans, by the aid of yearly grants, have been educated and started in the world.

"Further: *sixteen* Medical men, their widows or orphans,

broken down by age or infirmity, receive annuities for life, to the average amount of £18 each, *six* of whom have each a separate, comfortable home at Chippenham, in the houses built by Mr. Charles Bailey, and generously given by him to the Society."

Who is there who is able but not willing to assist in so good a work?

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE EMPLOYMENT OF SANTONINE IN AMAUROSIS.

By M. MARTINI.

M. MARTINI in 1858 communicated a paper to the Academie des Sciences on the effects which santonine exerts upon the coloration of the vision and the urine. In the present communication, containing additional observations upon the same subject by himself and others, he gives an account of the results of his employment of santonine in ocular neuroses. Only three cases are referred to, the most meagre details being given:—1. A woman, 70 years of age, had suffered for some time from defective vision of the left eye when M. Martini saw her in March, 1859. The pupil was but slightly sensible to light, and was larger than that of the right eye. A slight white cloud was perceived in the aqueous humour, and the patient could scarcely distinguish light. On March 10 the santonine was commenced with from 4 to 6 grains being given (how often is not stated), and on the 15th the patient perceived several times in the day objects of a greenish-yellow colour, and that even with the bad eye. On the 18th eight grains were given, and the patient began to be able to recognise the countenances of the bystanders. By the 22nd objects were observed to be coloured yellow, and had become still more plainly distinguishable. The employment of the santonine having been now discontinued, the improvement remained stationary. 2. The santonine having been administered from March 20 to 22 to a patient amaurotic in both eyes, the retina became much more sensible to the action of light. 3. To a man who suffered from amaurosis of the left eye, being already deprived of the right one, 10 grains of santonine *per diem* were given. In a week's time he was enabled to read some large letters written on a wall.—*Comptes Rendus*, No. xi. March, 1860.

EXCERPTA MINORA.

Rosemary Oil and Tincture of Aconite as External Applications in Affections of the Eye.—Dr. Hoppe, of Basle, speaks highly of the utility of these, employed either together or separately, when smeared over the external surface of the lids and neighbouring parts. They give great relief in a hyperæmic condition of the outer coats of the eye, *e.g.* in catarrh; and are also of utility in internal congestions. He recommends twenty drops of tincture of aconite to be rubbed up with one drachm of fat. The rosemary oil must be employed in a diluted form, and one part to twelve of a fluid vehicle is in some cases even too strong.—*Berlin Méd. Zeitung*, No. 11.

Employment of Glycerine in the Preparation of Sinapisms.—A simplified and extemporaneous mode of preparing a sinapism is indicated by M. Grimault in the following formula:—Glycerine ʒiij., starch ʒijss., essence of mustard gtt. x. A thin layer applied on any material will induce more energetic and more prompt revulsion than that produced by the best mustard. The mixture should be stirred before employing it; and if the glycerine is of good quality, the essence of mustard undergoes no alteration.—*Bull. de Thérap.* tome lviii. p. 262.

Prolonged Occlusion of the Eye after Extraction of Cataract.—M. Gosselin attributes the great success he has met with in operations for cataract to the extreme precautions he takes to prevent the movement of the globe or the access of light during fifteen or twenty days,—dangerous inflammation being often set up when the patient is allowed to open the eye, or the Surgeon examines it too soon. Immediately after the operation he secures the eye with strips of court-plaster, placing over this a small pad of charpie, and securing the whole with the ordinary bandage. The state of the eye is ascertained by the effect of pressure made over the apparatus, and by the state of the bandage. If this is only slightly moistened or is stained by a fluid which slightly stiffens it on drying, without imparting to it a yellowish colour, it is evident that there has been a flow, of merely tears thickened with mucus, and not of pus. When this state of the bandage is observed, and there is no tenderness, M. Gosselin gives divided doses of calomel with the intention of keeping the bowels open, without inducing salivation. If, however, there are tenderness and a flow of pus, antiphlogistics must be resorted to, the eye being still left unopened.—*Gaz. des Hôp.* No. 42.

Congestion of the Spinal Cord from the Summer-heats of 1859.—M. Duclaux, a rural practitioner in the arrondissment of Villefranche, Haute-Garonne, has communicated to the Academy of Sciences the results of his observations of the effects of the excessive heat of the summer of 1859 upon persons employed in the open air, and hence termed by him the "harvester's disease." These consisted in sudden cephalalgia, giddiness, together with a dark or cyanotic condition of the face and rest of the surface. In a short time the limbs failed, the hands letting the implements fall, and progression being uncertain and staggering, and often attended with falls. Pains at different points of the spinal column were complained of. A careful study of symptoms left no doubts of the cerebellum and spinal cord being the sources of the mischief, and the best mode of treatment was found to be rubbing in mercury along the spinal column.—*Comptes Rendus*, tome l. p. 543.

PROVINCIAL CORRESPONDENCE.

IRELAND.

DUBLIN, April 23, 1860.

THE last meeting of the twenty-second annual session of the Pathological Society of Dublin was held on Saturday, the 21st instant, in the Anatomical Theatre of Trinity College, Dr. Beatty, President, in the chair. After communications of more than ordinary interest had been made by Drs. Lees, Adams, Fleming, and McDowel, the President, in an eloquent address, congratulated the Society on the continued utility of their labours, and spoke of the great advantages which the institution of this, the original Pathological Society, had yielded to Medical Science. He reminded the students who heard him of the value of the privilege they enjoyed in being permitted to be present at the meetings of the Society, and stated that certificates of diligent attendance would be issued to upwards of fifty,—a proof that the privilege was appreciated by them, as owing to the admirable arrangements of the indefatigable Secretary of the Society, Dr. R. W. Smith, it was impossible that anyone should receive a certificate who had not been most regular in his attendance. In conclusion, the pleasing duty now devolved on him of presenting to the successful competitor, whoever he might be, the Society's Gold Medal for the best Essay on the subject announced at the opening meeting of the present Session, "The Diagnosis and Treatment of Diseases of the Brain." One of the essays sent in contained a very long, very elaborate, and very excellent disquisition on the anatomy and physiology of the organ in question, but this did not receive the prize; and Dr. Beatty mentioned the circumstance as a warning to those who might hereafter compete for the Medal, to keep more closely to the subject announced. The successful essay bore the doubly appropriate signature of "Calamus Scriptorius," and on opening the corresponding sealed envelope, it was ascertained that the writer was Mr. Peter C. Little, who, having been called on, came forward and received at the hands of the President his well-earned and honourable distinction, with the expression of the hope that the same careful observation and diligent research which had procured it for him might be among the characteristics of his future career.

A general meeting of the Dublin University Zoological and Botanical Association was held in Trinity College on the evening of Friday the 20th instant, when, among other communications, a paper was read by Dr. Stokes, Regius Professor of Physic, "On some Results of Disease as illustrative

of Organisation," the object of which was to inquire whether the study of abnormal, as contrasted with normal Physiology, is capable of affording us any help in making up our minds as to the value of the views of Darwin on the Origin of Species. It would be impossible in this letter to give an adequate abstract of Dr. Stokes' valuable paper, in which he reviewed the opinions of Serres, Broussais, Grant, Gairdner, Reynaud, and others, and wished rather, in the difficulties which surround the subject, to indicate a possible source of information, than to draw any positive conclusion.

The commencement of the Summer Session was this year attended, in one or two of the Dublin Schools, with somewhat more of preparation and circumstance than is usually the case at this period of the year. In the Medical School of the Catholic University the term was opened in a very able and elequent inaugural dissertation by Dr. John A. Byrne, Professor of Midwifery in the Institution, and Senior Assistant-Physician to the Dublin Lying-in Hospital. Dr. Byrne chose as his subject the history, progress, present condition, and vast social importance of the Obstetric branch of Medicine. He traced the history of Midwifery from the earliest times, and spoke, with much impressiveness, of the value of modern discoveries in Medical science in their application to obstetric art.

In the Ledwich School of Medicine, founded exactly fifty years ago by the late Dr. Kirby, the opening address of the Summer Session was delivered by Dr. Robert Travers, Lecturer on Forensic Medicine. Dr. Travers dwelt at considerable length on the great importance of a liberal preliminary education to those about to enter the Medical Profession. In the course of his observations he referred with satisfaction to the circumstance, that at the recent competitive examination for appointments in the Indian Medical Service, the first place had been taken by Dr. Austin Bruen, a pupil of the Ledwich School.

GENERAL CORRESPONDENCE.

DR. TODD'S LECTURES ON ACUTE DISEASES.

Letter from Dr. Anstie.

[To the Editor of the Medical Times and Gazette.]

Sir,—As an old pupil of Dr. Todd, and feeling that whatever knowledge of Medicine I possess is greatly due to his instructions, I claim a right to answer the objections which Dr. Symonds has recently made in your Journal, to his teaching on the subject of acute diseases. I thank Dr. Symonds for the kindly and appreciating way in which he has spoken of those qualities which made Dr. Todd respected in the scientific world, and beloved by his class; but I cannot but fear that, just because he has dealt tenderly and reverently with the memory of the dead, the Profession may be content to pass, with a not very critical eye, over certain of his arguments which seem to me quite inconclusive; and I, therefore, hasten to suggest those opposing considerations which my knowledge of Dr. Todd's doctrines enables me to offer.

1. The first particular in which Dr. Symonds finds fault with Dr. Todd's doctrines is, that they are not new. Now I am sure that Dr. Todd would have been the last person to claim the undivided honour of a scientific movement which has doubtless had other able expositors. But I think we may fairly say that no Physician ever exercised a more profound influence on the practice of his time; or caused more persons to look thoughtfully into the principles and groundwork of their medical belief. His stern and habitual refusal to receive any medical dogma whatever, on anyone else's authority, and without himself testing it, involved him indeed in enormous and incessant labour; but it enabled him to speak with a force and authority which, it was impossible not to feel could only proceed from a complete mastery of his subject, in all its branches. And to him certainly does belong, as a special honour, the chief credit of exploding and scattering the ancient fallacy which regarded alcoholic stimulants as a mere "flash in the pan," and of showing theoretically and practically that they are food. By the light of his remarks on that head, we are enabled to answer Dr. Symonds' next objection.

2. That while professing to rely on Nature for the cure of disease, he did not hesitate to use one very powerful medicine—namely, alcohol. The truth was, as I have said, that he did not consider this as medicine at all, except in the same sense as all food may be called by that name. I shall have some further remarks to make on this point at a more convenient part of this letter.

3 Dr. Symonds exclaims against the abolition of the old distinction between "sthenic" and "asthenic," which he believes to be a true and a necessary one. He alleges that in sthenic inflammations the system readily bears deprivation of food, and exhausting evacuations, which in a state of health would cause faintness, long-continued exhaustion, etc. But he overlooks the fact, that the cause of this temporary abeyance of those sensations which ordinarily lead to the imperious demand for food, is the perverted state of the nervous system, and not the existence of any condition which renders the supply of food unnecessary, or the use of exhausting evacuations harmless. He defends the terms "sthenic" and "asthenic," as indicating respectively a "plus and a minus amount of vital power." When he comes to explain the sense in which he uses the latter term (which he confesses is a vague one) we find that he understands by it the "whole sum of the phenomena which constitute organic action." He then proceeds to say—"If exalted power can be predicated of any processes, surely it may be of those which give origin to a greatly-increased temperature, which again indicates a corresponding conversion of force from the altered textural actions; also of that condition of the circulating organs which resists copious blood-letting." Dr. Symonds seems to forget that the term "sthenic," when used to describe an inflammatory state, is predicated (or ought to be) not of the exalted force of any one organ, or set of organs, but of the whole quantity of force in the organism; and that when the upholders of the sthenic theory adduce in support of their position the obvious and indisputable fact of the exaltation of force in the circulation, for instance, which is present in some acute diseases, they have really proved nothing in favour of the general doctrine, unless they have at the same time proved that this exaltation, which is but temporary, is not purchased at the expense of an equal or a greater depression of the other powers and functions of life. But they have never proved this, and I believe they never will; and as Dr. Symonds has selected the increase of *temperature* as one of the most indisputable signs of a "plus amount of vital power," let me ask him, how does he dispose of the discovery of Bernard, that section of the sympathetic nerve in the neck causes a great and immediate rise in the temperature of that side?

4. Your correspondent combats the opinion of Todd, that the vital power can and ought to be upheld from the commencement of acute disease, by the administration of food, stimulants, etc.; and declares that, on the contrary, there is, in the early stages of such disorders, no vital power which requires to be upheld. The heart is beating too rapidly—the lungs are expanding too quickly—the nervous system is morbidly and acutely sensitive. Why should we "uphold" or "stimulate" any of these powers, which are, in fact, already too active?

It seems to me that this whole argument rests on a *petitio principii*. "Detur" (says, in fact, Dr. Symonds) "that all the functions of life are performed with increased power, why should we seek to augment this already abnormal strength?" But it is not true that all the powers of life are increased, else why this failure of muscular strength, this palsy of secretion, which Dr. Symonds himself admits? And does he seriously mean to say that because, in the early stages of acute disease, secretion is frequently arrested, we are therefore to infer that the processes of secondary destructive assimilation are not going on; that the tissues are not consumed during this period, but flourish unharmed amid the fires of inflammation? Really, the *non sequitur* seems in this case so complete, that I can hardly, even at this moment, believe that I have understood him rightly. As to the argument against food and stimulants drawn from the patient's disinclination to them, this seems to me of no avail (considering the perverted state of the nervous system), unless it were proved that their administration really does *harm*, and thus justifies the dismal protests supposed to be uttered by the reluctant stomach of the invalid.

5. In defending the efficacy of the "antiphlogistic"

remedies, Dr. Symonds casts a doubt upon Dr. Todd's competency to judge in this matter, insinuating that he could hardly have seen the practice on which he so strongly animadverts. This is but one of many proofs that Dr. Symonds has only given a "rapid survey" to Dr. Todd's Lectures, wherein it is fully explained that the latter Physician was in active practice at a time when blood-letting and other depressing remedies were very much in fashion, that he did fairly and perseveringly try them, and that only after a series of what he plainly saw were *failures*, did he renounce them. He was perfectly familiar with the kind of cases which is so vividly and forcibly described by Dr. Symonds; he had seen the results of the treatment recommended by the latter, not only in his own hands, but in those of others, the most eminent men in the Profession,—during the very period which has been often spoken of as the time of sthenic disease; and it was on those results that he deliberately formed an opinion hostile to the whole antiphlogistic system. He considered himself justified in this course, because "much of the practice of former days rests upon the insecure foundation of a partial and imperfect diagnosis of the primary disease, and a very inadequate interpretation of the subsequent phenomena of the case. Thus in many instances the practitioner found himself treating a disease of the clinical history of which he had but a very imperfect knowledge, and on these occasions he would be led to attribute changes in the symptoms (whether for better or worse) which were essentially part of the course of the malady, to the influence of certain remedies," etc. Nor was there any unbecoming arrogance or assumption in this statement of his belief that our means of forming a correct diagnosis are more numerous and better than those which our fathers possessed; for with such a flood of light as has been poured within the last twenty years upon the secrets of physiology and of pathological changes, we should rather have cause for shame if it were not so.

6. In the next place, Dr. Symonds attacks the belief in Nature's "curative powers," and expresses no small contempt for these agencies. In fact, from the picture which he draws of the conduct of Nature in the presence of disease, it is plain that he does not in reality believe that she has any curative power at all. All that he will allow is that "disease has a tendency to stop;" but, says he, had we not better arrest it, instead of trusting to the blundering operations of Nature, which may allow serious damage to be done, before this spontaneous cessation takes place? The answer to this is, that every discovery in physiological and pathological science which takes place only renders plainer the fact that diseases are but the regular physiological action of the organism in the presence of morbific agents; and that the final tendency of this action is always towards the re-establishment of the *status quo ante morbum*, though accidental circumstances may interfere with this happy conclusion. According to Dr. Todd, and those who think with him, our duty is not to interfere with the regular and proper action of the organism under its new and unusual circumstances, but to guard against these accidents. And when Dr. Symonds points with derision to the feeble efforts of Nature to effect a cure of the diseases of certain internal organs, he is bound to prove that those efforts have not been constantly thwarted, through weeks, months, or years, by an entirely improper system of diet, or by a combination of unfortunate external circumstances over which no one had any control; if not, indeed, by the effects of previous rash and unnecessary Medical interference.

7. In the next place, Dr. Symonds charges the upholders of such doctrines as Todd's, with inconsistency; inasmuch as they not unfrequently do employ "antiphlogistic" remedies in actual practice; plainly showing, as he thinks, that—after all—their trust in Nature's powers is but feeble and wavering. Counter-irritation, as for instance by means of the turpentine stupes recommended by Dr. Todd in pneumonia, is one of these remedies which he mentions. But I should fancy that neither Dr. Todd, nor any who think with him, ever supposed that any amount of counter-irritation would materially alter the *course* of the processes which must occur in the course of inflammation; and which will proceed to just such a stage, and take just such a form as the presence or deficiency of vital power will allow, except in those few instances in which we have the power to administer a direct antidote to the poison which caused the inflammation. What counter-irritation does is probably more in the way of mitigating the accidental complications of the disorder. For instance, a turpentine stupe to the chest, by making a strong stimulant impression on a large sensitive surface, will impart an improved tone to the respiratory nervous centres, by which means the hurry of the respiratory efforts will be calmed. This hurried breathing is not a necessary part of the inflammatory process, which will indeed go on quite satisfactorily after it has been greatly diminished. Again, where the stagnation of blood in an inflamed part is from any special cause particularly great, a counter-irritant, if it can be applied sufficiently near, probably tends to re-excite the circulation in the part. It is plain that there is nothing "antiphlogistic," at any rate in the old sense of the word, in such a remedy as this.

Another ground on which Dr. Symonds rests his charge of inconsistency is the treatment occasionally used by the new school for local hyperæmia. He points to the fact that even the most advanced of the "Nature School" will not hesitate, on occasion, to remove blood locally from a highly congested part; or by altering the posture of a limb—in erysipelas, for example—to prevent the detention of blood in the locality afforded in the inflammation; and on this he grounds a charge of inconsistency. I beg to submit, however, that there is no inconsistency at all; for the Physician is not here attempting to cut short a disease by a lowering remedy; but he is seeking to remove one of those accidental complications but for whose presence Nature would effect a cure. To take the case of erysipelas; no one can doubt that the tissues take on the unhealthy action which characterises the disease in consequence of their being supplied with blood which is vitiated, and degraded in quality, by some morbific influence. Under these circumstances, the accident of undue stagnation of blood in the affected part is most unfortunate, as it tends to enhance the existing impurity of the blood-supply, by providing that little but "venous" blood shall be present in the part. If the impaired vitality of the tissues is to be restored, this must be quickly remedied; and hence the change in posture which the Physician prescribes. So again with many cases of inflammation of organs, like the ovary, the cervix uteri, or the vagina, the structure of which unfortunately renders easy the detention of blood in the part; here the local abstraction of blood gives a mechanical relief, by permitting the circulation to be restored. But this is surely far enough from the notion of "knocking down an inflammation," which some practitioners are so fond of expressing.

One point, which I have already referred to, I wish to explain, before concluding this letter. I have stated that Dr. Todd distinctly regarded alcohol as food; and I may now say that I consider this to be one of the most important of his doctrines with regard to the practice of Medicine, and at the same time one which seems in some danger of being overlooked or misinterpreted. It is impossible here to go into this question at large, but I may refer your readers to the last chapter of the volume on Acute Diseases, and I would beg them to give something more than a "rapid survey" to it. The following points are those to which I desire to attract especial attention:—

I. That alcohol is extremely easy of digestion.

II. That alcohol as a hydrocarbon exerts its influence, directly, on the nervous system.

III. That alcohol never produces inflammation of internal organs (except locally of the stomach when taken in a highly concentrated form).

IV. That, contrary to the vulgar opinion, the exaltation of nerve-force which alcohol causes is not followed by a corresponding depression; and that when depression ensues it is due to the alcohol having been too much or too concentrated to be properly digested.

V. Alcohol is fitted to preserve the nervous tissues, and the tissues generally, from the action of oxygen, and to uphold the calorifacient process.

These, Sir, are statements to which I am sure every former House-Physician, or clinical clerk, of King's College Hospital will instantly assent, because he has seen them proved, conclusively, a hundred times. Every such pupil of our Hospital who has since entered on practice for himself must feel that these are vital truths, such as must influence his practice constantly. This is my own case; and, as every day only brings me fresh proofs of the truth of those very doctrines which Dr. Symonds thinks so dangerous, I

feel that it is incumbent on me to do what little I can to defend them, even against so able a writer and so experienced a Physician. I am, &c.

Francis E. Anstie, M.D.

Onslow-square.

GRADUATES OF THE UNIVERSITY OF LONDON.

[To the Editor of the Medical Times and Gazette.]

Sir,—It was with feelings of regret that I read the remarks in your Journal of the 21st inst., on the approaching selection by the graduates of the University of London, in Convocation, of one of their number for the vacant seat in the Senate of the University. It is stated in those remarks:—"If right and justice, and the necessity of the case, were all properly consulted, it is evident that the member should be selected from the ranks of the Medical graduates." No one would be more delighted than myself to feel that this was the case. But I fear upon a fair examination of the question this opinion cannot be upheld; and I also feel that if it cannot be upheld it is injurious to the Medical section to put forward pretensions to which they have no just claim, or to seek for that to which they can establish no fair right.

Let us shortly examine the question. In the remarks referred to, it is said, "The Senate consists of thirty-six members, and of this number, at the present moment, five are graduates of the University, three of the Legal, and two only of the Medical Profession." And although this be correct, still it does not properly represent the facts. The Senate is composed of two distinct classes—the one appointed by the Crown ("it shall be lawful for us, our heirs, and successors, from time to time to appoint a new fellow, or new fellows, under our sign manual"), the other "selected from a list of persons to be nominated of Convocation, and until they shall amount to, or exceed nine, every second fellow, or one out of every two fellows, who shall be hereafter appointed by us, our heirs, and successors, shall be chosen from a list of three persons to be nominated of Convocation." The graduates have no control, then, over the members of the Senate nominated by the Crown, who may be all graduates of the University, or the reverse. Yet graduates have been so appointed—two graduates in Law and Arts, one a graduate in Medicine. While two graduates have been appointed to the Senate, "selected from a list of persons nominated by Convocation," of whom one is a graduate in Law and Arts, the other a graduate in Medicine. Seven, therefore, remain to be nominated, and it is with these only that Convocation has to deal.

Speaking in round numbers, the graduates of the University of London consist of two-thirds in the section of Art and Law, and one-third in the section of Medicine, which proportion becomes each year less and less favourable to the section of Medicine; for the large number of gentlemen who graduate in Arts as compared with those who graduate in Medicine. Is it not then but fair and just that the section of Arts and Laws should be represented in the Senate by a larger number of fellows than the section of Medicine?

The number of graduates to be nominated by Convocation to the Senate is, as I have shown, nine; and it has been suggested that five of these should be chosen from the Arts and Laws graduates, and four from the Medical graduates. And it must be admitted, that this is a liberal concession when the numerical proportion of the Medical graduates to those in Arts and Laws be considered. Two members of the Senate have been already so chosen—the first from Arts and Laws, the second from Medicine, and a third remains for selection. And I would ask, "If right and justice, and the necessity of the case were all properly consulted," are the Arts and Law graduates not right in saying, that the present selection should be from one of their number?

When the above facts become to be fully discussed at Convocation, it will, I feel, become evident that some of the Medical graduates are putting forward a claim which they have no just right to, and, as a consequence, the section to which they belong will be considered as troublesome, factious, and too requiring. Of the gentleman who has been put forward "as one fitted to represent the interests of the Medical graduates," I know but little. Assuming, for the moment, that a Medical graduate was to be selected, a curious enquirer might ask what has this gentleman done for the University to entitle him to the honour of a seat in the Senate? And I fear the reply would be that from the time of his becoming a graduate he has been a determined opponent to the interests and wishes of the graduates, as expressed in the different public meetings—that he has persistently laboured to put the University of London under the dictation of the College of Physicians—that he perseveringly opposed the desire for, and the granting of, the New Charter. I leave it for others to decide whether a gentleman of this stamp would be one fitted to represent the interests of the Medical graduates. But of this I am afraid, he is, and will be, a fitting representative of the College of Physicians to the detriment and injury of all those who do not belong to that body.

In conclusion let me ask of the Medical Graduates to consider the facts mentioned in this letter, before the meeting of Convocation, and not to press forward a claim which will not be acceded to; and on another occasion let me also suggest that it would be desirable to put forward a Graduate who will represent the entire Medical section, and not that small number who may belong to the College of Physicians.

I am, &c. M.D. London.

April 26.

TESTIMONIAL TO MR. BRENDON.

Letter from Dr. Collinson, and Mr. Curgenven.

[To the Editor of the Medical Times and Gazette.]

Sir,—We shall esteem it a particular favour to us if you will make known to our Professional brethren the pleasing fact that on March 29, ult. a handsome silver salver and an elegant epergne, valued, we believe, at a hundred and thirty guineas, the former bearing a most gratifying inscription, were presented to Peter Brendon, Esq., who has recently retired from the practice of his Profession at Highgate, by a large body of his patients, as a testimony of their great esteem and respect for him on account of his active and devoted Professional services in their behalf during the period of eighteen years that he was practising in that district.

It is so rare a circumstance for members of the Medical Profession to receive testimonials from their patients, and, indeed, there are so few honours conferred on Medical men, however distinguished, or however zealous they may be, that we are desirous to record this exception to the general rule. It is an agreeable proof that even in these days of Medical heresy and deceit, when homœopathy and quackery abound, that an earnest, honest, and talented Practitioner is still appreciated by sections of the community, and holds out encouragement to others of our anxious and hard-working Profession to pursue an honourable and straightforward career in the practice of our noble calling.

We ask this assistance from your pages as old pupils of Mr. Brendon, with a feeling of affectionate pride, that one whom we have known so long and so well, and who, moreover, has been upwards of forty years in most active practice, should be treated so honourably and so gracefully by the public.

We are, &c.

Alfred Collinson, M.D.
J. Brendon Curgenven.

PARALYSIS OF OPTIC NERVE.

Letter from Dr. Rose.

[To the Editor of the Medical Times and Gazette.]

Sir,—As some interest appears to have been excited on the subject of the rapid recovery from paralysis, I venture to send you the particulars of a case which has just occurred in my practice.

A labourer, aged 40, a healthy and athletic-looking man, was led into my surgery, on the 10th of April, complaining of the sudden loss of vision. He gave the following history. On the previous Sunday, April 8, he received a slight blow in the right eye, while in a state of intoxication. He thought little of it at the time, and on the following day went to work as usual; at that time there was scarcely any evidence of injury. On Tuesday, the 10th, two days after the injury, he went to work on an elevated and exposed spot, and felt the

wind keenly. At midday he retired to a public-house, and drank two pots of beer and some gin. He did not get intoxicated, but became somewhat excited; he drank nothing after two o'clock, but remained talking. At about seven o'clock the same evening he suddenly found himself in darkness, and was brought to me immediately.

When I saw him he was sober, and spoke rationally; he could see nothing, not even the light of the gas when fully turned on; the pupils were sluggish, but sensible to light, and moderately dilated. The right eyelid was closed, swollen, and ecchymosed—this was not the case in the morning, and he had received no subsequent injury. Pulse, quick and full; bowels constipated. There was no mark of injury on the scalp, but considerable tenderness over the sagittal suture. I ordered Empl. canth. nuchæ.; hydr. chlor., gr. v. stat.; hst. magn. sulph. every two hours.

On the following morning, I found him sitting up; sight had returned in both eyes, but the right eyelid was closed from the swelling. On raising the lid with the finger he could see well. The blister had risen; the bowels had been very freely and largely purged with watery evacuations. The medicine was repeated, and the following day he was quite well.

This case appears to me to illustrate that condition of the brain which results from temporary pressure, either from venous congestion or serous effusion, which the brisk purgation, etc. is most likely to remove from producing resolution on the one hand or quick absorption on the other. Venesection would probably have answered the same purpose.

I am, &c.

Hampstead, April 16. H. Cooper Rose, M.D.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

Tuesday, March 20, 1860.

W. Fergusson, Esq., President, in the Chair.

(Continued from page 409.)

Mr. Nunneley also exhibited

KIDNEYS TAKEN FROM A WOMAN

WHO HAD NOT SECRETED ANY URINE FOR TWELVE DAYS, DURING WHICH PERIOD THE USUAL SYMPTOMS OF UREA-POISONING WERE NOT PRESENT.

On the 10th of February last, the person whose case is here related, ate a hearty meal, being then as well as usual; during the evening she was seized with severe vomiting, and some pain in the back and body, which continued all night. At six o'clock on the morning of the 11th she passed water, and also a very small calculus, not much larger than a pin's-head. After this no more water was passed. The vomiting continued, and the following day (the 12th) such remedies were prescribed as had on former occasions relieved her when passing renal calculi, of which she had had during the last eighteen months two or three attacks, when calculi of considerable size had been voided. On the morning of the 13th Mr. Nunneley saw her. The vomiting of grass-green biliary matter had continued incessantly. She was free from pain, except that caused by the intense acidity of the ejected matter. There was no tenderness or fulness of either the back or the abdomen. The pulse was natural; and except that no urine had been passed, there was an entire absence of symptoms. The catheter introduced showed that the bladder was empty and firmly contracted. The bowels were constipated. Calomel, with opium and alkaline purgatives, were administered, and frictions of croton-oil to the back were used, and continued without any effect for three days. A large blister was then applied over the loins. It produced a copious discharge of serum having a decidedly urinous smell. As the bowels were obstinate, elaterium, which on a former occasion had been most beneficial to her, was ordered. Several doses had to be given before it acted, when at length the bowels were copiously relieved, and kept well acted upon for four days. As the vomiting continued incessantly, the elaterium was omitted. The tincture of the muriate of iron and tinctura lyttæ were tried at the suggestion of Dr. Chadwick, who now saw the case with Mr. Nunneley. As no good resulted from this, and as the sickness was made even worse, creosote in drop doses was given with carbonate of potash, and turpentine enemata were used. By these means the sickness was to some extent allayed, but no other effect produced. On the sixth day a slight subsultus of the tendons of the wrist was noticed, and afterwards there was for three or four days a decided muscular jerking of the shoulders and arms which, however, subsided two or three days before death, and was nowhere perceived but in the upper extremities. About the same time she became dull and indisposed to move, as she said from the sickness, but she was never lethargic. She slept quietly at times, but on the whole was wakeful. On the tenth day another blister was applied to the back, the serum from which was caught in a cloth. Not only had it a strong urinous smell, but crystals of nitrate of urea were obtained from it by Mr. Reynolds, whose report, showing the processes adopted, Mr. Nunneley brought forward. It was now her catamenial period. The flow was in all respects natural. She got gradually weaker, and died on the afternoon of the 23rd, when Mr. Nunneley was called to see her. He found her dying, but so sensible that she rationally answered a question not one minute before she ceased to breathe. During the illness on two occasions she fancied she could pass water, but none came, and the repeated introduction of the catheter always showed the bladder firmly contracted and quite empty, except on one occasion, the night before she died, when two drops of fluid were obtained, having the colour but not the odour of urine. A cloth was applied to the vulva when she had a motion, but it was never wetted, and the evacuations were carefully examined to see if any urine could have passed. Neither these, the skin, nor the breath, ever had an urinous smell. She was during the whole time perfectly sensible, the pupils were neither contracted nor dilated, but obedient to light; the pulse was not above 80. Indeed, with the exception of the suppression of urine, thirst, and vomiting, she had hardly a symptom of ailment. Whatever she took was shortly, often instantly, rejected. She lived twelve days after the secretion of urine had been totally suspended. A post-mortem examination of the abdomen only was allowed, forty-eight hours after death. Though the weather was cold the body was still quite warm. There was a large amount of oily fat, both without and within the abdomen; the bladder was most firmly contracted without a drop of fluid in it; indeed, it was almost dry and free from mucus. All the abdominal organs, with the exception of the kidneys were healthy; they were imbedded in a large quantity of dense fat; both were larger and softer than natural, allowing the fibrous covering to be readily stripped off. The right kidney was not opened, but within its pelvis was felt a large calculus, and on the upper part of its convex edge a deep depression, like an old cicatrix. The pelvis of the left kidney contained several calculi, some of them small like sand, the calyces were much enlarged; the distinction between the medullary and cortical portions was hardly to be detected. Under the microscope scarcely a vestige of the normal urinary tubes could be found, but a mass of epithelial scales, and an enormous quantity of granules, a few broken urinary tubes, most of them without scales, were present; hardly a trace of the Malpighian bodies could be seen. The heart was large, fatty, and rather soft, the mitral valve thickened, and the orifice much contracted; the tricuspid valves were healthy. Mr. Nunneley had known this woman for many years. She was not a healthy person, and had formerly had disease of the bones of the right wrist, and the heart had for some years been diseased. Her father, mother, and one, if not more, sisters, died of diseased hearts, and a brother now living has it affected. She married when 30 years old, and was 33 at the time of her death. Eighteen months before this she was delivered of a child, after a long, hard labour, for many weeks before which the legs were much swollen, and the breathing so much affected, that she could not lie down in bed. No advice was, however, sought at the time. Mr. Nunneley saw her two days after her confinement, when he found the lower extremities enormously swollen. There was also effusion in the chest. She continued most dangerously ill for weeks, unable to walk or lie, passing only a few ounces of thick, puddle-like urine in the twenty-four hours. Nothing appeared of much service until elaterium was freely given; it was continued for some weeks, with so much benefit, that she

became as well as she ever had been, attended to her household duties, grew quite fat, and had no illness since, except a sharp attack of periostitis of the tibia, which passed off without suppuration, and also, as before said, the passing of renal calculi two or three times, when she was not ill for more than two or three days.

Mr. Nunneley also exhibited a specimen in which there was a

LARGE CLOT OF BLOOD IN THE CENTRE OF THE PONS VAROLII, FROM A CASE IN WHICH THERE WERE SYMPTOMS NOT UNLIKE OPIUM-POISONING.

The following history was given :—On the night of Oct. 21, Mr. W. left his mother, aged 66, in her usual health alone, cleaning her house. On his return in an hour he found her lying on the floor insensible, with a large quantity of green bilious matter beside her which she had vomited. She vomited also after his return. She was carried to bed. She did not move during the night. She had had more than one severe bilous attack, of which this was supposed to be a repetition. The following morning Mr. Nunneley saw her. She was lying in an easy position with the countenance calm and natural, as though in a very deep sleep, breathing regularly, quietly, and naturally. The pupils were both equally and completely contracted. They were also insensible to light, and continued so during the whole time she lived. It was impossible to rouse her. Both sides of the body were equally powerless. Only on taking a small portion of skin between the nails and using much force did she give any signs of perception. In a basin beside the bed was a quantity of green bilious matter which she had thrown up the previous night. The head was rather warm, other parts of the body natural. She lived sixty-six hours after the seizure, without any alteration in the symptoms, except that the entire surface of the body became hot. On examination of the head forty-eight hours after death, the scalp was found dry and bloodless. The veins of the dura mater full. The blood-vessels of the pia mater were congested. The cerebrum and cerebellum were firm and healthy, except dark from congestion. In the centre of the pons varolii, perhaps rather more to the left than the right side, but not showing itself upon either of the surfaces, was a clot of blood, filling a broken-down space of the size of half a walnut.

Mr. Nunneley also showed

PART OF A LARGE MEDULLARY TUMOUR FROM THE NECK.

In July, 1858, Mr. Nunneley removed by operation the uvula, velum palati, and left anterior pillar of the fauces from a woman aged 61, who for some months had noticed a narrowing of the throat, with an increasing inability to swallow food, but who had feared to speak about it until she was afraid of absolutely choking. There could be no doubt of the disease being epithelial cancer. The wound rapidly healed, and Mr. Nunneley heard no more of her for some months, when having to see another member of her family he examined her, and found a swelling deep in the neck under the carotid sheath. It evidently consisted of enlarged glands with very deep connexions. The swelling increased, involved the whole of the left side of the neck, and passed up higher than the zygomatic and mastoid processes. The skin ulcerated by pressure in three places, from each of which a large fungus sprouted. She died from exhaustion in January, 1860. The whole body was most carefully examined ; not a trace of other disease could be found, and blood taken from both sides of the heart and great vessels was carefully examined without any abnormal cells being detected. Mr. Nunneley stated that he showed the specimen (about one-fifth of the whole mass) in order that the thoroughly malignant medullary character might be put beyond doubt, while no trace of disease could be elsewhere found. This was, he said, at least the fourth case he had seen within the last four years in which persons had died from exhaustion with enormous fungoid disease of the face and neck, and the most careful examination of the body and blood after death had failed to reveal the least evidence of disease in other parts. He believed that it threw doubt upon what appeared to be the growing opinion as to the constitutional taint as a primary condition, and the consequent impropriety of operation in all cases. In three of these cases the superior maxillary bone, and in one much more, was removed, with the effect of materially prolonging life ; and, although the disease subsequently returned, it did so in the same part, so as to destroy life by exhaustion. Early operation, Mr. Nunneley added, may effectually eradicate the disease.

Mr. Nunneley then exhibited a specimen showing

INTUSSUSCEPTION OF THE LOWER END OF THE ILEUM.

In this case the symptoms extended over eleven days. Early in the morning the child, a boy, about 3 years of age, awoke suddenly, and ran to the pot, where he passed a free motion with considerable pain and tenesmus, which continued for some time afterwards. Although there were very frequent attempts, and a desire to have motions, nothing passed the bowel, except the injected fluids, gruel, beef-tea, and such matters as were thrown into the gut, and which occasionally were just tinged with excrementitious matter. Sickness was not an urgent symptom until after the first three days, when it became frequent, and after the sixth stercoraceous. There was great thirst, a pale countenance, and a rather quick feeble pulse. There was no great pain in the body, and that neither fixed nor constant, nor was there much tenderness at any time in any one place, but pressure was followed by nausea and vomiting ; no hardness could be satisfactorily felt. There was, after the first four or five days considerable distension and noise from flatus, which was said to have been two or three times passed per anum. This may be doubted. The case was correctly diagnosed from the first, and as no inflammatory symptoms were present, the treatment was rather expectant than active, the main endeavour being to keep up the strength by every means. The child died rather suddenly from exhaustion. On opening the body the condition of the parts exhibited was found; a long portion of the ileum had passed through the ileo-cæcal valve into the large intestine. There was no appearance of inflammation whatever, neither lymph nor fluid were effused. The peritoneum was of natural tone and texture. The small intestines were distended with flatus, but free from fœculent matter. The large intestines were contracted and empty. At least a foot of the ileum had passed through the ileo-cæcal valve.

Mr. Nunneley also showed

A PORTION OF OMENTUM (WHICH PROTRUDED THROUGH A WOUND JUST BELOW THE SEVENTH COSTAL CARTILAGE) REMOVED DURING LIFE.

This large portion of omentum was removed from a young man, by a Surgeon in the country, under the supposition that it was a piece of protruding lung. There had been a drunken night-fight, in which the man had been stabbed with a large clasp-knife by a man whom he had thrown on the ground, and whom he was standing over and struggling with. The part instantly protruded and he become faint, but was able to walk three miles over a most wild rugged country, climbing over several stone walls. He was not seen by the Medical man till three or four hours afterwards, when the protruding portion was dark and discoloured from congestion. It was immediately cut off. The next day, Mr. Nunneley having to meet the Surgeon in another case, was told by him that he had cut off a large portion of lung. On examining it, however, Mr. Nunneley found it to be a piece of omentum. A fortnight after the accident, the man walked three miles to see Mr. Nunneley. The wound was then nearly healed, and in less than a month he was at his work as a collier, and again drunk and fighting. He never appeared to be at all ill. The wound was just under the cartilage of the seventh rib. How the stomach and the diaphragm escaped it is difficult to say.

Mr. Nunneley then showed

FIBRINOUS CASTS FROM THE BRONCHIAL TUBES.

These fibrinous casts were expectorated by a young man, aged 16. When Mr. Nunneley saw him he was suffering from great difficulty of breathing, with a livid swollen countenance, and rapid pulse. Over the greater part of the chest there was dulness, with hardly any respiratory sounds. After a few days he recovered, having expectorated the fibrinous casts produced, and also much more which was broken into fragments. Mr. Nunneley had seen him during the preceding

few months in a similar attack, and then feared he would have died, and was told by his mother, that he had had other attacks when in Newcastle before coming to Leeds—that the illnesses always came on suddenly—that in all of the attacks he had expectorated white, hard cords, sometimes in small pieces, at others in large branched portions, after which he soon got well. She had always thrown away the expectorated portions. He quite recovered, and left the town ; but Mr. Nunneley subsequently heard that he died from a similar attack a few months after he last saw him.

Mr. Nunneley also showed

A LITTLE FINGER TORN OFF BY MACHINERY, WITH THE WHOLE OF THE LONG FLEXOR MUSCLE AND TENDON.

The man to whom this belonged, when at work as a mechanic, got his finger fast in the belt of rapidly-revolving wheels ; the finger end was torn off, with the whole of the tendon and muscular fibres of the the deep flexor and flexor minimi digiti. The middle phalanx of the finger, which was much broken, was removed ; the wound healed by the first intention. The arm soon lost the tenderness, without any suppuration, and the man was shortly well.

Mr. Nunneley next exhibited a specimen taken from a case in which there had been acute development of

MEDULLARY SARCOMA IN THE LIVER.

In October, 1858, Mr. Nunneley was consulted by an elderly maiden lady, whom he had long known, on account of a painful tumour in the right breast, which she stated she had perceived only three weeks before, and which she attributed to having worn a tight new dress, wishing to be smart on the Queen's visit to Leeds. She was stout, and the breasts were naturally large and fat. On examination there was found a tumour, evidently of a scirrhous character, which probably had only been called into notice by the pressure of the dress causing some inflammation. None of the axillary glands were enlarged. She at first refused an operation, and found relief from lead lotions and other treatment. Early in January, 1859, he removed the breast. A good recovery was made, and she became apparently quite well. In June and July she paid a visit of several weeks' duration to a distant part of the country. On her return towards the end of July, she complained of acute pain in the right side of the body, which she stated was brought on a few days before, by over-fatigue in long walks. Rest and treatment afforded some relief, but the pain never entirely left her ; and towards the end of August she noticed a fulness in the body, with some difficulty in breathing. These symptoms rapidly increased, the body becoming very large and lobular, the liver being easily traced by the hand over nearly the whole abdomen. She died exhausted at the latter end of October. At the autopsy the liver was found three times its natural size, and infiltrated throughout its entire extent with medullary fungoid matter, as in the part exhibited. No other organ was abnormal, and the cicatrix in the breast was free from disease; but one gland in the axilla had acquired the size of a large hazel-nut.

Mr. Nunneley also showed

A LARGE FIBROID TUMOUR, ATTACHED TO THE PALATAL PORTION OF THE SUPERIOR MAXILLARY BONE, FILLING THE MOUTH AND FAUCES.

This tumour filled the entire space between the teeth of the upper jaw ; and pressed the tongue down. It partly protruded from the mouth, and had a fungoid ulceration where the lower incisor teeth had pressed against it. It passed back into the pharynx which it filled. The man was weak and emaciated from the difficulty of swallowing food. He had a yellow sallow complexion, and, from the pressure of the tumour upon the tongue and throat, he could hardly articulate so as to be understood. It had been growing at least ten years, appearing at first as a swelling on the left palate bone. It had been twice opened some years ago, but only bled. As he had been told that it could only be removed by a serious operation, which would endanger his life, and as it was not very painful, he did nothing more. It had gradually grown, but more rapidly lately than formerly. It was impossible to ascertain its attachments posteriorly, but finding it attached anteriorly to only one side of the palate, Mr. Nunneley cut out the greater part of the superior maxillary bone in the usual manner, and then dissected back and through both pillars of the fauces, into the posterior wall, when it could be turned out. In three weeks the man was at his business, and has since grown quite stout and well. With a small silver plate he speaks and eats as well as ever. In character it is fibrous, with numerous epithelial cells, and before the operation presented all the character of fungoid disease of the superior maxillary bone, which more than one Surgeon of experience declared it to be.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, April 4, 1860.

Dr. Rigby, President, in the Chair.

The President informed the Fellows present that the volume of *Transactions*, to the publication of which they had all looked forward with a great degree of interest, would be distributed in the course of a few days. The volume (a copy of which was handed round) was in every way creditable to the Society, and it was a matter of congratulation to the Fellows that their first year's labours had resulted so satisfactorily.

Dr. Graily Hewitt exhibited a specimen of

HYDATIDIFORM DEGENERATION OF THE OVUM.

It had been presented to him by Dr. R. Uvedale West, of Alford, and was about the size of a goose's egg. When it came into Dr. Hewitt's possession it was complete, but much torn and dismembered. In the restored condition in which the specimen was exhibited the relation of the several parts was very obvious. The decidua was very much thickened, and formed a cavity from the superior part of which the altered chorion villi projected downwards, and during life filled the cavity formed by the decidua. The ovum was about the same age as the one described by him in the volume of *Transactions* now before the Society, but had remained much longer in the uterus; some of the vesicles were as large as grapes. The patient had a child nine months before expelling this product, and had had a "show" about every seven weeks since, her child having died when a few weeks old. Finally she had hæmorrhage for three weeks, which ended in its expulsion. With reference to the nature of the change in the ovum in these cases, he had no doubt that the embryo perished first, the subsequent changes being a result of continuance of growth of the chorion villi, while their development was arrested.

Dr. Routh inquired whether watery, alternating with bloody discharges had been present in this case ?

Dr. Graily Hewitt stated, in reply, that no watery discharges had, he believed, been noticed. Such discharges only attended a stage of the growth later than that observed in the present instance, and were consequent on bursting and discharge of the contents of the vesicles. As to the question of diagnosis, the presence of these watery discharges was not pathognomonic ; for in cases of polypus, watery, alternating with bloody discharges, were occasionally observed.

Dr. R. Druitt related a case of

COMPLETE OBLITERATION OF THE CANAL OF THE SMALL INTESTINE BY FŒTAL PERITONITIS; AMUSSAT'S OPERATION.

An infant was born on December 25, well nourished, covered with vernix caseosa, vigorous, and well formed, yet having the upper part of the abdomen swollen, and the superficial veins much enlarged. The first twenty-four hours of its life were passed pretty well; it cried, sucked, and slept as usual. Then came on fits of pain, restlessness, and sickness. Dr. Druitt found at this time that urine had passed abundantly, but no motion. The anus was well formed, and admitted the finger; and several attempts were made to procure a motion by injections and inflation of air, but in vain ; these attempts, however, pacified the child, who strained, and seemed desirous of relieving her bowels; but it appeared as though the bowel admitted nothing to pass higher than the rectum. Six hours later, the symptoms had become more urgent, and the vomitting stercoraceous; and Mr. H. Lee, who was consulted, consented to perform Amussat's operation for opening the descending colon. A transverse incision

was made in the left loin, and many cautious attempts were made to reach the bowel, but without avail, as no fæcal matter passed. The child survived till the fifty-sixth hour, taking no nourishment, and suffering pain and vomiting by fits. A post-mortem examination the next day revealed quite enough to explain the symptoms and the difficulty of the operation. About the junction of the upper and middle thirds of the ileum there was a portion of bowel tied together in a coil by a multitude of adhesions, which matted it together and united it inextricably to the mesentery. Above this spot the jejunum was immensely distended; below it, the remainder of the ileum and the whole of the large intestine was pale, small, undeveloped, and empty. This lower, empty portion of the intestines was entirely discontinuous with the upper, and began by a distict rounded extremity. In fact, it was evident that the child had been the subject of fœtal peritonitis, and that one band of adhesion had acted on the bowel precisely as a ligature does on an artery; the canal had been divided and obliterated, and the severed extrimities had healed up. The good nutrition of the infant, and the abundance of vernix on the skin, spite of the condition of the digestive tube, deserved notice. There was no trace of syphilis or other disease in the mother, save an attack of colic just before quickening.

A paper, by Dr. C. H. F. Routh, was read, relating

FOUR CASES OF MENORRHAGIA TREATED BY INJECTION, OR SCRAPING OF THE UTERUS AND INJECTION COMBINED: WITH REMARKS ON THIS PLAN OF TREATMENT.

After premising that the following cases had been under treatment before admission into the Samaritan Hospital, but unsuccessfully, Dr. Routh proceeded to relate them:—*Case* 1.—A. B———, married, with a family, aged forty-six, with menorrhagic menstruation for upwards of a year, on two occasions so violent as to necessitate active treatment to save her life. Examination per speculum revealed bunches of small polypi within the cervix. Uterus was dilated by a sponge tent, and the polypi scraped away by a gouge, No injection. Relief complete. *Case* 2.—M. P———, married, with a family, aged thirty-four. Menorrhagia succeeding defective menstruation. Actively treated. No polypi visible on examination, but softened and highly vascular uterine mucous membrane. Dilatation by sponge tent; scraping off the lining membrane, and injection of compound tincture of iodine. Some uterine pains followed, but cure complete. *Case* 3.—M. L———, married; no children; menorrhagia of two years, following metritis. Treated in another Hospital, but unsuccessfully. Hæmorrhage excessive after introduction of sound. No polypi visible, except after dilatation, and simply removed, followed by injection of iodine. In a fortnight much improved; but catamenia still being too copious, operation repeated; uterus scraped; another polypus removed; uterus injected again with tincture of iodine. Cure complete. *Case* 4.—E. R———, aged forty-five, married; face quite blanched; menorrhagia of eighteen months' duration. Examination revealed a blanched uterus, but no polypi till after dilatation. A polypoid mass was then removed by gouge, and two again subsequently. Injection used as before. Cure complete. In remarking on these four cases, samples of many more, the author stated the cases only went to prove the advantages of injection and scraping of the uterus, when combined—a mode of cure first introduced into London practice by his colleague, Dr. Savage. The use of both plans separately had been long known, but rarely practised in England. The dangerous effects of injections were so much dreaded, that they were seldom employed. The author quoted several opinions, among others a most decided one from Dr. Simpson. He ventured to state that the danger was owing to the injection being used without providing means for its free egress, which could only be done by the previous employment of the sponge tent. The occurrence of peritonitis, he believed, was not due to the passage of fluid up the Fallopian tubes, in proof of which the author adduced an experiment of the late Dr. Chiari, of Vienna, in which immediately after death in a female, the most powerful force applied by a syringe fastened to the os uteri failed to push the fluid in the Fallopian tubes. The peritonitis in these cases, he believed, was due to penetration of the injection through some ulcerated spot in the veins of the uterus, or simply to sympathy. This last view was exemplified by a case in which Dr. Routh merely injected warm water, which was retained for a time in an enlarged but indurated and retroverted uterus. This produced intense pain until rejected, which might have gone on to inflammation; *à fortiori* would this apply in a case where an astringent injection was used? In this case no sponge tent had been previously employed. Dr. Routh had used several fluids as injections—compound tincture of iodine, tincture of muriate of iron, strong solution of tannin, etc. In relation to the operation of scraping off the polypi, with or without the entire mucous membrane of the uterus, several instruments now in vogue were noticed: Dr. Simpson's, Sir C. Locock's, Récamier's, and two modifications of the author's, which he preferred as safer. There were two conditions of uterine mucous membrane he had observed in these cases of menorrhagia: the villous membrane without polypi, and that with small polypi, which last he looked upon as only hypertrophied villi, in proof of which he addueed microscopical examinations. The author then detailed the mode of dilatation by sponge tents, which dilatation was not to say complete until (having drawn down the uterus by a special hook provided for that purpose, which was shown) the index-finger could feel all the surface of the uterine mucous membrane to the fundus, and then any polypi could be felt and removed. The cure was completed by the injection, which set up a new and absorptive action in the uterus. If the scraper were too sharp, and allowed to cut too deep, peritonitis would probably occur. But a much more superficial scraping sufficed if the injections were also used. Hence one of the uses of the combination of these two plans. It had been shown by his friend, Dr. Savage, that the sponge tents alone would often suffice to set up this absorptive action, and thus diminish the volume of an enlarged uterus. So also, by stimulating its contractile power, they favoured the expulsion of any injection subsequently used. The author did not recommend this plan of treatment in every case, but in all those cases where other derivative and general treatment having failed, the practitioner was called upon to do something more.

Dr. Graily Hewitt inquired whether Dr. Routh had any experience as to the effects of his operation on the procreative powers of the patient. Although he concurred in the propriety of removing any excrescences of the mucous membrane when such were present, he could not see how any such complete removal of the mucous membrane as that practised by the author could be necessary or even justifiable.

Dr. Tanner remarked that he considered it to be a matter of duty to make a few observations on the paper which had just been read. He felt this chiefly because for six years he had been connected with an institution of a similar kind to the one to which Dr. Routh was attached, and he had not met with cases which demanded the very active treatment recommended by that gentleman. It was, of course, no uncommon circumstance to see women suffering from great congestion of the uterine mucous membrane, the result of chronic inflammation; but he believed that they could be cured by simple and safe measures, and especially by rest, and the administration for some time of small doses of the bichloride of mercury. He would never think of scraping off the mucous membrane, and then injecting the compound tincture of iodine into the uterine cavity, in such cases. With regard, more particularly, to the use of injections into the uterus, Dr. Tanner agreed with Professor Simpson that their employment was fraught with danger. Such a proceeding might be adopted six, eight, ten or more times, and no ill result follow; but he apprehended that every now and then alarming symptoms would set in, which were likely to end fatally. He had seen one instance in the practice of another gentleman, where the injection of a weak solution of nitrate of silver into the uterus caused great pain, which lasted some time, and was only subdued by large doses of opium. Even in one of Dr. Routh's cases there had been symptoms of tetanus after the scraping and injection. If caustics were required in the treatment of softening of the uterine mucous membrane,—and he by no means meant to assert that they were,—why not use the solid nitrate of silver? We are often told that gaseous injections into the uterus are valuable in relieving pain, and that their use is unattended with danger. Yet Scanzoni relates the case of a woman who was about to undergo amputation of an hypertrophied cervix uteri. Carbonic acid was injected into the cavity of the uterus by a suitable apparatus; but hardly had some cubic inches of the gas penetrated into the cervix, when the patient screamed out, and said she felt the air rushing into her abdomen, neck,

and head. Tetanic convulsions then set in, and, after great suffering, death ensued in two hours. This case required no comment.

Dr. Granville had no experience of "scraping" the uterus. During his practice he had not been accustomed to treat the cavity of the uterus with such disrespect as had been shown in more recent practice. To remove the mucous membrane for a possible good would be more than he would risk. As to injections, in some cases he had seen no effect produced, while in others he had witnessed very disastrous results.

Dr. Rogers was for some time unwilling to use injections into the cavity of the uterus. He had, however, for some years past employed them, and in no case had any serious result followed. With respect to "scraping" he had no personal experience to offer, but he had seen Dr. Routh's practice, and knew that no bad results had apparently followed therefrom.

Dr. Routh, in reply to Dr. Hewitt, stated that he had not followed these cases to know of their subsequent parturitions; but as these patients subsequently always menstruated regularly, and as in every labour the mucous membrane of the uterus was expelled as decidua and again produced, there could be no doubt that after scraping it off by the gouge it could be reproduced in like manner; and so procreative power, he did not doubt, was in no way impaired. In reply to Dr. Tanner, he could only say that softened mucous membrane of the uterus, or hæmorrhoidal membrane, such as described by Dr. Simpson, did exist, and apart from inflammation. He had seen such cases. In the one described in his paper where menorrhagia coexiste dwith procidentia uteri, and where the mucous membrane was perfectly visible, there could be no doubt of it. There was no danger in the operation, any more than in scraping any ordinary mucous membrane, nor even in injection of the same, if it had been previouly fully dilated. In such cases the uterus was in the same position as a vagina. The danger was in injecting an undilated uterus, where, because the injection was retained, it created irritation and subsequent inflammation. Sometimes, it was true, injection produced temporary sickness and faintness; these symptoms might frighten one uninitiated, but they were purely nervous symptoms. In some cases, even the mere passing of a sound would produce like symptoms. In the case mentioned by Dr. Tanner there was no explanation of the death. If the case was that of a pregnant woman, as Dr. Hewitt stated, the death might be due either to the passage of carbonic acid in the uterine veins, or to perforation of the uterus. He had twice seen the uterus perforated by a common sound. In these cases no bad result had followed. In a third instance, which he had heard of, he believed death had resulted. At any rate, carbonic acid was commonly introduced into the uterus now-a-days, and with perfect safety. He had only instanced four cases as examples; but his experience was not limited to six, or eight, or even ten. In his own and Dr. Savage's practice he might have seen some thirty or forty cases, and all did well. But he (Dr. Routh) had not said that he treated all cases of menorrhagia in this way, but only those which had resisted other treatment. Many of these had been treated by Medical men of large metropolitan Hospitals, and these gentlemen certainly did not lack brains. If he, therefore, had cured in this way, speedily and without danger, several such cases, surely the plan was one worthy of the attention of the Profession. After thanking Dr. Granville and Dr. Rogers—the former for giving him the credit of doing well, perhaps, although he had not practised the operation himself; and the latter for having given him the evidence of his own observation and practice in similar cases,—Dr. Routh said he hoped the plan would be tried more generally, but that all who did so should remember that the injections were only safe when the uterus had been so dilated by sponge tents as to admit of the free egress of the fluid injected.

Iodine, according to M. Boinet, preserves, cures, strengthens, and modifies the constitution, removes diatheses, and impresses a new energy in the organism. Iodine, according to M. Rilliet, weakens, deteriorates, wastes, destroys, atrophies, and kills!

Last year M. Beau discovered that lead was an excellent remedy for phthisis. M. Broeckx of Antwerp has tried the mineral extensively and has found it worse than useless!

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted Members of the College, at meetings of the Court of Examiners on April 18 and 19:—

Bell, James Bradford, Margaret-street, Cavendish-square
Bennett, Hugh, Llanidloes, North Wales
Brown, David, West Gorton, near Manchester
Chisholm, Edwin, Sydney, New South Wales
Coleman, Alfred, Wandsworth
Collins, John Boniface, Yapton, Sussex
Cooke, John, Newent, Gloucestershire
Cummiug, John Stewart, Limehouse
Dane, Thomas, Barrow-hill-place, Regent's-park
Dawson, Frederick, Islington
Egles, Gabriel Manning, Barcombe, Lewes, Sussex
Eldershaw, Frederick, New North-road, Hoxton
Fortescue, George, Sydney, New South Wales
Fyffe, Benjamin, London
Gisburn, John James Walker, Hunslet, near Leeds
Hadwen, Aurelius St. John, Waterloo-road
Harris, Benjamin, Park-street, Grosvenor-square
Harrison, Charles, Lincoln
Harvey, Octavius Charles, Jamaica
Hasletter, John, Canada West
Haynes, Allen Lankester, Evesham, Worcestershire
Holland, Edmund, Rugely, Staffordshire
Hope, Samuel, Guernsey
Hunt, William John, Sheerness
Hyde, George Edwin, Worcester
Irvine, Charles, William, Tarves, Aberdeen
Kernot, Abraham Bowerman, Rayleigh, Essex
King, William Clifford, Bridgewater, Somerset
Kitching, Thomas, Bow
Lancaster, William James, Barnsley, Yorkshire
Leachman, Albert Warren, Haverstock-hill
Lloyd, Edwin, Llanrwst, North Wales
Lomas, Henry Wright, Belper, Derbyshire
Lyons, Richard Thomas, Madras
March, Henry Colly, Newbury, Berkshire
Morris, Isaac, Cliffe, Lewes, Sussex
Muncaster, Thomas Harbottle, Ulverstone, Lancashire
Nicholson, Edward, Brighton
Orton, George, Cole Orton, Leicestershire
Orwin, Thomas William, Haverstock-hill
Paine, William, Topsham, Devon
Park, William, Ulverstone, Lancashire
Russell, George Ireland, Gravesend
Ruttledge, William Frederick, Farringdon, Berkshire
Schollick, Thomas James, Ulverstone, Lancashire
Seabrook, Thomas Edward Fraser, Maida-hill
Sheldon, Edwin Mason, Liverpool
Slayter, William Bruce, Halifax, Nova Scotia
Smith, Thomas Bower, Weaverham, near Northwich, Cheshire
Strickland, Edmund, Kirby Moorside, Yorkshire
Taylor, Frederic, Kingsclere, Hants
Trimmer, Henry Beesley, Gloucester
Ubsdell, Henry, Conduit-street, Regent-street
Walker, Joseph, Holles-street, Cavendish-square
Walton, Brinsley Marcius, Hamptou, Middlesex
Waterson, John, Birmiugham
Watts, Frederick Hase, Haverstock-terrace
Wiglesworth, Arthur, Torquay, Devon
Worley, William Charles, Brington, Northamptonshire

University and King's College, Aberdeen.—On April 21, the Degree of M.D. was conferred, after Examination, on the following gentlemen:—

Barron, George B., Lancashire
Bindon, H. V., Staff-Surgeon, Chatham
Blakley, Samuel, Tyrone, Ireland
Candy, John, Sussex
Coward, William, Durham
Forster, Thomas B., Devonport
Gibson, George, Durham
Greig, John, Forfarshire
Harvey, Alfred, London
Haynes, Leonard H. J., Royal Hospital, Greenwich
Jackson, George H., London
Logan, Thomas, Ayrshire
MacNab, John, Lancashire
Martyn, William, London
Maybury, Augustus K., Surrey
McHarg, Michael, Antrim, Ireland
Metcalfe, James B., London
Millar, Samuel, Enfield, Middlesex
Millman, Alfred M'Kinley, Kirkcudbright
Murphy, Thomas J., 60th Rifles
O'Connell, John, Glasgow
Rains, John, Manchester
Rix, Joseph, Huntingdonshire
Somerville, Charles, Staffordshire
Sommers, John A., Liverpoool
Stewart, John G., Royal Hospital, Greenwich
Sutton, John, Nottingham
Tebay, Thomas G., London
Tulloch, John, 10th Regiment
Tylecote, E. T. Staffordshire
Waterworth, Thomas H., London
Windowe, S. Jardine, H.M. Indian Army

On the same day William Connor was admitted as M.B.

APOTHECARIES' HALL.—At a Court of Examiners of the Society of Apothecaries, held on Thursday, the following gentlemen were admitted Licentiates of the Society, viz :—

Barlow, William Henry, Manchester
Griffith, Samuel, Tremadoc, Carnarvonshire
Grindrod, Edmund, Old Trafford, Manchester
Harden, Charles, Wrington, Somersetshire
Hill, Samuel, Ballinderry, County Antrim
Hocking, Joseph, St. Ives, Cornwall
Jessett, Frederic Bowreman, Manchester
Kingdon, Alfred Sinclair, Bideford, Devon
Sissons, William Harling, Hull
Waterson, John, Birmingham
Wilkinson, John, Hunmanby
Williams, Christopher, Williton, Somersetshire
Williams, John, Doncaster
Winterbotham, Washington L., Stroud, Gloucestershire
Yeld, Henry John, Sunderland

As an Assistant:

Warrener, William, 1, Alpha-place, Park-road, Peckham

APPOINTMENTS.

OZANNE.—John Ozanne, Esq., M.D., has been appointed Surgeon on the Medical staff of the Guernsey Militia.

WESTON.—Mr. E. F. Weston has been appointed Surgeon to the Leeds General Infirmary.

DEATHS.

EVANS.—April 13, at Cardiff, Evan Evans, jun., aged 47.

HARVEY.—April 15, at Stanton Drew, George Harvey, formerly Surgeon of H.M.S. *Victorious*, and late of Castle Hedingham, Essex, aged 83.

HOOPER.—April 15, at Downton, Wilts, Richard Henry Hooper (in practice prior to August, 1815), aged 71.

JONES.—April 14, at Princess Town, Lydmore, Devonshire, William Hutchinson Bulkeley Jones, R.N., M.D. Glasgow.

MEDLICOTT.—April 4, at Bishop's Castle, Salop, Jeremiah Medlicott, M.R.C.S. Eng., L.S.A. Lond., aged 41.

ROBERTSON.—April 21, at Charlotte-place, Edinburgh, James Robertson, F.R.C.S. Edin., M.D. St. Andrews.

SWAYNE.—April 21, at Heytesbury, Wilts, William Cleveland Swayne, aged 76.

THOMSON.—April 16, at Inverary, Dr. John Thomson, late Surgeon in the H.E.I. Co.'s Service.

WOOD.—April 14, at Birmingham, Robert Henry Wood, M.R.C.S. Eng., L.S.A. Lond., aged 43.

A Marine Doctor recommends a mixture of sugar of milk and shell fish (*helix maritima*) as a substitute for cod liver oil.

THE NEXT CENSUS.—The new Bill for taking the Census in England has been printed. It contains nineteen sections. The estimated population of the United Kingdom is now 29,014,000. In the year 1820 the population was 20,398,000.

PROFESSOR OWEN has had the honour of delivering a series of Lectures on Natural History at Buckingham Palace, before his Royal Highness the Prince Consort, their Royal Highnesses Prince Alfred, Princess Alice, Princess Helena, Princess Louise, Prince Arthur, Prince Leopold, and the ladies and gentlemen in attendance.

A GENERAL RESIGNATION.—We understand that the whole of the Medical gentlemen, eleven in number, connected with the Royal Militia of this island have tendered their resignation to His Excellency the Lieutenant-Governor, in consequence of a recent militia staff appointment. What will be the result of this wholesale resignation, it would be premature at present for us to say.—*Guernsey Comet.*

M. DEPAUL, in a Report to the French Academy, has carefully investigated the origin of the vaccine virus. The questions he had to answer were: Is the cow-pox a disease which has been spontaneously developed in the cow? Or is it the result of an accidental inoculation made with the discharge from the legs of the horse? Or, again, will these two diseases, independently the one of the other, produce a liquid, which when inoculated in the human subject will preserve him from the small-pox? M. Depaul finds that the first of these hypotheses is the only probable one.

A VERY handsome Testimonial has just been presented to W. B. Owen, Esq., M.R.C.S.E., who has recently removed from Finchingfield, Essex, to Cleveland-square, Hyde-park. It consists of an elegant gold drawing-room timepiece, and a patent lever watch and chain. The former has the following inscription engraved upon it:—"Presented, with a gold watch, by the parishioners of Finchingfield, to W. B. Owen, Esq., Surgeon, in token of their affectionate regard and the Professional ability displayed among them during a residence of twenty-four years." Inside the latter is written, "A memento of long and devoted services." Such evidence of the high character which he has acquired for Medical skill and integrity of conduct must be very gratifying to Mr. Owen. The terms of the inscription show, that while he has been successful in the treatment of his patients, he has also conciliated their good-will by his amiability and kindness.

SPANISH LUNATIC ASYLUMS.—Chevalier Pugadas has arrived in Paris in pursuance of a commission entrusted to him by the Spanish Government of examining into the present condition of Lunatic Asylums throughout Europe, prior to the introduction of much-needed ameliorations into the Spanish Asylums. Notwithstanding that Spain was the country in which Asylums were first established (1409), in no part of the world are they in a more deplorable state than at present, M. Desmaisons, of Bordeaux, having found in a recent visit to the Madrid General Hospital numbers of hapless lunatics tied to their beds in the subterranean vaults of the establishment.

LOSSES SUSTAINED BY ARMIES.—M. Meyne, a Surgeon in a Belgian regiment of artillery, in a recent work on Medical Statistics, makes some interesting statements upon this point. He says that an army of 100,000 men, by the sole fact of having entered on campaign,—*i.e.* leaving out the influence of epidemics and battles,—will have 10,000 men in Hospital. At the end of some months, if there has been some engagements, and the number of patients increase, as is usual, we must count upon a third being placed out of service by disease. During the first fifteen years of the occupation of Algeria by the French one-eleventh part of the forces were carried off by disease and a 265th part only by casualties of war—*i.e.* 23 times as many. Of the 115,000 Russian soldiers who invaded Turkey in 1828-9, but from 10,000 to 15,000 repassed the Pruth, the rest succumbing to fever, dysentery, and pestilence. During the Peninsular wars, of 25,000 French, 3000 perished on the road from Bayonne to Lisbon either from fatigue or the scorching sun of 1808. The English army, during a period of forty-one months, of an effective force of 61,500 combatants, lost 21,930 by disease, and only 8889 by the casualties of war. The losses of the French during the Crimean war were 16,000 deaths by the accidents of war, and 53,000 by disease—*i.e.* 16 to 53; and the proportions were much the same for the Sardinians and the English.

CHLOROFORM.—"See how Chemistry proceeds in its discoveries; for example, in the case of Chloroform. It enriches itself with a new compound; it studies the circumstances of its formation; it determines its composition and properties; and lastly gives to it a systematic name and a family. And thus the new body is classified; and the science of Chemistry has said its last word concerning it. But during many long years Chloroform, whose employment is now reckoned by the hundreds of kilogrammes, figured only in museums as a scientific object purely of curiosity."

PRIVATE PRACTICE OF NAVAL MEDICAL OFFICERS.—The following memorial to Sir John Liddell has been sent to us:—"We, the undersigned qualified private Practitioners, resident in Portsmouth, Portsea, Southsea, Landport, and Gosport, beg most respectfully to call the attention of the Director-General of the Naval Medical Department to the very great injustice we feel we have long been placed under, from the fact of young and able Naval Medical officers settling and practising in this locality; their half-pay placing them in an unfair position as regards ourselves, enabling them to live in a style and dash that generally ensure success; and we further feel ourselves aggrieved, inasmuch as we are called upon largely to contribute towards their support by the present income-tax; taxing in a serious manner the pockets of our always precarious incomes. We need not state the labour and fatigue attending private, compared with official practice; and we now most respectfully solicit, that it may please the Director-General to take this representation into his serious consideration, and to relieve us from a grievance which we feel sure has only to be represented to be remedied. (Signed) Fred. Jas. Burgess, Ext. Lic. Roy. Coll. Phys. Lond., and F.R.C.S., 7, Hampshire-terrace, Southsea; James Greetham, M.R.C.S. Edin., and L.A.S., King-street, Portsea; Allen A. Duke, M.D., Prince George's-street, Portsea;

Stephen R. Niblett, Lic. Roy. Col. Phys. Edin., and L.A.S. Daniel-street, Portsea; George F. Bloxsome, M.R.C.S. and L.A.S., Brunswick-terrace, Southsea; H. Bloxam, M.R.C.S. and L.A.S., Parade, Portsmouth; Frederick Page, M.D., F.R.C.S., and L.A.S., Landport; John O'Sullivan, Roy. Col. Phys. Lond.; James Dickson, L.R.C.S. Edin.; George John Seale, M.R.C.S. and L.A.S., Landport, Portsmouth; John Butcher, M.R.C.S. and L.A.S., Gosport; John Robert Kealy, M.R.C.S. and L.A.S., Gosport; Wm. John Rundle, M.D., Ext. Lic. Roy. Col. Phys. Lond., and M.R.C.S., Gosport; Henry Slight, M.R.C.S., Highland-cottage; Julian Slight, M.R.C.S., Portsmouth; Richard Bachelor, Surgeon, Southsea.—Portsmouth, April 18, 1860."

Poor-law Medical Reform Association (Students' Branch).—At a meeting of the Committee of Delegates, held at the Freemasons' Tavern, on Tuesday, April 24, 1860, J. W. Galton, Esq., in the chair: Present, Messrs. Fagge and Galton (Guy's), Mr. Ward (St. George's), Messrs. Felce and Greenwell (St. Mary's), Mr. Sutton (Middlesex), Messrs. Hill and Bastian (University College), Mr. Clark (Westminster), Mr. Routtledge (London), Mr. Travers (Charing-cross), Mr. Smith (St. Bartholomew's): The following resolutions were adopted:—1. Proposed by Mr. Felce, seconded by Mr. Fagge:—"That provided the second reading of Mr. Pigott's Bill is again postponed till after the 4th of May, a general meeting of students be held on Tuesday, May 8, at St. Martin's Hall, for the purpose of passing certain resolutions in support of Mr. Pigott's Bill." 2. Proposed by Dr. Fox, seconded by Mr. Sutton:—"That a sub-committee be formed to draw up resolutions to be submitted to the aggregate meeting, and to arrange minor details." 3. Proposed by Travers, seconded by Mr. Routtledge:—"That the Chairman, the Secretaries, and Messrs. Fagge, Felce, and Ward, form the sub-committee." 4. Proposed by Mr. Hill, seconded by Mr. Bastian:—"That the Treasurers of the various Schools be requested to hand over to the General Treasurers the funds at their disposal." 5. Proposed by Mr. Sutton, seconded by Mr. Travers:—"That this committee meet this day week, May 1, to receive the report of the sub-committee, and to finally arrange as to what Schools shall take the several resolutions at the aggregate meeting." A vote of thanks to the Chairman was unanimously given, and the Committee adjourned till the 1st of May.—Wm. Tilbury Fox, C. F. Sutton, Honorary Secretaries.

The following Medical gentlemen were presented to the Queen at the Lévee held on Tuesday:—Dr. T. W. Belcher, Royal Cork Artillery, by Mr. Beecroft, M.P.; Surgeon W. Brydon, on return from India and being nominated C.B., by Lord Ellenborough; Dr. J. Fraser, Deputy Inspector-General Army Medical Department, by the Director-General, Dr. Gibson; J. Gibson, M.D., C.B., on appointment as Director-General Army Medical Department, by his Royal Highness the Duke of Cambridge; Assistant-Surgeon W. H. Harris, M.D., by the Secretary of State for India; Assistant-Surgeon H. W. Jackson, by the Director-General of the Army Medical Department; Deputy Inspector-General Longmore, on appointment as Professor of Military Surgery at the Army Medical School, by the Secretary of State for War; Assistant-Surgeon I. U. C. N. Murphy, by the Director-General Army Medical Department; Assistant-Surgeon John Pinkerton, by the Secretary of State for India; Dr. Augustus Rawlings, of New York, by the United States Minister; Staff-Surgeon H. S. Sanders, on return from India, by the Director General, Army Medical Department; Assistant-Surgeon Clement Smith, M.D. on return from India, by the Secretary of State for India; Dr. Wilson, by Colonel Morgan Clifford, M.P.

Medicine in Naples—A friend passing through Naples writes on the 13th inst.—"Acupressure has been tried in an amputation of the forearm with success, and, I hear, in one or two minor cases. Professor Simpson will be amused to learn that his new mode of arresting hæmorrhage was known here long ago;—I do not know when, as I am not informed, but it must have been very long ago, perhaps before Pompeii was interred, for no one knew anything of it till Dr. Strange translated Dr. Simpson's paper. It may interest you a little to hear that the Cæsarian operation was performed here about ten days ago. Several promises were made to Dr. Strange, to me, and others, that we should have an opportunity of being present; but, as in the case of the acupressure, we had no notice. Both mother and child were lost, although the former has been under care for some months! No case of hysterotomy has been successful here, and inducing premature labour seems to be under ecclesiastical censure. Professor Capuano tells me that he once got leave, from Rome direct, to induce labour at the seventh month, when he saved both mother and child. For this good service he met with great opposition. He is a man of enlightened mind, and would improve matters if he had the power, but Medicine and Polities are on a par in the Kingdom of the two Sicilies."

Presentation to Dr. G. H. B. M'Leod.—Dr. George M'Leod, who has lectured on Surgery during the past session in Glasgow University, in the place of the late lamented Professor Laurie, was presented by his class, at the close of his valedictory address, on Friday afternoon, with an excellent assortment of surgical instruments of the latest and most approved construction, enclosed in handsome and highly finished cases, the handiwork of Mr. W. B. Hilliard. There was a very numerous audience, the class-room being completely filled by Medical men, students, and others. In making the presentation, and in reading and handing to Dr. M'Leod an address in the name of the class, Dr. Thomas Milne assured the Doctor that his students entertained for him the highest respect, and the most unbounded affection. The Surgery class was usually the largest and most unruly in the whole College, and it was greatly to the credit of Dr. M'Leod, that by a judicious admixture of firmness and forbearance, he had so ably and orderly conducted the business of the class. Dr. M'Leod, who was evidently much affected, said in reply that he could not find words to express his gratitude for their courteous and attentive demeanour during the session, and especially for this generous token of their appreciation of his labours. He had been told months ago, that he could never control this class, composed, as it was, of so many senior students; but his reply at the time was, that he believed if he threw himself on the sympathy of the class, and entered upon his work in an honest and earnest spirit, that he would succeed; and he now appealed to their generous present as a convincing proof that his efforts had not been in vain. Dr. M'Leod, after again cordially thanking his students, retired amid loud and prolonged cheering. The following is a copy of the address:—"Geo. H. B. M'Leod, Esq., M.D., F.R.C.S.E. Sir,—Having attended your Lectures on Surgery during the past session, we desire most haartily to thank you for the sound and solid instruction which we have received during your occupancy of the chair. We have listened to your able prelections with the greatest satisfaction; and we now testify our unfeigned admiration of the clearness and conciseness whereby your expositions have been pre-eminently characterised. We assure you that we have been greatly benefited by the extensive and accurate information with which you illustrated the various topics you discussed; and we cordially express our gratitude for the painstaking assiduity and untiring zeal wherewith you discharged your professiona. duties. We trust that you will long live to expound the science and practise the art of Surgery, and that you may speedily obtain permanent possession of an office the duties of which you are so thoroughly qualified to discharge."

Protests against the College of Surgeons.—"To President and Members of the Medical Council,— We, the undersigned, Medical Practitioners, residing at Wirksworth, in the County of Derby, request your attention to the fact, that certain persons have been admitted to examination by the Court of Examiners of the Royal College of Surgeons of England, and have had the Diploma of Member conferred upon them, without having complied with the curriculum of study set forth in the printed regulations of the College. Regarding this conduct on the part of the College authorities as not only detrimental to the honour of the Profession, but contrary to the spirit of the Medical Act, we beg you will give the subject your early and serious consideration. (Signed) W. Cantrell, F.R.C.S. Eng., L.R.C.P. Edin.; William Webb, M.D., F.R.C.S. Edin., M.R.C.S. Eng.; Thomas Poyser, F.R.C.S., Eng., 1843; Charles Walker, M.R.C.S. Eng.; Newton Mant, M.R.C.S. Eng., L.R.C.P. Edin.; Richard R. Alderson, M.R.C.S. Eng., L.S.A."—"We, the undersigned, being duly registered Medical Practitioners residing in the district of South Staffordshire and East

Worcestershire, beg to represent to the General Council of Medical Education and Registration the fact of certain recent admissions to the Membership of the Royal College of Surgeons of England of persons who have not undergone any regular course of professional education, and who, from their social position and general attainments, are not entitled to such honours. The undersigned wish particularly to draw your attention to clauses 20 and 21 of the Medical Act, xxi. and xxii. Victoria, with the view of putting such clauses in force. We grieve to think that we are compelled to make this earnest appeal to you, but the common interests of our Profession, and those of the general public in particular, leave us no choice in the matter. (Signed) S. D. Fereday, James P. Badley, Daniel Timmins, Charles A. J. Tompson, David Johnson, Dudley; B. S. Browne, Charles Thomas Male, Peter A. Cotterell, Henry Duncalfe, William James Kite, West Bromwich; Charles Quinton, Willenhall; Charles E. Handy, Darlaston; W. Lascelles Morris, Bricrley-hill; John Greene, Sedgley; Samuel Woodall, H. Eady Proctor, William Lyms, Norris William Best, George Enoch Howitt, W. C. Garman, Wednesbury; William H. Hope, Henry Gibbons, Wolverhampton. March, 1860."

Preston Dispensary.—At a meeting of the sub-committee held on the 11th inst., Dr. Ladd's (the Secretary of the London Medical Registration Society) letter, having reference to the provisions of the Medical Act, was read, and the following resolution was agreed to be submitted to the general meeting:—"That in this locality the provisions of the Medical Act have been found wholly inefficient in suppressing illegal practice and quackery, inasmuch as it has only led to the substitution of one name for another, such as Medical Botanist, Herbalist, etc., in lieu of Doctor, or Surgeon, etc." —At a meeting of the members of the North Lancashire Branch of the Medical Registration Society, held on Thursday, April 12, the above resolution was read by the Secretary, and approved of by the members, and was moved by Dr. Spencer, and seconded by Mr. Houghton, of Lytham. The second resolution, to the following effect, was moved by Dr. Gilbertson, and seconded by Dr. Stavert:—"That the London Medical Registration Society be urgently requested to induce the Legislature to add such clause or clauses, to any amended Act, which will enable the Profession to institute such proceedings as may more effectually suppress the illegal practice of Medicine and Surgery, or Medicine or Surgery, by persons either with or without an assumed title." The third resolution was moved by Mr. Howitt, and seconded by Dr. Altham:—"That while this meeting fully recognises the right, under section 55, of chemists and druggists to sell, compound, or dispense medicines, it is of opinion that some stringent means should be adopted to prevent their prescribing for, or visiting and prescribing for, the sick. This appears to be the more necessary from the fact of the Apothecaries' Society declining to put in force the powers vested in them by their Act." The fourth resolution was moved by Dr. Altham, and seconded by Mr. E. L. Dixon:—"That this meeting thinks it desirable that the individual members of this Registration Society should use their influence with Members of Parliament, for getting their support for the passing of the amended Act."

The Birmingham and Midland Counties Medical Registration Association.—Successful Prosecution of an Illegal Practitioner.—*In Re Theed.*—On Tuesday, April 17, Mr. Alfred Walter, Solicitor to the Birmingham and Midland Counties Medical Registration Association, attended at the Rushall Petty Sessions, before Mr. Breeley and Mr Harrison, to support an information, under the New Medical Act, against Thomas Frederick Theed, of Bloxwick, near Walsall, Staffordshire, who has been for some time practising as a Surgeon in that neighbourhood. Mr. H. J. Barnett, of Walsall, attended in behalf of the defendant. The case had been adjourned on several previous occasions, for the production of the Medical Register for the present year. Mr. Walter opened the case, which embraced the following facts:—Theed lived at Bloxwich, and practised as a Surgeon in the neighbourhood. In the month of November he applied for and was appointed Surgeon to a Club, having stated to some of the members, when asked, that he was not registered, but could be at any time, and that he was duly qualified as a Surgeon. He signed the certificates of death in the following manner:—"T. F. Theed, for self and E. Llewellyn, M.R.C.S., and L.A.C., and he attended the sick members of the club and prescribed for them. These facts were proved by several witnesses, who were called. Mr. Barnett, on behalf of the defendant, contended there was no case made out, that Mr. Theed was in partnership with Mr. Evan Llewellyn, of London, who frequently came down and signed the certificates. Mr. Barnett called a witness (who was called by the defendant and his solicitor "Mr. Theed's ward in Chancery"), and she swore that the handwriting to the certificate was not Mr. Theed's handwriting, but that of Mr. Llewellyn, who came down from London very frequently, and who was down about a week since. This led to the remark by the bench, that the certificate was T. F. Theed, *for* self and E. Llewellyn, and that it was very unlikely that, if Mr. Llewellyn signed the certificate, he would sign it by writing Theed's name first, but there was every symptom of the writing being that of the defendant. Mr. Barnett here contended that the professional title only related to Mr. Llewellyn, and must be read in the certificates as in the singular number, as "Member of the Royal College," and not as "Members." He also contended that Theed never held himself out to be registered. The magistrates overruled Mr. Barnett in all his objections, and convicted the defendant in the mitigated penalties of 40s. and costs, or in default one month's imprisonment; at the same time intimating to the defendant, that the smallness of the fine was out of consideration for his circumstances. Mr. Barnett said he should apply to the magistrates for a case, for the opinion of the Court above, and it was understood that the case was to be prepared and submitted to the magistrates. The case occupied three hours and a-half. The magistrates also intimated to the defendant, that his connection with a duly-registered Medical Practitioner would not save him from the penalty inflicted by the Medical Act.

An Indian Rarey.—"I went out with an Indian, and killed a cow, which was followed by her calf. Wishing to take the calf alive, so that it might carry itself to the camp, I pursued and caught it, and, tying my sash round its neck, endeavoured to drag it along; but it plunged, and tried so violently to escape, that I was about to kill it, when the Indian took hold of its head, and turning up its muzzle, spat two or three times into it, when, much to my astonishment, the animal became perfectly docile, and followed us quietly to the camp, where it was immediately cooked for supper." —*Kane's Artist's Tour, North America.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 21, 1860.

BIRTHS.

Births of Boys, 923; Girls, 834; Total, 1757.
Average of 10 corresponding weeks, 1850–59, 1684·5.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	624	660	1284
Average of the ten years 1850–59	555·8	516·7	1072·5
Average corrected to increased population..	..	..	1180
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	38	25	63

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	4	7	4	1	10	1	4
North ..	490,396	2	5	8	2	8	10	5
Central ..	393,256	2	6	1	..	5	4	4
East	485,522	3	5	10	2	17	10	3
South ..	616,635	9	10	3	6	11	8	2
Total . ..	2,362,236	20	33	26	11	51	33	18

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·926 in.
Mean temperature	42·3
Highest point of thermometer	61·2
Lowest point of thermometer	30·8
Mean dew-point temperature	34·9
General direction of wind	N.E.
Whole amount of rain in the week	0·07 in.

TO CORRESPONDENTS.

Dr. Simpson's Lecture on Cranioclasm is in type, but is unavoidably postponed, by the accidental delay of some wood-cuts.

Dr. Arnott's letter on Lithotomy is in type, as are Lectures and Papers by Professor Simpson, M. Claude Bernard, Dr. Shout, Mr. Ewens, Dr. Skinner, etc.

Amicus should write to the Secretary of the Orthopædic Hospital.

Subscriber.—Licentiate of the Society of Apothecaries is the legal title.

Soot in Cancer.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Adverting to an article in the *Medical Times and Gazette*, No. 512, April 21, 1860, headed "Soot in Cancer," I beg to solicit some explanation, from M. Debreyne, of the fact that "Chimney Sweepers' Cancer of the Scrotum" has been always attributed to soot, whereas the author (M. Debreyne) sets forth soot as a specific in curing cancer.

I am, &c. Medicus.

The Linacre Professorship.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your last number, my name is mentioned with those of other persons who are supposed to be candidates for the new chair to be established at the University of Oxford. I would be much obliged to you to state that I am not, and I have not been, a candidate for that chair.

I am, &c.

Wimpole-street, Cavendish-square. C. Ed. Brown-Sequard.

Insurance Offices.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As I think it right that the Profession generally should be made acquainted with those Insurance Offices that do not remunerate Medical men for their reports on the health of the insurers, which are of the utmost importance to the Offices themselves, and in some instances adverse to the interest of the insurers, I would beg to caution them that the British Commercial Insurance-office, Bridge-street, Blackfriars, will be much obliged for strictly confidential answers to their queries, but will refuse, after obtaining them, to remit the customary fee. Such was the case with myself lately; I would, therefore, recommend Medical men who may be applied to by this Office, to demand their fee before answering the question required of them.

I am, &c.

April 24. Medicus.

Illegal Practitioners.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In the papers of last week, the following important case came before Mr. Yardley. Can you tell me what has been the end of the affair? I have anxiously looked in the papers for the decision of the Magistrate. You will see that there are great interests involved in the decision which is to be given. X.

"The Medical Registration Act.—Mr. William Giles, a Physician and Surgeon, of No. 1, Canton-place, East India-road, Limehouse, applied to Mr. Yardley for a summons against Richard Talbot, falsely calling himself Dr. Talbot, of Canton-house, corner of Stainsby-road, East India-road, and Bromley, for a violation of the 40th clause of the Medical Act. Dr. Giles said that Talbot was not registered under the Medical Act of 1858, and had been practising as a Surgeon and Apothecary without any legal qualification. The person of whom he complained had also painted over his door, 'Dr. Talbot,' in large letters. Mr. Yardley: Is there no one of that name on the Register?—Dr. Giles: Only one, Sir; and he does not spell his name in the same way. I find the name of Mr. David Augustus Martin Talbott, a Member of the College of Surgeons, England, and a Licentiate of the Apothecaries' Society, London, and residing at No. 23, Park-street, Bristol. There is no 'Talbot,' on the Register. Mr. Yardley said this was a very important and a very proper application, and he would grant a summons. At the same time he would advise Dr. Giles not to trust to the Register, but to come prepared, on the hearing of the case, with proof, not only that his name was not on the Medical Register, but that he was never registered at all. The fact that the name of Richard Talbot was not on the Register was sufficient to justify him in granting a summons."

[Perhaps Mr. Giles will reply to this question.—Ed.]

Nitric Acid in Chronic Throat Affections.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The short notice which appeared among your "Excerpta Minora" of last week on the beneficial effects of nitric acid in the sore throat and hoarseness of professional vocalists, induces me to offer a few remarks in confirmation of the good effects of this medicine in some chronic affections of the throat.

My attention was drawn to the especial action of nitric acid on the throat some years ago, by observing its excellent effect in the case of a friend of my own, for whom the acid was prescribed by a very eminent Physician, as a remedy for the hoarseness and dryness of throat connected with incipient phthisis.

Since then I have used the medicine very often as a remedy for chronic soreness of the throat, where the patient complains of a feeling of dryness in the throat and very troublesome hoarseness, these symptoms being always worst in the early part of the day, and improving towards night.

Some of my patients have been persons in the habit of using much exercise of the voice.

Connected with the above-noted symptoms there is more or less general debility of the system, and failure of appetite.

On inspection in these cases the tongue is observed large and coated, the papillæ at the roots often greatly enlarged. The tonsils and their follicles are also enlarged, and look weak and flabby, specks of follicular exudation may be seen; and very often the tonsil is covered with vesicles of fluid which break and give rise to small ulcers.

In these cases I have found ℥v. of nitric acid, diluted with ʒss. of currant, syrup in ʒj. of water, an excellent remedy. Cases that have been going on for weeks will improve notably in twenty-four hours, under the above, given three times a day.

I must not trespass upon you by giving the details of cases, but I have endeavoured in as few words as possible to describe those particular cases, and they are very common, in which the acid has seemed to me a truly valuable medicine. One of my patients was the wife of a much-valued professional friend, and this lady has told me that nitric acid is the only thing that ever relieved her of a very troublesome sore throat. In this case I gave it with tinct. cascarillæ.

Now and then, where there is a very anæmic look about the patient, and the throat looks quite pale, I have given preparations of iron, and have found it complete the cure which the nitric acid had first set up.

It has been rather a matter of wonder to me that the use of nitric acid in throat affections is not more general, and I would venture to hope that these few remarks may promote the use of what in my experience is certainly a medicine of great value.

I am, &c.

John C. Thorowgood, M.D. Lond.

53, Upper Seymour-street, W.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. Jenner; Dr. Robert Lee; Dr. Arnott; Dr. McWilliam; Dr. Skinner, Liverpool; Dr. Davies, Hertford; Mr. Cole; Mr. Hulme; Mr. Elliot; Registrar-General; Dr. Stewart; Mr. T. O. Smith; Dr. Brown-Sequard; Mr. Hobson; Mr. Pratt; Mr. Roberts; Dr. Webb; Mr. Grove; and Dr. Lowes.

APPOINTMENTS FOR THE WEEK.

April 28. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. Mr. F. A. Abel, "On Heat and Chemical Force—the Non-Metallic Elements and the Metals."

30. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Medical Society of London, 8½ p.m. Mr. de Mérie "On Injections of Tris-Nitrate of Bismuth in Gonorrhœa."

May 1. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 2 p.m. The Annual Meeting.

Pathological Society, 8 p.m.

2. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Geological Society, 8 p.m.

3. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

Zoological Society, 4 p.m.

Linnæan Society, 8 p.m.

Chemical Society, 8 p.m.

Royal Society, 8½ p.m.

Royal Institution, 3 p.m. Professor Ansted "On Physical Geography and Geology—the Atlantic Ocean."

Harveian Society of London, 8 p.m. W. Adams, Esq. "On Hip-Joint Disease."

4. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 3 p.m. Dr. E. Lankester "On Bread, Breadmaking, and Baking."

Western Medical and Surgical Society of London, 7 p.m. Annual Meeting.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Lithotomy; Removal of Breast (two cases); Nævus; Varicose Veins; Removal of Loose Cartilage from Knee-Joint. (?) By Mr. Lee—Varicocele (by Subcutaneous Section).

LICHEN ISLANDICUS; or,

Iceland Moss Cocoa,

Manufactured by DUNN and HEWETT, London.

Strongly recommended by the Faculty in all cases of Debility, Indigestion, Consumption, and all Pulmonary and Chest Diseases.

The two articles here combined are well known for their nutritive qualities. The Moss contains a large portion of nitrogen—or flesh-producing substance,—and being prepared by a very careful and peculiar process, which frees it from all the grittiness and disagreeable flavour which is always so unpleasant, is rendered perfectly pure, with nothing but the beneficial parts left.

The Cocoa, containing more nutriment than most articles of food, being combined with the Moss, forms in this mixture an article of the greatest importance to the Invalid, and at the same time beneficial to the healthy and robust, restoring health where it is declining, and retaining it where already enjoyed.

Testimonial from A. H. HASSALL, Esq., M.D.—"I have carefully examined both microscopically and chemically the preparation of Iceland Moss and Cocoa made by Messrs. DUNN and HEWETT; I find it to be carefully manufactured with ingredients of the first quality."

"The Combination of Iceland Moss and Cocoa forms a valuable article of diet, suited equally for the robust and for invalids, especially those whose digestion is impaired. It is very nutritious, of easy digestibility, and it possesses moreover tonic properties."

(Signed) A. H. HASSALL, M.D.

Uterine Disease.—The Water of the

"TINTENQUELLE," of Nudersdorf in Prussia, so efficacious in Uterine Disease, may be had fresh from the Spring, with Instructions, of C. M. BLADES, Chemist, 52, Edgware-road, London, W.

Price 12s. perdozen, bottles included.

New Remedies by Savory and Moore.

HYPOPHOSPHITE OF QUININE,
SYRUP OF HYPOPHOSPHITE OF QUININE AND IRON,

which have been employed with highly satisfactory results in debility and low vitality.

LIQUOR NASTURTII (Fluid Extract of Watercress) of great therapeutic value in the various forms of scorbutic affections.

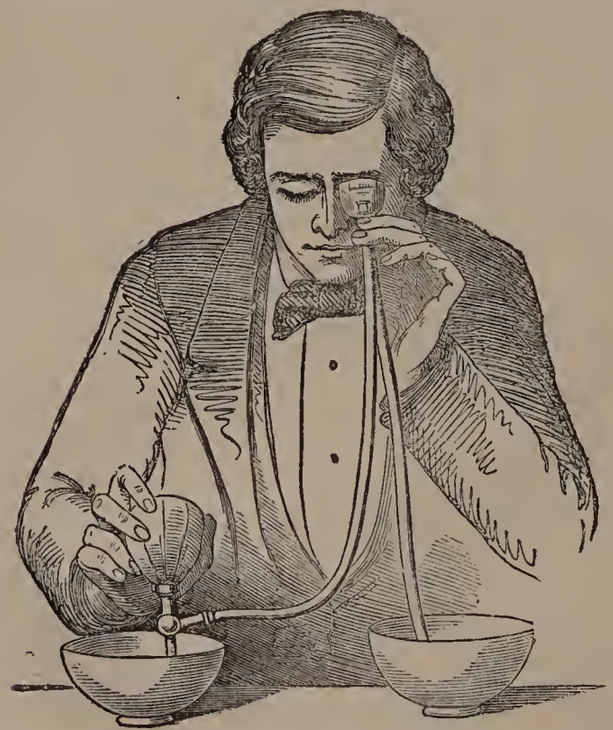
CARBONATE of LITHIA; Hypophosphite of Lime, Soda, and Ammonia; Syrups of Phosphate of Iron, Lime, Manganese, &c.

GENUINE MEDICATED COD LIVER OILS (introdueed by Messrs. Savory and Moore), are also prepared in the Laboratory, 143, New Bond-street, London.

NEW EYE DOUCHE, invented by

Savory and Moore, Chemists to the

Queen, 143, NEW BOND-STREET; 29, CHAPEL-STREET, BELGRAVE-SQUARE; and 220, REGENT-STREET, LONDON.



"Eye Douches are eminently useful in many affections of the Eyes, but their utility has been much restricted in consequence of the defective and inconvenient kind of Instrument hitherto made for the purpose.

"The chief objections to the old form of Instrument are, that the liquid cannot be kept directed to the same spot, there being nothing to steady the hand; and also that the impossibilty of applying it without splashing the face and head, and saturating the clothes about the neck and shoulders, causes the person using it much discomfort and unnecessary trouble.

"The New Douche effectually provides against these drawbacks. By keeping the glass close over the eye, the fluid is directed upon the exact locality intended, and no deviation can occur; neither can a drop of the fluid used escape from the glass otherwise than through the proper tube which leads into the waste basin."—Lancet, March 31, 1860.

J. & E. BRADSHAW, late

Shoolbred and Bradshaw,

34, JERMYN-STREET,

beg to call attention to the various improvements in Patent ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new description of BELT, invaluable for prevention of Cholera and the eure of Rheumatism, Lumbago, &c.

N.B. Every description of INDIA-RUBBER BANDAGE, vulcanised on the newest principle.

Directions for measurement sent by post.

N.B. A Liberal Discount to the Profession.

A Female to attend on Ladies.

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SPINAL CARRIAGES AND COUCHES,

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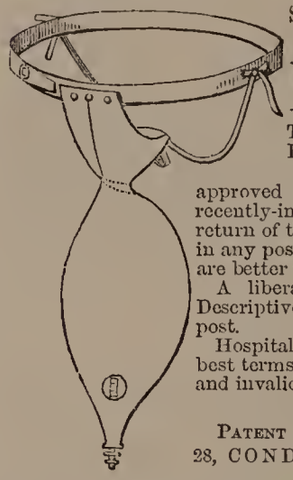

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ORIGINAL LECTURES.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,
DELIVERED AT
The College of France,
DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture XIII.

OPERATIVE PHYSIOLOGY— CONTINUATION OF STUDY OF THE MOTOR NERVE OF THE PAROTID GLAND.

Summary: Experiments Suggested by the Discovery of the Motor Nerve of the Parotid Gland—Division of the Nerve Suspends the Secretion precisely as after the Section of the Facial within the Petrous Process—Galvanisation of Peripheric Extremity of this Nerve after Section gives Rise to an abundant Flow of Saliva while the Venous Blood becomes Red—Comparison between the Motor Nerve of Submaxillary and that of Partoid Gland; the Former infinitely more Sensible to the Action of External Agents than the Latter—Difference estimated by Apparatus of Dubois-Reymond—Various Means of Modifying, Augmenting, or Diminishing, at will, this Relative Sensibility—Section of the Great Sympathetic Nerve Increases the Sensibility of the Gland on the Side where the Operation has been Performed—Instances of analogous Facts on other Parts of the Body, such as Inflammation of Conjunctiva, the common Result of an Identical Operation—The Great Sympathetic Produces Contraction of the Vessels while the Motor Nerves of Secretion Dilate them—Experimental Proof of these Statements, both as regards the relative Sensibility of the Glands and the Effects produced by Section of the Great Sympathetic—General Conclusion the same as that arrived at in previous Lecture, but in the present instance Experimentally Demonstrated, that Glands have two Orders of Nerves the one Emanating from the Great Sympathetic which Contracts their Vessels and Diminishes the Secretions, the other Derived from Various Motor Branches Dilate the Vessels and Increase the Secretion.

Gentlemen,—In our last Lecture we made allusion to sundry experiments suggested to us by the discovery of the motor nerve of the parotid gland. These experiments we have succeeded in performing during the past week, and we are now in a position to lay before you the results which we have obtained.

The motor filaments of the parotid gland have their origin, as you already know, in a branch of the auriculo-temporal nerve. That which we were principally desirous of ascertaining was, whether in dividing this latter trunk the secretion of the gland would be completely suspended. This, as we found, is precisely what takes place. As after section of the facial in the interior of the cranium all kinds of stimulants applied to the interior of the mouth are powerless in bringing about the parotidean secretion, so when the auriculo-temporal nerve has been divided, vinegar, sapid substances, and other excitants of the same secretion, produce no effect whatever on animals subjected to this operation. Vinegar applied to the inside of the animal's mouth gives rise to gustatory sensations, followed by movement of the jaws, but no secretion is observed to take place, or at least if a drop or two be remarked at the extremity of the tube, they must have been remaining in the duct, the consequence of the previous application of galvanism to the peripheric extremity of the nerve. This is a source of error which it becomes the duty of the physiologist to guard against.

The nerve having been carefully isolated in a living animal, we then divided it with a view to the galvanisation of its peripherie extremity. The results which we thus obtained are striking; an abundant secretion takes place, and the venous blood is remarked to become a bright red, a phenomenon invariably observed when the glands are in a state of activity, as we shall find by-and-by while studying the history of the secretion of the submaxillary body. The nerves which preside over this last-mentioned secretion possess a much greater amount of sensibility than those which characterise the motor filaments of the parotid. The action of a given current of electricity exercises a much more considerable influence over the chorda tympani than it does over its congener. By means of the apparatus invented by Dubois Reymond, which enables us to measure the intensity of the current of the galvanic fluid employed, it is easy to demonstrate this remarkable difference. In fact, in order to produce equal effects on the two glands, the nerve of the parotid must be acted on by a galvanic current, the force of which is indicated by seventeen divisions of the instrument in question, whereas the force of the current required to act on the chorda tympani would be represented by twenty-seven divisions: the difference is thus very marked. Results of a precisely analogous kind are obtained if we apply vinegar-and-water to the tongue of an animal (tubes having been previously introduced into the two excretory ducts), for in this case we see the submaxillary gland commence secreting under an influence which does not produce the slightest effect on the parotid. It must not, however, be supposed that the chorda tympani enjoys, if I may so express myself, an elective affinity for the electric fluid; no, all kinds of excitants possess in an equal degree, the power of making a more sensible impression on this nerve than on its congener. A phenomenon of an analogous nature is observed in reference to the different groups of muscles concerned in locomotion. And you know that, as a general rule, as regards external agents, organs differ very considerably the one from the other. The action of medicinal agents, and of poisons, furnishes us with daily proofs of this.

But we are in possession of a variety of means wherewith to modify, to increase, or to diminish, at pleasure, this relative sensibility. If, for example, after having divided the great sympathetic nerve, on one side only, we galvanise the chorda tympani of an animal on which this operation has been performed, it will be seen that the gland which has been deprived of the nervous influence of the great sympathetic becomes much more sensible to the action of the galvanic fluid than that of the other side; and in support of these experiments we may refer to numerous well-known facts which prove how much the sensibility is increased by the section of the great sympathetic, as is evidenced by the increase of temperature in those organs which have been subjected to this kind of mutilation. If you divide, on one side, the branches of the great sympathetic which supply the globe of the eye, you will very soon remark a notable hyperæsthesia of the conjunctiva follow on the operation. Why, therefore, should we be surprised at this antagonism existing between the great sympathetic and the motor nerves which preside over secretion, which our recent experiments have made us acquainted with? Do we not know that the great sympathetic causes the vessels to contract, while the nerves which preside over the secretion have precisely the contrary effect? The same is the case with reference to the parotid gland.

The effects which follow on the section of the great sympathetic do not in the slightest degree controvert what we announced to you as regards the relative sensibility of the two glands—the parotid and the submaxillary. We shall now give you an experimental proof of this. Here is a dog: we have introduced, as you will observe, a tube into Stenon's duct, and another into that of Wharton; we have isolated the motor nerve of the parotid, and also the chorda tympani which regulates the secretion of the submaxillary; having divided both these nerves, we shall now proceed to galvanise their peripheric extremities, and as the apparatus which we employ permits of our comparing the different degrees of force used in each experiment, it will not be difficult to compare the relative amount of sensibility possessed by these two glands. (The experiments are made in accordance with the above-mentioned conditions: a very feeble galvanic current is employed in the first instance, and a flow of saliva is almost immediately observed to take place from the tube attached to the duct of Wharton, while the parotid gland is not in the slightest degree affected. It is only after having gradually increased the power of the galvanic current to a much greater degree, that a few drops of liquid are seen to issue forth from the tube attached to Stenon's duct.)

We shall now, gentlemen, show you the effects produced by the division of the great sympathetic. (This nerve having been cut, in the case of the same animal, galvanisation of the chorda tympani is recommenced, and a current much more feeble than that employed in the previous experiments, just made, is seen to produce an almost instantaneous flow of

saliva.) We consequently arrive at the self-same conclusion come to at the end of the preceding Leeture, but, on this occasion, by the experimental method, viz. : There exist two classes of nerves destined to supply all glands; the one, derived from the great sympathetic, which presides over the contraction of their vessels and diminishes the flow of their secretions; the other taking their origin in the principal motor branches which ramify in the immediate vicinity of the glands. The latter class are destined to produce dilatation of the vessels, and an abundant flow of aqueous fluid more or less charged with the ordinary materials which characterise the secretions in each particular case.

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

Part I.—THE HANWELL ASYLUM.

No. V.

By JOHN CONOLLY, M.D.

The general substitutes for mechanical restraints, referred to in the concluding portion of my last paper, were such as could only gradually be introduced, so as to constitute a secure and efficient system of treatment in so large an Asylum as that of Hanwell. Restraints of a mechanical kind had already been as much as appeared prudent discountenanced at the Lincoln and Suffolk Asylums, and perhaps in others; they had even been abolished at Lincoln. But the various substitutes for them were only subsequently, and more or less slowly devised; and some of those first resorted to had been perhaps objectionable, and certainly furnished specious arguments against the abolition even of horrible coercion. The strong resolve to treat the insane without any cruel and hurtful applications was not, however, of a nature to be overcome; and, at every step in advance in successive asylums the advocates of non-restraint found their resources greater and their means of defence stronger.

As respected Hanwell, every day during the first weeks and months of my residence disclosed something or other so objectionable to sight, and so uncomfortable to reflection, as to suggest the strongest wish to put an end to it at once. But these objectionable things were not always simple and capable of being remedied separately, but often so entangled, so confirmed by custom, and so ingeniously defended, as not to be attacked with full confidence, or without much consideration of the possible consequences. Instructive cases were, however, not wanting,—cases in which one evil had been built upon another,—and all were based on heedless reliance on the frail resource of mechanical restraint. My attention had been arrested, even on the day of my first inspection of the wards, by the figure of one of the many patients in restraints,—a female patient, of delicate appearance, whose mode of moving about indicated suffering, and in whose countenance there was an expression of sensibility, and gentleness, and misery. She was negligently dressed, and closely invested with a kind of strait-waistcoat, in which she wandered about the galleries like a person in an uneasy dream. She had been, I was informed, a teacher of music, and the organist of a church in the neighbourhood. Becoming insane, after some disappointment of her affections, she had been sent to Hanwell. At the time when I was first led to inquire particularly into her case, she was suffering from extensive inflammation of the breast, consequent, there was reason to believe, on some injury received, and for the relief of which poultices had been applied. In the times of helplessness induced by restraints, and when the insane sick sometimes wanted especial care, and a more liberal diet, such poultices were now and then devoured by imbecile patients; and they were so, it was said, by this unfortunate invalid. To prevent this, she was put in restraint. More abundant food, or any covering to prevent the removal of the poultices, were not then among the ordinary resources of practice in asylums; but in their stead, tight fastenings for the hands and arms, which had become a kind of universal medicine. In this miserable restraint the poor patient was enduring all the pain incidental to mammary abscess; and she had been, it further appeared, so utterly neglected by the nurses that her whole body was covered with psora, for which nothing had been done. The remedies required in such a case were sufficiently obvious; and would not have been neglected in any general Hospital, The galling restraints were removed; the abscess of the breast received proper Surgical attention; the premature removal of poultices was easily prevented; a greater allowance of food was given, especially at bedtime; the psora was cured by appropriate applications; and in a few weeks afterward, at one of the first of the music evenings established in the asylum, this poor girl, neatly dressed, and her fair hair carefully arranged, was brought into the music-room by the matron, and played from memory several airs and tunes on the organ. Such a circumstance was well calculated to make an impression on the nurses, and on the other patients present; and the music then heard, mingled in the minds of some of them, and of some of the officers present also, with recollections of her recent wretched condition, drew tears from many who heard it; and without doubt not only left salutary impressions on most of those assembled, but strengthened resolutions already formed in the minds of some of them, and never afterward departed from.

Week succeeded week, and each week brought some fresh lesson. After seven weeks, we could say that there was only one man in restraint on the male side of the Asylum; and this patient proved to have been kept in bed by an idle keeper. Then, unfortunately, an epileptic female patient fell out of bed and fractured the clavicle; and there was an outery for restraints for the epileptic; overcome, however, by establishing low beds, or even beds on the floor, or thick covering for the whole floor of bedrooms for patients so afflicted. The attendants were refractory, and refused to send in the evening reports required of them, in which they were expected to record the restraints and other events of the day; and, although allowing excited patients to be without restraints, neglected all other care of them, or kept them in bed. The glaziers went on substituting iron or tin panes for glass in various windows, and the other workmen, negligent of keys, allowed several escapes to occur. Windows were left unguarded, and the shutters not closed, and the patients broke the glass, sometimes to procure more air, and were summarily put in preventive restraints. Just at this time the Asylum was visited by M. Guislain, the distinguished physician of the Asylum at Ghent, who seeing the struggle going on, prognosticated that mechanical restraints could not be abolished in less than three years. Happily, they were abolished at Hanwell in less than three months from the time of his visit to us. Yet the difficulties at that time seemed increasing. A very formally-written opinion was sent to the Committee by a physician of high character, and great experience in one of the old asylums, against the dangerous innovation of non-restraint. The attendants continued to neglect attentions which became evidently necessary when restraints were not permitted. Newer and better attendants were conspired against, and for a time private cruelties were exercised, only detected by the determined vigilance of various officers to which the older attendants were subjected much beyond their expectation. When nearly four months had been passed in this warfare, it was found that on the female side of the Asylum no restraints of a mechanical description had been imposed for forty consecutive days; and, after a most careful inquiry into the results, it was so evident that there had been a consequent diminution of noise and violence, and of accidents and injuries, that soon after this time, I felt myself justified in forbidding any such instruments to be resorted to under any pretext whatever. Various personal consequences were to be incurred, and misrepresentations which scarcely now seem credible; but which are now not worth recording.

When the use of mechanical restraints of every description was soon afterward rendered impossible, by the removal of all the instruments of restraint, many reasons were advanced by those who had always been accustomed to rely upon such supports to show that such a change of the treatment of the insane was injudicious, and extravagant, and unsafe, and even cruel. Accidents were foretold, and injuries and suicides, and danger to officers and attendants; the use of restraint of the most forcible kind was represented as being salutary, and the imposition of the strait-waistcoat or the sleeves was, it was said, often begged and prayed for by the patients them-

selves. Of the futility of such excuses for practices productive of much suffering to their patients, no Medical men practically acquainted with the asylums of this country now entertain a doubt. One of them only, at the utmost, can be conceded. The substitution of the services of a proper number of intelligent attendants for locks and bolts, and for chains and leather, was at first attended with increased expense. To fasten up a troublesome patient, to deny him a sufficiency of clothing for warmth or decency, to make straw a substitute for blankets and all other means of warmth, and to keep him on the smallest amount of the poorest diet compatible with the prolongation of a pauper madman's wretched existence, has, assuredly, the recommendation of economy; but it may be truly said, to the honour of our own country, that to arguments founded on such a degrading consideration, neither magistrates, nor the public in general, have ever listened. It is, however, but too certain that this is the chief obstacle against which the physicians of the asylums of the Continent have even now to contend; and that many of them are in the painful position of being unable to introduce ameliorations which they have the intelligence to appreciate, and the humanity to desire. Millions of money are every year devoted to the destruction of mankind, whilst a few thousands are denied to the relief of suffering.

The solemn assurances of the old and still unconvinced supporters of mechanical restraints, that the patients themselves often asked to have them put on, seemed to deserve investigation; but it did not appear as if even any amount of the privation of reason could ever give birth to such a foolish desire. In a very few cases I found that patients liable to recurrent attacks of mania said, in their quieter moods, that when they knew the attacks were coming on they felt themselves safer in restraint than when at liberty; and in some very violent cases of long continuance, I observed that the patients, when quarrelling with and defying the attendants, would tell them that they might put on the sleeves if they liked; but it invariably and plainly appeared, as soon as returning calmness permitted any quiet conversation with these patients, that their real feeling, derived from repeated experience, was, that when the restraints were put on they were to a certain degree secured from the more wilful and acuter punishment of blows and ill-usage. They had learned that when once fastened up they were left to themselves. On the other hand, the fervent gratitude of those unexpectedly liberated from restraints was always visible; very variously displayed in different instances, and in some in a manner highly affecting. Powerful men, long in almost habitual confinement, and who had for a time in vain represented its injustice, and even the additional irritability it caused, and the increased disposition to be noisy and to be malicious, to shout and swear, and to injure anyone who came near them, were seen to be overcome by the unhoped-for relief which followed the order for their immediate and complete release from bonds. They could not express their feelings in words, for the voice was choked by emotion; but their silent tears and gestures were more eloquent than words. After months, after years even, some of these patients, when reverting to their liberation from hateful coercion, faltered in the attempt; —nay, even within a few hours of death they would allude to it, much too impressively ever to be forgotten. Female patients also, long known as violent and as dangerous, and whose very nature had seemed, in their long warfare with the brute force with which they had so often, and for so many years of their unhappy lives contended, to have become almost demoniac, were no less softened by even the mere suggestion of clemency. Even in the midst of a paroxysm, and in a whirlwind of passion evidently increased by the extreme severity with which complicated restraints had been tightly fastened on by passionate attendants, the question of what they would do if the restraints were taken off suspended their vociferations and curses. They could not at first think the question was put in earnest, or in good faith; they questioned the wish to relieve them from punishment, and the courage that durst run the risk of their possible revenge. When the order was given that every strap and link should be unfastened, and at once, and with a rapidity that left all doubt behind, the loud voice of the patient sunk to silence, and the flushed and angry face was overcome at first by a blank and stupid surprise, to which succeeded a long and passionate flood of tears. The impressions made by scenes of this kind are indelible. They cannot be unknown to the superintendents of the old asylums wherever situated; and they have furnished, no doubt to many, support under the various trials of common life, especially visiting the memory in any troubles incidental to them in their peculiar office, and fortifying them against the misrepresentations to which they are peculiarly exposed.

The discouraging prognostications delivered by the officers of asylums where rude means of restraint were longest cherished were not verified; but there was still, it must be admitted, nothing very unreasonable in them. To those who flew to the protection of restraints in every difficulty, and relied upon them for security against personal peril, all the possible substitutes for restraints were unknown. They had never even thought of them. The medical applications then employed were few in number, of more than doubtful efficacy, prescribed according to a very limited pathology, and almost indiscriminately, and generally complicated with forcible means of repression. A patient affected with mania was assumed to be suffering from inflammation of the brain or its membranes; and was bled, blistered, physicked, and starved; but still with the auxiliary precaution of having his legs and arms fastened, and of being strapped down on his back. Under this treatment his strength often failed while the excitement continued. His sufferings were uncared for. If he continued frantic he was left to rave, and if he seemed to be tranquillised he was still left, and the tranquillity was sometimes the precursor of death. If he survived the first onset of the malady, and the supplementary attacks of the treatment, he continued excited for many weeks, it might be for months; and also continued in restraints. He had every reason to consider himself in the hands of tormentors, and he showed no regard for those who showed him no kindness. It followed, as a matter of course, that he was generally disposed to be mischievous, or even dangerous, and that the attendants and officers beheld him with no emotion except that of fear. To liberate patients of this kind might, to them, well seem imprudent; and as they believed physical force of some kind or other to be necessary, they represented, with some appearance of reason, that to fasten a patient's hands and feet was a better mode of restraining him than having his hands and feet held by half-a-dozen attendants. Other substitutes for mechanical restraints did not suggest themselves to their minds. The real and more effectual restraints—restraints acting immediately on the mind, and not on the muscles—had never presented themselves to their attention. These new applications were soon found to be efficacious, and the proofs of their efficacy were incontestable. A few months after the total discontinuance of restraints, and at the close of the year 1839, a return being made of the state of the female patients, seventy-eight of them were reported *dangerous*. Most of these cases were carefully observed from that time. After eighteen months, sixty of these remained in the Asylum, of whom thirty-six were known to have been subject, under the older system, to frequent, and many of them to constant instrumental restraints of various kinds and degrees. The following is taken from a printed return of the state of these sixty patients, dated in May, 1842:—

Dangerous	0
Subject to occasional paroxysms, but at other times employed	7
Ditto, but at other times unemployed	4
Cheerful and employed	9
Harmless and employed	8
Ditto, and occasionally employed	10
Ditto and quiet, but unemployed	16
Ditto, but at times noisy	5
Ditto, but depressed in spirits	1
	60

Not one of the above-named sixty patients was placed in personal restraint after September 30, 1839.

It is probable that even the most determined assertors of the principle of non-restraint might have been at a loss to declare beforehand all the substitutes they afterward applied for strait-waistcoats and other devices of coercion practised up to the time when this great change was resolved upon; but they had paid some attention to the human character and to the influences which it obeyed; and were perhaps in some degree animated by the respect they had been taught to entertain for the better attributes of the highest creature in the

scale of animated creation, and deemed the mental faculties of men too sacred a gift to be despised, or even if disordered, to be neglected as unworthy of remedial consideration. With some reliance on conclusions based on study and feeling, and not contradicted by observation, they felt a degree of devout confidence in the success of whatever, with pure intentions, they sincerely and heartily undertook. The first fruits of even their earliest experiments were such as have been described, and were full of encouragement; and from that time forth every day and every night became suggestive of new resources and fresh encouragements, until it was found that substitutes for mechanical restraint comprehended the whole mental and moral treatment of the unsound in mind, included even Medical treatment; and were, in truth, associated in practice with all the occurrences of every day. In this great movement precepts arose out of practice, and consequently were presented to the public by the officers of the public asylums in which the experiment was first ventured upon, not in the shape of speculations, ingeniously drawn up, and specious in appearance, and yet exposed to failure, but as rules deduced from observation, and founded on an experience too large to be deceptions. Such precepts may now be viewed in action by every visitor to our English asylums, and by every student who, not content with a formal walk through them, will take the trouble to watch what is done in those noble and unpretending institutions during the whole of any one day, and to reflect upon it afterward. Both visitors and students will find that everything done is significant of a desire to lessen the disturbance of the brain, to tranquillise the thoughts, to occupy the feeble mind without fatiguing it, to recal the attention of the distracted, to make the sorrowful and depressed forget their woes, and to impart, if possible, comfort and calmness to all. Whatever is done in such asylums by all the officers and attendants, from the Superintending Physician to the youngest attendant and servant, and to the workmen and workwomen, and even to the gate-porter, is seen to be done with the same general intention.

This part of the treatment of the insane deserves further illustration, and merits the especial regard of Medical students. Wherever circumstances may subsequently lead them; whether they practise in populous towns or in villages, or become connected with the military or naval branches of the public service, or seek an abode in the new colonies rising into life in so many parts of the globe, none of them will find that attention to the forms and treatment of insanity has been thrown away. Sudden cases will assuredly be presented to them, requiring careful and skilful management; and if, as is now too generally the case, they have never thought such maladies deserving of a little time and attention during their earlier years of study, they will be driven to the use of measures long repudiated in English asylums, little creditable to otherwise well educated Medical men, and painfully unsatisfactory in their consequences.

A CASE OF SUSPECTED POISONING BY WHITE PRECIPITATE.

By A. C. SHOUT, M.R.C.S.

The object of my paper is to lay before your readers a case of suspected poisoning by white precipitate powder, and which, on account of its rareness, may prove interesting, especially as there is no authenticated case to be met with in works on Toxicology. It has just been investigated by the coroner, and has terminated in a verdict of Wilful Murder against the accused. I am sorry to say the previous history of the case is very imperfect, as there was no suspicion of foul play during life, and such only came to light a few hours previous to the burial of the infant.

The history of the case is as follows:—

H. Moore, a young woman, with her illegitimate child, aged three months, was admitted into Petworth Workhouse on November 17, 1859, under an order of removal from Guildford, where she had previously been confined. The child appears to have been suffering from disordered alimentation consequent on improper food; for, in a few days after its admission into the workhouse, my attention was drawn to it by the matron. I examined the child carefully, but could not discover anything seriously the matter, except that it appeared griped, as from wind; there was no diarrhœa, and it took its food well. As the mother had been feeding it on bread sop, in consequence of having no milk of her own, which failed about a week after her confinement, I ordered milk, arrowroot, sugar, and a little ginger to be substituted for the original diet; likewise a powder containing hydr arg. c. cretâ, gr. ij., pulv. rhei, grs. iij. at bed-time, and a teaspoonful of castor-oil in the morning.

The child was plump and well formed, and did not appear to be suffering from any acute disease, beyond what infants of the same age often suffer from. I did not see the child again till two or three days after the first administration of the powder, when my attention was again called to it, and was informed it was suffering from diarrhœa, and as this disorder was very prevalent at that time among the inmates, and having several children affected, was not surprised. I prescribed confectio aromatica, mucilago acaciæ, a small quantity of tinct. camphoræ comp. and aq. menth. pip. The infant was under treatment nearly three weeks, and it had, during that time, only four powders, each containing hyd. c. cretâ, gr. ij., pulv. rhei, grs. iij., which were given at intervals of a few days, and always followed by a teaspoonful of castor-oil in the morning. The child rapidly improved under this treatment, and was considered well, the last powder having been given on Friday evening, December 16, after which time no more medicine was administered, or was my attention directed to it professionally.

On Wednesday morning, December 21, a message was brought from the matron, wishing me to call at the workhouse during the day to see another child, likewise informing me that the infant Moore was not so well. As the message was not urgent, I did not arrive at the house till nearly noon; upon my arrival I was informed that the infant Moore had been taken ill during the previous night, that there had been vomiting and purging, and its cries had been so bad as to keep the rest of the women sleeping in the same ward awake the greater part of the night. I at once proceeded to the Hospital where the child then was, found it lying on a bed; its countenance was most peculiar, the eyes being deeply sunk in its head, with dark areolæ around the orbits, the features drawn and remarkably acute, more resembling an old man than an infant of three months; the whole surface of the body very pale and cold; the pulse small, weak, and thready, at times imperceptible; there were no head symptoms, the child being perfectly sensible, for when touched it cried out. On making pressure on the epigastrium, the whole countenance gave evidence of severe agony, and the infant uttered a piereing scream. I pronounced the child dying, and gave it as my opinion that it was then beyond Medical aid, and that a few hours would close its earthly career; such being its state, I did not feel justified in increasing its sufferings by administering medicine in any shape or form; and as the mother informed me the throat was sore, with difficulty of deglutition, I ordered the nutriment to be given in a liquid form. I then retired, when one of the women informed me that the mother had administered cold food during the night; and this was during the late severe weather, the ground covered with snow, and intense frost at night. I remonstrated with the mother upon her cruelty in giving cold food to an infant lately ailing with bowel affection, especially as she had ample means at her command for warming it, and remarked, if such was the ease, I was not surprised at the result.

I did not see the child any more that day, nor did any message reach me till the following morning, when I was informed the child lingered on during the night, gradually becoming weaker and weaker, when death terminated its sufferings early on Thursday morning, December 22.

On Saturday morning, December 24, I received a written message from the matron, wishing to see me. Immediately upon my arrival I was informed of the rumours among the women inmates, of the child having met its death unfairly, and of the mother having purchased a pennyworth of white precipitate powder on the previous Tuesday afternoon, and that the same night the child was taken seriously ill. Such being the case, I thought it my duty to inform the Coroner, who was then absent, but nevertheless laid the whole statement before his Deputy, who at onee communicated with the Superintendent of Police, and he proceeded to the work-

house, and, finding the charge so serious, took the accused into custody.

Upon my return home in the afternoon, I found an order from the Coroner authorising me to make a post-mortem examination, and report on the result. It being then too late, and finding the other Medical men absent from home, unable to procure assistance, and not liking to incur responsibility in such an important case, I deferred the examination until the following morning, when the body was opened in the presence of two other medical friends, with the following results :—

The autopsy was made on Sunday, December 25, 1859, at ten a.m., on the body of the infant, named A. J. Moore, aged 3 months and 4 days, inmate of Petworth Workhouse, who died on Thursday, December 22. External appearances :— Body well formed, and rather taller than usual for a child of that age; pale and slightly emaciated; countenance anxious, and indicative of great suffering of an acute nature; eyes sunken and unusually glassy. There were no external marks of violence; no ulceration of the lips. The abdomen greatly distended; no decomposition, but great redness surrounding the anus, indicating that the excretions were of an acrid nature and extending to the nates, and slight excoriations contiguous to the outlet. No eruption on the genitals or folds of the groin. The abdomen was first opened. No increase of fluid, but the large and small intestines were greatly distended, apparently by flatus, and presented externally a highly vascular and bright vermilion appearance in places of an arborescent form, and of a dry feeling, having in many parts lost the usual glistening slippery character, and towards the right and anterior parts were unusual signs of congestive vascularity. The small intestines were much tinged with bile in many spots, and bore strong indications of being much implicated. No effusion of lymph or serum discoverable on or between the convolutions. The peritoneum not inflamed; the liver of natural size and healthy (removed); gall-bladder full (removed). The stomach externally appearing pretty natural, excepting a small, dark-coloured patch on the lesser curvature, seeming to contain some thickish matter (tied and removed). Kidneys large, but apparently healthy. Bladder healthy externally, and empty (removed). Thorax —Lungs inflated; highly vascular, particularly the lower lobe of right lung, which presented a bright vermilion appearance at inferior margin; no adhesion to ribs; no effusion (removed). Bronchi examined; natural. Thymus gland well seen. Heart of usual size; base of mitral valve highly inflamed, having a vascular, fringe-like border; tricuspid valve slightly vascular; no clot in cavities; parietes natural; no increased fluid in pericardium. Mouth—No ulceration of, or fauces. Tongue—Papillæ much elevated towards the base, but exhibiting no signs of ulceration. Œsophagus—Nothing peculiar at upper part; about the middle the mucous membrane was somewhat congested, and coated with a thick, mucus-looking secretion (removed). The stomach contained about one and a-half table spoonsful of white, curdy-looking substance, somewhat thick and gritty, like lumpy gruel, or arrowroot half-cooked; a patch about the size of a threepenny-piece upon the mucous coat of the lesser curvature, about the centre, denoting inflammation; and patches in different other parts (removed). Duodenum and jejunum (removed). Small and large intestines (removed). Rectum—The lower five or six inches indicated no traces of inflammation or ulceration, and contained no fluid or fæces. Head, full-sized; congested; right ventricle contained about one and a-half drachms of fluid; left ventricle natural; nearly one tablespoonful of serous fluid at the base of the brain.

The whole of the viscera were placed in jars, and sent to Dr. Taylor for analysis. Suffice it to say that mercury was found in the œsophagus, liver, kidneys, and intestines; and in the stomach itself a number of chalky particles, which readily subsided when mixed with water. They did not dissolve, and had the appearance of mineral matter; were examined microscopically and chemically, and were found to consist of starchy matter, undigested food, and mucus. With these was an insoluble compound of mercury, which Professor Taylor pronounced to be white precipitate. There was likewise a napkin, with matter of a green colour upon it, a quantity of starchy matter, and, in addition, a comparatively large quantity of a mercurial compound, larger than was found in the body.

The accused has been tried at the late Lewes Assizes, and found guilty, and sentence of death recorded against her. From the experiments of Dr. Pavy, of Guy's Hospital, who was especially retained to give evidence, the pathological signs exhibited in this case exactly corresponded with that seen in dogs when poisoned by white precipitate; and from what he had seen of its effects on those animals, there was no doubt it was a poison of a most irritant kind, and a few grains were quite capable of destroying life in an infant who had been previously weakened by sickness. The quantity supposed to have been administered was one scruple, and out of this quantity there was found only five or six grains as the result of analysis; and if the entire quantity was given, it is probable it was lost in the evacuations. It remains now for future investigators to bear out the accuracy of the pathological signs as exhibited in this case, as the post-mortem was very carefully performed, and every circumstance worthy of observation noted down.

Petworth, Sussex.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

NECROSIS OF THE FRONTAL BONE OF A CHILD FIFTEEN MONTHS OLD.

(Under the care of Mr. THOMAS BRYANT.)

A female child, aged 15 months, was brought to Mr. Bryant at Guy's Hospital a few weeks ago, with a large discharging abscess on the left frontal bone. Six months after birth she had received a scratch from a rusty nail over the left eye, after which inflammation and suppuration had followed, which had now lasted nine months. When seen there were several fistulous openings, communicating with necrosed bone. She was admitted into the Hospital and the bone was removed, and was found to include nearly the whole of the left half of the frontal bone, leaving only the orbital plates. From the commencement of the child's disease, no bad symptom had made its appearance. The child was well nourished, and evidenced no one symptom of any general affection. The dura mater was freely exposed, of course, and appeared to be granulating. Mr. Bryant remarked that it would be interesting to watch the process by which Nature will repair such an extensive mischief in so young a child, and to observe whether ossific matter may not be deposited from the so-called Woormian bodies, and thus by their extension cover in the exposed brain. Up to the present time (about six weeks after the removal of the bone) repair is going on most satisfactorily.

KING'S COLLEGE HOSPITAL.

INTUSSUSCEPTION OF THE ILEUM INTO THE CÆCUM AND ASCENDING COLON—DEATH —AUTOPSY.

(Under the care of Dr. JOHNSON.)

A farmer's boy, aged 15, was admitted on April 2, affected with catarrh and slight rheumatic pains. He had been but a few hours in the Hospital when he was seized with pain in the abdomen, vomiting and purging; the motions consisting of blood and mucus. Opiates were administered, but the symptoms continued unabated. On the following day the patient had an anxious expression of countenance; his pulse was of natural frequency, but very feeble. A resisting mass, the size of a doubled fist, which felt like coils of intestines, dull on percussion and very tender to the touch, was noticed in the right iliac fossa. The case being regarded as one of intussusception occurring at or near the termination of the ileum, an operation for the relief of the constricted bowel was suggested, but was deemed inadmissible by Mr. Fergusson. Five grains of compound soap pill were given every three hours, with effervescing draughts to allay the sickness, and several pints of warm water were injected into the colon by means of a long tube. Under this treatment the restlessness diminished, the patient ceased to complain of pain, the distension and tenderness daily increased, the bowels were not

relieved, the retching and vomiting continued; but, on the 7th (five days after admission), the sickness and abdominal tenderness suddenly abated, the eyes became sunken, the face looked distressed and worn, and it was evident that collapse was setting in. The abdomen was very hard, except in the track of the transverse colon, where it was soft and resonant. On the morning of the 9th the patient vomited a round worm (ascaris lumbricoides) nearly five inches in length. Throughout the illness the urine was natural both in quantity and quality. Death occurred on the morning of the 11th (ten days after the first symptoms of obstruction had occurred).

At the post-mortem examination the intestines were found to be loosely adherent to one another, and to the abnormal parietes, by recently-effused lymph; the small intestines were congested and filled with fæcal matter, and the transverse colon was distended with flatus. On laying open the large intestine, a portion of the ileum, about five inches in length, was found invaginated within the cæcum and ascending colon, and tightly girt by the margins of the ileo-cæcal valve. The constricted part was highly congested, breaking down under the finger, and almost in a state of mortification.

We are indebted for the particulars of this case to Dr. Symes Thompson, House-Physician.

ST. THOMAS'S HOSPITAL.

CASE OF BRONZED SKIN—DEATH—DISEASE OF BOTH SUPRA-RENAL CAPSULES.

(Under the care of Dr. PEACOCK.)

J. S., aged 20, a shoemaker, the subject of the following case, first came under Dr. Peacock's care at the Victoria-park Hospital for Diseases of the Chest. He was admitted into St. Thomas's Hospital on February 27, 1859. He then stated that he had been more severely indisposed for six weeks, but had been ailing for three months previously, and his complexion had been noticed to have become much darker during that period. His only complaint, however, was of debility. His skin was in all parts of a peculiar dark brown colour, and this darkness was greater in some parts than in others, especially on the forehead, down the course of the spine, and especially in the middle of the dorsal region, and on the posterior parts of each upper arm, but there was no distinct margin separating the darker from the lighter portions, but on the contrary, the darker shades lapsed gradually into the lighter. He was extremely feeble, and complained of great debility, and was usually found lying in or on the bed. His pulse was ninety-six, and feeble; the respirations twenty-four, also feeble; he had a slight cough without expectoration, but stated that his breathing became hurried when he made any exertion. On careful examination of the chest no marked defect was detected on percussion in any part, but there was some want of expansion beneath the clavicles, and the respiratory sounds were feeble, but this probably only depended on the want of power. His tongue was clean, his appetite good, and the food taken was readily digested. The bowels were torpid. There was no icteroid tinging of the conjunctivæ. He passed water in full quantity, and the urine had a specific gravity of 1012, and was not albuminous. He stated that during early life he had fits, and some years previously disease of the hip, and there were cicatrices of several abscesses around the joint, and the limb was shortened. His father and mother were both living, and the family were stated to be free from any phthisical predisposition. A neighbour afterwards reported that he had been failing in health, and becoming darker in complexion for about six months before he applied at the Hospital, and that his appetite, so far from being impaired, was excessive. He was directed to have tonics and a nutritious and generous diet.

On March 7 he was taken with sickness, followed by diarrhœa, and became much prostrated. In the evening of the 8th he had an attack of what the nurse termed "screaming convulsions," but was sensible after they passed off; and again, in the morning, he had a second but slighter attack. Dr. Peacock saw him shortly after, and found him very much collapsed, and his pulse was extremely feeble; his complexion looked much darker. He was quite intelligent. Shortly after he was taken with a third convulsive seizure, and died very rapidly.

Owing to the arrangement which prevents examination without the permission of the friends, the body could not be opened, and it was only after great persuasion that permission was granted to examine the kidneys. This being allowed, was done immediately. Before the body was taken away, the dissecting-room man was directed to remove the kidneys and supra-renal capsules. The man, however, only removed the kidneys. Dr. Peacock went to the house of the deceased's parents, where his body had been taken, re-opened the abdomen, and removed the supra-renal capsules. That on the left side was adherent to the pancreas, and therefore part of that organ was removed with it. The capsule was ruptured in the process of extracting it, and a considerable quantity of creamy fluid escaped. The other abdominal organs appeared healthy. A portion of skin from the dorsal region was also taken away.

Dr. Bristowe examined the removed parts, and reports as follows:—"The supra-renal bodies are considerably larger than natural, and firmly adherent, the left to the extremity of the pancreas, the right to the corresponding kidney. Each consisted of dense, tough, glistening fibrous walls, circumscribing an irregular cavity. The walls varied in thickness from about the third of an inch downwards; on the outer side were formed in part by the surrounding infiltrated cellular tissue; on the inner presented opaque white softish granulations. Under microscopic examination they were found to consist of closely and irregularly arranged fibrous tissue, together with, here and there, numerous clustered nuclear bodies, somewhat like, but inferior in size to, pus corpuscles, and not similarly affected by acetic acid. The nuclear elements were chiefly situated on the inner aspect. The contents of the cavities had escaped when the specimens were submitted to examination, the only portion remaining being a cheesy mass, with a soft, pulpy surface of irregular form, and nearly as large as an almond. This consisted chiefly of granular matter and oil in a perlecular condition." Dr. Bristowe adds: "I believe that each supra-renal body had been the seat of scrofulous abscess." The whole structure of the organs was destroyed. The portion of skin displayed a great excess of pigment.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1859.

The subjoined Report comprises the cases supplied by the following Hospitals (a):—

Addenbrooke's (Cambridge), the Carlisle Infirmary, the Derby Infirmary, the Cheltenham, the Dorset County, the Gloucester, the Hull, the Leicester, the Leeds, the Liverpool Southern, the Norfolk and Norwich, the Nottingham, the North Stafford, the Sheffield, the Sussex County, and the York County Hospital.

AMPUTATIONS OF THE FOOT.

Case 1.—The York County Hospital: Mr. Hey.—A man, aged 27, admitted with crushed foot. Chopart's operation (primary). Recovered. *Case* 2.—The Norwich Hospital: Mr. Cadge.—A man, aged 47, the subject of strumous disease of the left tarsus. Amputation at the ankle-joint. Recovery. The process of healing was retarded by the formation of secondary abscesses, but the stump ultimately obtained was a very good one. *Case* 3.—The Leicester Infirmary: Mr. Benfield.—A lad, aged 17, of strumous diathesis, was admitted with disease of the bones of the tarsus. Amputation at the ankle-joint. Recovery. The healing of the stump was retarded by inflammation of the lymphatics of the leg. *Case* 4.—The South Staffordshire Hospital: Mr. McMunn.—A man,

(a) Two or three other Institutions also furnish a few cases which had been omitted in previous reports, and are now inserted in order to completeness, although the Hospitals referred to do not supply us with their cases operated upon during 1859.

aged 39, was admitted with a crush of the front part of his foot. Chopart's amputation (primary). Recovery *Case* 5.—The Nottingham Hospital: Mr. Wright.—A man, aged 56, in good health, the subject of disease of the tarsus of two years' standing. Amputation at the ankle-joint. No union of the flaps took place, and the limb was subsequently amputated below the knee, after which the man made a good recovery. The second amputation was four months after the first. *Case* 6.—The Hull Infirmary: Dr. King.—A man, aged 28, was admitted with disease of the left ankle, attributed to a strain two years before. Amputation at the ankle-joint. Recovery. *Case* 7.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A man, aged 35, in good health, whose ankle-joint had been injured twenty-one years before. Since the injury he had only at times felt pain in the part, but latterly the ankle and tarsus had swelled, and rendered him unable to walk. After treatment for twelve months and upwards without much benefit, amputation at the ankle-joint was performed. The amputation was by two lateral flaps, and the ends of the malleoli were removed. The stump healed, and he left the Hospital in about a month. Soon after his discharge, however, he applied for re-admission; and an ulcer was then found over the end of the stump, from which some small portions of bone ultimately came away. As the parts did not heal, it was at length deemed best to perform a second amputation at the upper part of the leg; after which he made a good recovery. *Case* 8.—Addenbrooke's Hospital (Cambridge): Mr. Lestourgeon.—A man, aged 50, was admitted with gunshot wound through the metatarsus, with extensive smashing of the bones. A primary Chopart's operation was performed. Much sloughing of the flaps followed, but he ultimately left the Hospital well. *Case* 9.—The Leeds Infirmary: Mr. Smith.—A healthy woman, aged 24, the subject of disease of the anterior part of the tarsus. Chopart's amputation. Recovery, with an excellent stump. *Case* 10.—The Bradford Infirmary: Mr. Hey.—A boy, aged 13, was admitted with compound fracture of the os calcis, with contusion. Secondary amputation in the lower third of the leg on the eleventh day. Recovery. *Case* 11.—The Derby Infirmary: Mr. Fearn.—A man, aged 19, admitted with strumous disease of the left tarsus of nearly a year's duration. Chopart's amputation was performed; the head of the astragalus and anterior portion of cuboid bone being sawn off. Recovery. *Case* 12.—The Carlisle Infirmary: Mr. Page.—A man, aged 19, admitted on account of crushed foot. Primary amputation at the tarso-metatarsal joint (Hey's). Recovery, with an excellent stump.

FATAL CASE.

Case 13.—A woman, aged 35. Amputation at the ankle-joint on account of malignant disease of the foot. Death took place twenty-eight days after the operation; and at the autopsy, malignant deposits were found in various internal organs.

DOUBLE AMPUTATIONS.

Case 1.—The Leicester Infirmary: Mr. Macaulay.—A railway guard, aged 30, in good health, was admitted, having received severe injuries in a railway accident. He had sustained severe compound fracture of the right foot and arm. Primary amputation of the arm at its middle was performed, and the foot was also amputated through the middle of the tarsus. Slight sloughing of the flaps of the foot occurred. He recovered well, and the tarsal stump was a very useful one. *Case* 2.—The Derby Infirmary: Mr. Johnson.—An engineman, aged 64, was admitted with both legs and thighs smashed by the wheels of a railway-engine, which had passed slowly over them. Primary amputation of both thighs. Death in forty-eight hours.

AMPUTATIONS OF THE UPPER EXTREMITY.

Case 1.—The Hull Infirmary: Dr. King.—A man, aged 21, was admitted, having had his left arm almost torn off just below the shoulder-joint. The brachial artery had not given way. The humerus was broken into several fragments. Primary amputation at the shoulder-joint. Recovery. *Case* 2.—The Sussex County Hospital: Mr. Furner.—A man, aged 45, admitted with gunshot wound of hand and wrist. Amputation in the middle of the forearm. Recovered. *Case* 3.—The Cheltenham Hospital: Mr. Eves.—A boy, aged 12, admitted with a compound fracture of the tarsus near the wrist-joint, and with a simple fracture of both bones near the elbow. Amputation through the forearm immediately below the upper fracture. Recovery. *Case* 4.—The Norwich Hospital: Mr. Crosse.—A man, aged 57. His left arm was almost severed just below the shoulder-joint by an accident with a raking-machine. Skin flaps were cut, and the muscles were divided in a circular direction. Recovered. *Case* 5.—The Norwich Hospital: Mr. Cadge (see Excision of Elbow-Joint, *Case* 7).—A man, aged 29. Amputation after excision of the elbow-joint. Recovered. *Case* 6.—The Norwich Hospital: Mr. Nicholls.—A woman, aged 29. An accident from machinery. Amputation; skin flaps, and circular division of muscles. Recovery. *Case* 7.—The Dorset County Hospital: Mr. Curme.—A girl, aged 19. The arm crushed in a thrashing-machine from the fingers to the middle of the upper arm. The girl was in a state of syncope on admission, having been driven nine miles without any application to stem the hæmorrhage. On recovering from this condition the arm was amputated by the circular method in the upper third. Recovered well, and was discharged sixteen days after admission. *Case* 8.—The Gloucester Infirmary: Mr. Wilton.—A man, aged 56. He had had a "wart" in a passive state for four years, it then became painful and ulcerated, and in twelve months it extended over the whole of the dorsum of the hand. Amputation of the forearm. The disease was epithelioma—it involved the fascia, extensor tendon, and metacarpal bone. Recovered. *Case* 9.—The Hull Infirmary: Dr. Lunn.—A shipwright, aged 16. His right arm was torn off by machinery midway between the elbow and wrist-joints. There was also extensive laceration of the soft parts on the inner side of the upper arm. The arm was amputated by the circular method just below the elbow. He had no bad symptoms, and the stump had healed long before the wound of the upper arm had cicatrized over. Recovered. *Case* 10.—The Leeds Infirmary: Mr. Hey.—A boy, aged 12. Amputation of the wrist for severe smash of the hand by machinery. Rapid recovery. *Case* 11.—The Sheffield Infirmary: Mr. Jackson.—A boy, aged 11, admitted February 25, 1859, having sustained a compound fracture of the right forearm (in the upper third), and also of clavicle of the same side, from the wheels of a railway-train having passed over this arm. Amputation of the shoulder-joint (primary) was performed. Suppuration took place at the site of the fractured clavicle, and communicated with the stump. Some sloughing of the flaps took place. *Case* 12.—The Sheffield Infirmary:—Mr. Barber.—A boy, aged 12, was admitted May 12, 1859, with a compound comminuted fracture of the arm and forearm, having had his arm caught between the band and drum of a revolving-wheel and being carried round by it. Amputation (primary) was performed in the upper third of his arm. No bad symptoms followed. He left the house on June 9, the stump being nearly healed. *Case* 13.—The Sheffield Infirmary: Mr. Favell.—A healthy lad, admitted June 9, with compound fracture of the hand and forearm received by his hand being entangled in some machinery. The integument and fascia were completely torn from the muscles. Amputation (primary): the circular operation in the lower third of the forearm. Recovered. Left the house well on July 14. *Case* 14.—The Sussex County Hospital: Mr. Furner.—A man, aged 45, was admitted on June 15 with a gunshot wound of the hand and wrist-joint. The parts being hopelessly shattered, primary amputation was performed in the lower third of the forearm. There was some troublesome sloughing of the ends of the tendons, but he ultimately recovered with an excellent stump. *Case* 15.—The Nottingham General Hospital: Mr. Wright.—A man of impaired general health, and phthisical. Amputation of forearm for disease of the wrist-joint of several years' duration. Recovery. *Case* 16.—The South Staffordshire Hospital: Mr. Wright.—A man, aged 45. General health good. Amputation by anterior and posterior flaps about the middle of upper arm for disease of the elbow-joint following a blow received nine months before. *Case* 17.—The Hull Infirmary: Dr. King.—A healthy lad, aged 14, was admitted on December 14. His arm had been torn off by machinery midway between the elbow and shoulder. The integuments on the inner side were destroyed quite up to the axilla, and the muscles were a good deal torn and contused. The hæmorrhage had ceased on his admission. Amputation was performed about an hour after admission, close to the shoulder-joint, the chief flap being formed by the deltoid, there being only a very small one on the inner side. Chloroform was administered and seemed to have acted very powerfully,

the pulse being scarcely perceptible, and respiration being feeble, and some time elapsed after the operation before reaction was established. There was afterwards considerable suppuration in the stump, and the sutures sloughed out. On February 7 he was made an out-patient, the stump being all but healed. On April 4 the stump still remained in one spot unhealed, and a probe being passed in bare bone was detected. He was therefore again admitted, placed under the influence of chloroform which on this occasion was unattended with any untoward symptom. An incision was made downwards on the piece of bare bone, and several small pieces were got away, and at length the cavity of the joint was exposed a small piece of the articular cartilage coming away in the gouge. The incision was at once extended upwards, and the head of the bone removed from its socket. There was free hæmorrhage, one vessel at the bottom of the wound bled freely, and was with difficulty restrained. The wound was brought together by silver wire sutures. It healed well and the boy was discharged cured May 12. *Case* 18.—The York County Hospital: Mr. Husband.—A woman, aged 50. Compound comminuted fracture of the forearm, with dislocation at the elbow-joint and great laceration of the soft parts, her arm having been caught in a thrashing machine. Amputation in the upper third. Recovered. *Case* 19.—The York County Hospital: Mr. Husband.—A man, aged 28. Strumous disease of the carpus and radius. He had also a strumous abscess in the lumbar region. Amputation through the middle third of the forearm. Recovered. *Case* 20.—The Derbyshire Infirmary: Mr. Fearn.—A woman, aged 34. The patient stated that she had had a burn on the right shoulder twenty years ago, the sore of which never thoroughly healed. The limb was much wasted and contracted, and the sore, over the insertion of the deltoid, had a suspicious appearance of malignancy. For the last two years the sore had been so exceedingly painful that she was anxious to have the limb removed. The limb was amputated at the shoulder-joint on September 27, by lateral incisions. Adhesions which existed between the arm and side of the chest, nearly down to the elbow, were divided. She had a long convalescence. The wound healed by granulations; and wine, brandy, and quinine were given freely. She was discharged December 3. The wound had quite healed, but there was a suspicious swelling over the left mamma. She was again admitted on December 12, and the tumour was removed. It proved to be a cyst, oblong in shape, extending from the mamma to the axilla. She was again discharged on December 23 well, but admitted for the third time on March 17, 1860, for jaundice. Since the jaundice the scar in the axilla has again given way. *Case* 21.—The Sussex County Hospital: Mr. Blaker.—A boy, aged 18, admitted for gunshot wound of the right arm. The brachial artery had been divided, and the soft parts much lacerated. Amputation of the arm was performed high up. A piece of bone exfoliated, but the wound was quite healed seven weeks after the operation. *Case* 22.—The Leicester Infirmary: Mr. Paget.—A very healthy man, aged 40, a labourer, was admitted for a compound comminuted fracture of the forearm and lower part of the humerus, involving the elbow-joint. Primary amputation. A large abscess formed in the axilla, and discharged copiously. The man was much reduced, but was well plied with stimulants, and ultimately did well. *Case* 23.—The Nottingham Infirmary: Mr. T. Wright.—A boy, aged 14. Amputation below the shoulder-joint by anterior and posterior flaps, his arm having been torn off by machinery. Recovery. *Case* 24.—The South Staffordshire: Mr. Sandford.—(See Excision of Elbow, *Case* 2.) Amputation after excision of elbow-joint. Recovery. *Case* 25.—The Leeds Infirmary: Mr. Hey.—A boy, aged 12. Amputation at the wrist for severe smash of the hand by machinery. Rapid recovery. *Case* 26.—The Derbyshire Infirmary: Mr. Fearn.—A delicate girl, aged 16. Amputation one month after excision of the elbow-joint. Recovered. *Case* 27.—The Sheffield General Hospital: Mr. Favell.—A boy, aged 13, admitted on September 20, with a compound comminuted fracture of the left humerus. The bone was sticking out four inches from the wound, and was denuded of periosteum. Primary amputation was performed in the upper third of the arm. He left the Hospital on October 29, the stump not having quite closed, owing to a thin shell of necrosed bone, which came away in the last week in November. The wound then healed. *Case* 28.—The Leeds Infirmary: Mr. Smith.—A man, aged 36. Severe smash of the hand. Amputation of the forearm by the rectangular flaps. Recovery. *Case* 29.—The Leeds Infirmary: Mr. Smith.—A man, aged 21. Diseased elbow-joint. Amputation of arm by rectangular flaps. Severe secondary hæmorrhage on the second day, rendering it necessary that the stump should be opened. The stump then healed by granulation. Recovered. *Case* 30.—The Nottingham General Hospital: Mr. White.—A man, aged 22, previously in good health, admitted having sustained an accident by a circular saw, all the tendons, nerves and vessels, with the exception of the radial artery, having been divided near the wrist-joint. Amputation at the joint. Recovery. *Case* 31.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A healthy man, aged 41, a farm labourer, was admitted, having had the greater part of his hand cut off by a chaff-cutter. Amputation through the forearm two inches above the wrist. Recovered. *Case* 32.—The Leeds Infirmary: Mr. Smith.—A woman, aged 27, with old disease of the wrist. Amputation through the forearm by rectangular flaps. She recovered without an unfavourable symptom, and an excellent stump resulted. *Case* 33.—The Derby Infirmary: Mr. Johnson.—A boy, aged 19, whose left hand had been injured in a straw-cutter. Primary amputation close above the wrist-joint. Recovery. *Case* 34.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A man, aged 63, had his hand smashed in a chaff-cutting machine. Primary amputation through the forearm. Recovery. *Case* 35.—The Carlisle Infirmary: Mr. Page.—A man, aged 49, admitted with compound fracture of the radius and ulna and smashed hand. Primary amputation. Recovery. *Case* 36.—The Carlisle Infirmary: Mr. Page.—A man, aged 22. Amputation at the wrist-joint, on account of crooked hand. The hæmorrhage was controlled by two acupressure-needles, which were removed in forty-six hours. The wound healed by the first intention. *Case* 37.—The Derby Infirmary: Mr. Johnson.—A boy, aged 11, was admitted with his left arm torn off near the shoulder, and with a comminuted fracture of the left femur, and an extensive laceration of the left knee. Amputation at the shoulder-joint. Recovery. *Case* 38.—The Derby Infirmary: Mr. Gisborne.—A labourer, aged 28, the subject of long-standing disease of the radius and ulna. A large portion of the shaft of the ulna had been removed a year previously. Amputation through the upper arm. Recovery.

FATAL CASES.

Case 39.—A man, aged 44. Three months before the operation he received a severe injury to the hand, for which partial amputation was performed. Erysipelas and much sloughing of the forearm followed, and he was much reduced. Amputation of the forearm by rectangular flaps. He rallied pretty well for a time, but, at the end of three weeks, rigors occurred, with symptoms of pyæmia and pleurisy. Death followed. No autopsy. *Case* 40.—A cachectic man, aged 22. Strumous disease of the elbow-joint. Both the upper and forearm had numerous deep cicatrices, the scars of sinuses from diseased bones. Amputation was performed in the upper third. The wound was nearly healed when the patient was attacked with pleurisy and died. *Case* 41.—A man, aged 27. Gunshot wound of the right forearm, followed by traumatic gangrene. Amputation below the elbow. Death. *Case* 42.—A man, aged 27. The arm was torn off above the elbow by machinery. He progressed very favourably for a time, but afterwards had an attack of peritonitis, which proved fatal on the eleventh day. At the autopsy signs of recent peritonitis were found. *Case* 43.—A healthy boy, aged 19. Severe smash of the forearm as high as the elbow. Amputation of the arm by rectangular flaps. Death on the twenty-first day, preceded by rigors. At the autopsy pyæmic deposits were found in the lungs and liver, and signs of acute peritonitis.

AMPUTATIONS OF THE LEG.—(ADDITIONAL CASES.)

Case 46.—The Derby Infirmary: Mr. Fearn.—A man, aged 34, the subject of diseased ankle-joint for more than two years. Amputation through the leg by rectangular flaps. Recovery with a remarkably good stump. The operation was performed on March 20, and on April 30 the man left the Infirmary walking on a wooden leg. *Case* 47.—The Derby Infirmary: Mr. Gisborne.—A boy, aged 14, admitted having had his leg smashed by a coal-truck passing over it. Primary amputation. Recovery. *Case* 48.—The Derby Infirmary: Mr. Gisborne.—A man, aged 22, admitted with lower third of his right leg smashed by the wheels of a railway-engine.

Primary amputation by a modification of Mr. Teale's operation. A portion of the long anterior flap sloughed, and exposed the tibia. Six weeks afterwards the end of the tibia was sawn away. Recovered. *Case* 49.—The Carlisle Infirmary: Mr. Page.—A man, aged 65, the subject of extensive caries of the tibia. Amputation four inches below the knee. The hæmorrhage from one of the vessels was controlled by acupressure. No secondary hæmorrhage occurred, and the flaps united in part by the first intention. Recovered. *Case* 50.—The Carlisle Infirmary: Mr. Page.—A man, aged 50, in poor health. Amputation on account of disease of the ankle-joint of fourteen months' duration. Slow recovery. *Case* 51.—The Derby Infirmary: Mr. Johnson.—A healthy boy, aged 10. Primary amputation just below the knee-joint, on account of compound fracture. Recovery. *Case* 52.—The Derby Infirmary: Mr. Johnson.—A delicate, strumous boy, aged 11. Amputation by rectangular flaps on account of diseased ankle. Recovery.

AMPUTATIONS OF THE THIGH.—(ADDITIONAL CASES.)

Case 72.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A man, aged 25, whose knee-joint had been excised three weeks previously. Amputation at length became necessary on account of the profuse discharge, and the man's failing health. Recovery. *Case* 73.—The Derby Infirmary: Mr. Gisborne.—A man, aged 40, was admitted with a fracture of the right thigh in its lower third, caused by its having been run over by a loaded cart. On the third day the toes were discoloured, and on the sixth the whole foot was gangrenous. Subsequently the muscles of the leg sloughed, and exposed the tibia in nearly the whole of its length. Amputation by rectangular flaps just above the seat of fracture, was performed about one month after the accident. Recovered.

Fatal Case.—Case 74.—A lad, aged 16, whose right leg and thigh had been crushed and torn by being dragged between the steps of a carriage and the railway platform. Primary amputation through the thigh. Death in collapse twenty hours afterwards.

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Medical Times and Gazette.

SATURDAY, MAY 5.

ST. THOMAS'S HOSPITAL.

SOME months ago it was rumoured to be in contemplation to remove St. Thomas's Hospital, wholly or in part, several miles into the country. But as it is now understood that the opportunity for setting an example in a great sanitary movement has been lost, we are glad to take the opportunity of making this known, as the prevalence of any such report might act prejudicially on the interests of one of our oldest Medical Schools.

The professional public may also be interested to learn that considerable changes are impending in the arrangements of this School and Hospital. In the former, a series of retirements and promotions will greatly modify the existing Lectureships. In the latter, some new Medical appointments, and the introduction of a systematic training of Nurses, under the auspices of Miss Nightingale and with the aid of the Nightingale Fund, promise scarcely less noticeable results.

The altered *personnel* of the School has all the advantages of introducing young and active teachers, at the same time that it retains the services, in other capacities, of those whose name and repute could ill be spared to the Institution. The chairs of Surgery and of Medicine are to be filled by Mr. Le Gros Clark and Dr. Peacock respectively; Mr. South and Dr. Bennett henceforth concentrating their attention on their practical and clinical duties as Surgeon and Physician. Dr. Dundas Thomson's vacation of the post of Lecturer on Chemistry, explained by his increasing engagements elsewhere, introduces Dr. A. Bernays, heretofore a most successful Lecturer and Demonstrator of this subject at St. Mary's Hospital. Mr. Grainger's official duties under Government, and, we regret to add, his uncertain health, have thrown upon his colleague, Dr. Brinton, the whole of the Physiological course. Mr. Sydney Jones also becomes sole Lecturer on Anatomy, by the removal of Mr. Clark. Dr. Bristowe takes the Lectureship on Materia Medica, vacated by Dr. Peacock. Dr. Stone and Dr. Clapton have been unanimously chosen to fill the vacant Lectureships on Forensic Medicine and Botany, respectively vacated by Dr. Brinton and Dr. Bristowe. The Tutorships are to be filled by Messrs. Gervis and Allingham.

The Hospital staff will be increased by the election of Dr. Brinton as Physician, and of Mr. Sydney Jones as Assistant-Surgeon. At the same time, Dr. Peacock and Dr. Bristowe advance to the rank of Physicians. The obliteration of the distinction between Physicians and Assistants on the Medical side, while it is retained on the Surgical, is defended by the statement, that the new Assistant-Surgeon will really have the subordinate duties this name implies, helping the Surgeons, and supplying their casual absences; while the Physician has the independent charge of all his patients.

Changes so large and so numerous, though they belong to the heading of Medical News, only claim our editorial notice in so far as they are consonant with the special wants and tendencies of Medical education. But there are other features of this Hospital perhaps more interesting; the early hours of visit, adopted many months past, and the systematic training of nurses now to be introduced.

The latter subject we shall return to at a future opportunity: only premising that it is understood the Hospital charges the Fund with the mere cost-price of the rations of the Training Nurses, as we suppose they may be called.

The early hour of visit is rumoured to be a mere experiment. But we can hardly suppose a large Hospital would deliberately adopt a systematic change of this kind except on evidence and probabilities such as ensure it a fair trial, and no hasty condemnation.

One thing, however, deserves to be remembered in weighing the *pros* and *cons* of this plan. Practised in most of the cities of civilised Europe, it cannot be very impracticable. But to introduce it as the system of a large Hospital is a procedure which, though a great advantage to the Profession and the public, is certainly fraught with peril to the particular institution. With some of its staff doubtless inconvenienced by an unexpected, perhaps compulsory, change of their hours; with large wards still and silent at the very hour when neighbouring institutions are crowded with officers, students, and visitors; with all the petty embarrassments which necessarily clog new rules and regulations;—any Hospital adopting this rule must expect to incur all the perils inherent to innovations, before it tastes the sweets of success.

The authorities of this Hospital have, therefore, a heavy responsibility. They have carried into act the belief of a very large proportion of those best qualified to judge, that the early visit of Hospitals is better for the patients, the students, the visiting Medical officers, the non-Medical administration. That the patient is less fatigued, more clearly

seen; that the student comes fresh to the chief work of his day; that the Physician or Surgeon is less harassed by the claims of private practice, and is able better to work and longer to hold his public appointment; that the large questions of food, diet, drugs, bedding, ventilation, etc., which demand so much from the lay-officials, can be more promptly and undisturbedly answered and more successfully carried out in a long day than in a short evening. But valuable as the change may be, its success will greatly depend on minor considerations, any undue appreciation of which will not only injure those who introduce it, but postpone (it may be, to the Greek Calends) its more general adoption. Mediocrity, slovenliness, haste—nay more, a conscientious but perfunctory discharge of their duties—by the officers of St. Thomas's Hospital, will ruin their School, and prevent or defer what might otherwise be a great improvement in Hospital administration. On the other hand, zeal, industry, self-denial, and, above all, a determination to work for the Profession, and to counteract, so far as may be, the scandalous inefficiency of some of the Examining Bodies, and the still more scandalous bartering of diplomas for coin, may raise this useful and time-honoured Institution to a state of prosperity, emulating the days when London Hospitals could be counted on the fingers. We trust the latter will be the alternative adopted. In any case, we congratulate the authorities of the Hospital, as represented by its venerable Treasurer, on having had the will and the power to make a bold experiment, for the success of which they now seem to have either taken, or to be about to take, every reasonable precaution and guarantee.

THE WEEK.

The following extract from a letter by Dr. Bishop, of Devonport, is worthy of notice, in illustration of the prevalence of small-pox where vaccination is neglected:—

"On Sunday evening, April 15, I was requested to visit a child at No. 14, Princess-street. I did so. On my arrival at the house I found the child, two years old, had small-pox slowly developing itself, and in the same room was another child, suffering from a severe attack—neither of the children had been vaccinated. On further enquiry I ascertained that a child died from small-pox a few days before, in a room adjoining the above, which child had not been vaccinated. Some other cases of small-pox had occurred in the house. In the same house (No. 14) a day-school is kept, for little children, and at the time of my visit on the following morning there was a room full of these innocents receiving their lessons, regardless, of course, of the danger hanging over them. In the next house (No. 13) I found two little children in the attic with small-pox; I was told also that a child was lying in an adjoining room with the disease, and that there was no hope of its recovery. Not one of these three had been vaccinated. So much then for 'public vaccination.'"

It is very disgraceful to the authorities of Devonport that the mortality from small-pox should be higher there than in any other part of England. They should be held responsible for loss of life which might so certainly be prevented.

A very important statute was brought before the University of Oxford on Thursday; but our hour of going to press does not enable us to state the result. The object is to enable Medical men who have not been educated at Oxford to obtain Oxford degrees. Dr. Acland is the mover, and he deserves the most cordial support. The proposed Statute contains the following new enactments, a general education being assured by a degree in Arts:—

1. That all Candidates for the M.B. Degree must have studied Medicine for at least four years from the time of passing through the first school in the final examination for the B.A. Degree.

2. That there shall be two examinations, one Scientific, to be passed at the end of the first two years of study; the other Practical, to be passed at the end of the whole term of four years. But that those who have obtained a first or second class in the Natural Science School of the B.A. examination may pass the first of these two examinations as soon as he pleases, and shall be excused from re-examination in those subjects by means of which he obtained honour.

3. That three additional years (as heretofore) must pass before any Candidate can apply for the M.D. Degree. That a Dissertation on a thesis to be approved by the Regius Professor, at least two months previously, shall be read publicly; that this Dissertation shall be printed, but not published, before it is read, and that a printed copy shall be given to the Vice-Chancellor before reading.

This regulation requiring the publication of the thesis seems extremely good, as it will save the University from the imputation of giving its highest Degree in Medicine for an ignorant Dissertation, will oblige the Professor to appeal to public opinion in the case of every person whom he presents for the M.D. Degree, will thus at once raise the character of this Degree, and—without subjecting persons already in practice to the annoyance of a public examination,—will afford to able and industrious candidates an authorised means of doing credit both to themselves and the University.

Another strange case of poisoning has to be recorded this week. This time a servant-girl dies from strychnia, and in her box, after her death, is also found strychnia. Shortly before she died, she cried out, "Good God! what can they have given me?"—indicating that she was ignorant of the fact of the powder in her box being a deadly poison. The coroner ordered the police to endeavour to ascertain where she procured the strychnia. This unregulated sale of poisons is a crying evil, a disgrace and a shame to the country. Either this poor girl bought the poison knowingly, which seems scarcely credible; or it was sold to her by mistake for some other medicine. The case is still involved in much mystery.

Why do Doctors work gratuitously? is a question which has been often asked, but never yet satisfactorily answered. Has any one of our readers ever roughly calculated the value of the work done gratis by the Medical officers of the different Medical Charities of this metropolis? Has the public ever stopped to consider, in a commercial point of view, the money value of the services rendered in this way to the community by our Profession? Most probably not. To those, however, who like ourselves regard these gratuitous labours as everywhere pernicious, the calculation is of interest, and we therefore suggest the following figures—not as representing the truth, for they might be most honestly increased without exceeding the truth—but to arouse the attention of those who think too little on the subject. Let us suppose that there are 12 Hospitals in London, each with its staff of 12 Medical officers; and let us suppose that there are 50 Dispensaries, each having 6 Doctors and Surgeons as their Medical attendants, and we at once arrive at the result, that nearly 450 Medical men are daily exercising their talents on the advice gratis system in this Metropolis. Now these men, it must be remembered, are the picked men of the town; they have been selected by a discerning public as especially fitted, by reason of superior knowledge and ability, to occupy these high and gratuitous positions in public institutions. We may suppose, therefore, that they value, and have a right to value, their services at a tolerably high figure. Let us reckon, then, that each of them is, at all events, worth his 10s. per hour during the busy work times of the day; and, let us suppose, that

each of them gives up 8 hours of his week to his gratuitous affairs, and see what is the money's worth, the voluntary tribute which our select 450 annually bestows upon a grateful society. A simple sum of addition and multiplication practised on these figures informs us, that about £90,000 of Medical wit is thus bestowed annually as aforesaid. And we will add, that if every man were put at his real worth, and the actual number of men introduced into the calculation, we should have at least to double the sum here given.

On Friday week a public meeting of the British Anti-Tobacco Society was held in the lower room at Exeter Hall. The Dean of Carlisle occupied the chair, and our Profession found many representatives—Dr. Hodgkin, Dr. Cooke, Dr. Sparke, etc. Dr. Hodgkin's paper, we are told, against tobacco, had been well received at the Social Science meeting at Bradford, and many eminent Medical men had begun to probibit their patients from smoking. The Rev. Chairman warned the ladies

"That if they married gentlemen who drank and smoked they would get sallow-faced and lantern-jawed husbands. He thought that the young boys had not so good a colour in their cheeks as many old boys he knew; and the reason was, that the old boys had not been smokers when they were young men. Mr. Samuel Morley said he cordially approved of the Association. He regarded drinking and tobacco as kindred abominations."

Her Majesty had ordered Prince Alfred not to smoke on board his ship. The accounts of the Society, however, do not look flourishing, for expenditure exceeds income; nor does there appear any announcement of good done by it. We apprehend that a Society for putting down sunshine would probably have an equal chance of success with this anti-tobacco movement.

A very important case has just been decided by Mr. Selfe. We hope it will be a sufficient answer to those who ridicule the Medical Act as being a thing of no account. A full report will be found in another column. The merits of the case were fully gone into, and Mr. W. Giles deserves great credit for the part he has taken in the matter. In his judgment Mr. Selfe alludes to a partnership between the "Doctor" and a Mr. Davis, by which the penalties of the Medical Act were sought to be avoided. Now, certainly, here again arises a most important question. Has an unqualified person power to enter into partnership with a qualified Practitioner, and so shield himself from the law? Manifestly not, according to Mr. Selfe's decision. This is a point which should come under the notice of the Medical Council.

The list of Candidates for the Membership of the Senate of the University of London, with their nominees, as published by authority, now lies before us, and we may safely anticipate from it what will be the result of the Convocation summoned for the 8th inst. Four candidates have been put in nomination for the office—viz. Mr. Greenwood, B.A., Mr. George Jessel, B.A., Dr. W. A. Miller, M.D., and Dr. Richard Quain. Mr. Greenwood has 10 nominees, Mr. Jessel has 77, Dr. Miller 18, and Dr. Quain 172. There can, therefore, be no doubt as to the success of Dr. Quain. We must therefore say, notwithstanding the objections of our Correspondent last week, that the Medical Profession, as represented by the University, fully entered into our views concerning the fitness of that gentleman to represent their interests in the Senate. We were certainly rather amused at one remark in the letter referred to—viz. that Dr. Quain would (judging from his antecedents), if elected, rather represent the interests of the College of Physicians of London than those of the University. This is certainly very hard upon Dr. Quain, for he has actually had for some time past, in the College of Physicians, the character of having too warmly espoused the interests of the University. The great success so far gained by Dr. Quain should, however, not produce any lukewarmness in his supporters. Every man should be careful to back his signature by his vote on the 8th inst.

We deeply regret to announce the death of Andreas Retzius, Professor of Anatomy and Physiology in the Royal Carolinean Institution, Stockholm. The learned Professor died on the morning of the 18th of April, after a few days illness, in the sixty-fourth year of his age. Well known throughout Europe for his eminent learning and brilliant investigations, this distinguished physiologist during his visits to Great Britain and Ireland, won, by the warmth and amiability of his disposion and the kindliness and charm of his conversation, the esteem and personal friendship of those with whom he came in contact. We hope, when the necessary materials reach us from Sweden, to give some account of his benevolent and useful life.

Those of our readers who agree with the views we have so repeatedly expressed in favour of an increase in the number of representatives of our Profession in Parliament, will hear with great satisfaction that Sir Charles Locock has acceded to the request conveyed to him by a deputation, and has determined to become a candidate for the representation of the University of London in the House of Commons, should the Reform Bill pass this Session. Sir Charles stands on the "Moderate Conservative" principles, defined in a printed manifesto. On these principles, we need not comment, or compare them with those of the "Liberal" candidates, Dr. Foster or Sir John Romilly. Some of our readers may espouse one, some the other side of the political contest, but all must join in the desire to see a worthy representative of our Profession in Parliament. We sincerely trust that the Medical Graduates of the University will respond to the call now made upon them, and thus merit the gratitude of their Professional brethren.

REVIEWS.

Foundation for a New Theory and Practice of Medicine. By T. Inman, M.R.C.P., Physician to the Liverpool Infirmary, etc. Oct. Pp. 374. London: 1860.

We feel bound to say that this work of Dr. Inman's has somewhat disappointed us. We know the author of it to be an ardent worker in his Profession, and that the Science of Medicine has already been benefitted at his hands; and we therefore expected, from the title of this work, that something more positive and distinct, in reference to the theory and practice of Medicine, would have been given to us in it. Curiously enough, in his Preface, Dr. Inman tells us, "That he does not lay the smallest claim to originality;" but surely the founder of a "new theory" is fully entitled to all the credit of an original inventor, if he prove his case.

With regard to the leading facts contained in this volume, we fancy most of us are now tolerably well agreed. We all admit, either openly or tacitly, that the art of Medicine has undergone great changes during these past few years; that our once cherished ideas have to give way before the face of advancing science; and that the practice of Medicine is in a state of great confusion. The microscope and chemistry, and the stethoscope and pathology, and Clinical Medicine (as we now understand these things), have created a new era in our art. The *disjecta membra* of the old fabric lie scattered about, and we are remodelling and renovating, and elevating a new structure. We fancy all this is now well understood by the rising scions of Medicine. And even those who still

adhere to the traditions of past days have undoubtedly greatly modified their practice in accordance with the advancing knowledge of the day. But the work lies all before us; it has still to be done.

That the theories of our great authorities, as recorded in their written documents, are totally in disaccord with their practice is a fact beyond all kind of doubt; and that we live in an age remarkable for scepticism in drugs, the brilliant success of some few Homœoquack celebrities tolerably well demonstrates. The fact is we have been for many years past labouring only at rubbing off the excrescences from the tree of Medicine; we have been, in fact, engaged in removing the numerous errors which concealed its beauties; we have been occupied in learning our ignorance, and ascertaining what are really the limits of our powers, as the curers of diseases. This is what we have been so busy about; and we now begin to rise up from the lesson wiser and less bold men. We have discovered that we do not possess that power over diseases, which our forefathers fondly imagined was in their hands; that diseases have their natural courses to run; that we can't knock them on the head, and tread them out at once, as we might so many creeping reptiles. The days of evacuating diseases at the mouth of veins are happily past.

And now we stand at the threshold of a new epoch. But surely we are not yet ready for a new theory of Medicine to guide and help us on to a right treatment of disease. Theories have been the bane of Medicine; and they will continue to be so, until our garners of facts are better furnished. We want facts, not facts such as they are understood by *individuals* of our body; but facts *universally* admitted as true. And how many, alas! have we of this sort in the treatment of disease? Until some better accord is come to by authorities respecting the value of this or that remedial agent in any given disease, we may be very sure that no theory will ever help us to the truth.

It is, of course, impossible for us to follow Dr. Inman through his subject. But, putting aside the idea of novelty, we would say that he has given us a very interesting account of several difficult subjects: the vital force, the effects of many medicines, and the wrong application of medicines in particular. He has brought together a great number of very interesting facts touching upon these points. All this the student of Medicine will read with pleasure and profit; but with many of our author's sayings on the practice of Medicine we fancy his brother practitioners will not agree. He is also, we think, often too liberally inclined towards others,—admitting as facts what we should either disbelieve or receive with great hesitation. For instance, he says, in his Preface, that "it would be ignoring the rules of evidence to deny, that Hahnemann and his early followers were able to demonstrate, that they had the advantage over the older school of Medicine both in reduced mortality and duration of illness." Now does Dr. Inman really believe that the grounds of comparison on which this assertion must be made are so plain and satisfactory as to leave no rational doubts in the mind? He says, again, that "there is not one of the following remarks, which I cannot endorse from cases which have come under my own ken." Dr. Porter remarks:—

"Persons while taking mercury become deranged. The examples of this which I have seen were all maniacal; and the symptoms, such as might be expected, from inflammation of the brain or its membranes. They all died. . . . At the time when each case occurred I could not avoid placing the mercury and the madness as cause and effect. Again, persons while taking mercury become paralytic. Several years ago, when investigating the pathology of aneurism, I remarked the frequency of that disease in persons who have been subject to protracted courses of mercury. . . . Almost all the aged people treated with mercury for syphilis have, according to my observation, died shortly afterwards of hæmoptysis or apoplexy; nor are such casualties confined to the aged, for I have seen several instances of young persons, under similar circumstances, being seized with spitting of blood and dying rapidly of consumption."

Surely all this is very much exaggerated. Does the experience of our readers corroborate Dr. Inman's?

We cannot, however, close our notice of this work without saying that it bears with it the mark of much labour and erudition; and, although we are forced to differ much with the writer of it on many points, we willingly admit that we have perused it both with interest and profit.

Medical Anatomy. By F. Sibson, M.D., F.R.S. London: 1860. Fasciculus vi.

The three double plates in this fasciculus are of the most useful character. They are admirably executed, and represent the effects of natural and artificial respiration on the internal organs and on the external form. They are in pairs, presenting front, side, and back views—first, of the normal condition, and then representing the effects of forced inspiration and expiration. Dr. Sibson's commentary, and his remarks on the application of his illustrations to physical diagnosis, will be found of the greatest possible utility to the Medical Practitioner and to the student.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON TWIN BIRTHS.

By Dr. E. Von SIEBOLD.

In this paper Dr. E. Von Siebold gives an account of the number of twin-births which have occurred at the Göttingen Midwifery Institution since its establishment. These amount to 89 in number, occurring in 7139 births, which have taken place between the years 1792 and 1859—*i.e.* 1 twin-birth in every 80 births. According to Veit's statistics, the proportion is in Prussia 1 in 89, in Wirtemburg 1 in 86, and in Saxony 1 in 78. In relation to different towns, great varieties in the proportion have been observed (as stated by Kürschner in his thesis), as 1 in 158 at Naples, 1 in 126 at Palermo, 1 in 118 at Lüneburg, 1 in 110 at Marburg, 1 in 96 at Hamburg, 1 in 88 at Berlin, 1 in 86 at Leipzic, 1 in 85 at London, 1 in 84 at Paris, 1 in 74 at Vienna and Würzburg, 1 in 68 at Dresden, 1 in 62 at Heidelberg, 1 in 72 at Prague, 1 in 75 at Philadelphia, 1 in 57 at Dublin. How rare is the occurrence of *triplets* may be judged of from the statistical account of Prussia, given by Hoffmann, from which it appears that, between the years 1826-34, there occurred in Prussia 4,467,031 single births, 52,384 twin-births, 659 triplet cases, and 11 quartet cases. In the year 1840, too, there occurred 574,293 single births, 6381 twin-births, 72 triplets, and 1 quartett.

The author divides his analysis into two parts, the first comprising 35 twin-births, attended by Osiander between the years 1792 and 1822; and the second comprising 54 cases, attended by Mende and himself, between the years 1823 and 1859. With respect to the first series of 35, the following positions of the children are indicated. In 19 cases the head presented in both children, in 6 the head and breech, in 4 the head and feet, and 2 the breech and feet. In one case the feet presented in both children, and in another case the breech presented in both. In one case, one child presented the head and the other the shoulder; and in one case the position was not accurately ascertained. In the 35 cases, *i.e.* 70 children, only 28 children were delivered by leaving the case to Nature, the others being removed either by the forceps, turning, or extraction of the feet,—meddlesome midwifery being strongly inculcated by Osiander in twin-cases, as affording the practitioner an admirable opportunity of practising midwifery operations! The proportion of still-born children is not stated.

Of the second series of 54 twin-births, the following particulars are given. There were head presentations of both twins in 22 cases, head and breech in 11, head and feet in 10, head and shoulder in 5, breech in both in 2, breech and feet in two, the feet in 1, and the breech and shoulder in 1. Adding together the two series of cases, the following results are obtained:—

Presentation of the head in both children	41
Head and breech	17
Head and feet	14
Head and shoulder	6
Breech and feet	4
Both breech presentations	3
Both foot presentations	2
Breech and shoulder	1
	88

Of the 108 children born in the 54 twin-births, 83 were so by the sole efforts of Nature,—interference by means of the forceps, by turning, or by extraction, only taking place with respect to 26 children,—a marked contrast to the practice pursued by Osiander. In 87 of the conjoined cases, 2 boys were born in 28, 2 girls in 17, and a boy and a girl in 42; there being 99 boys and 77 girls in 178 children.—*Monatsschrift für Gebürtskunde*, band xiv. pp. 401—426.

EXCERPTA MINORA.

A Case of Opium-Eating.—Dr. Kozieradzki relates a remarkable case he was called to. A lady, aged 30, had been treated, when thirteen years old, for a painful affection of the heart, by abundant blood-letting and other antiphlogistic measures without relief. She only obtained ease by taking opium, which from doses of ⅛ grain was gradually increased in quantity to 30 grains, so that at last 200 grains were taken daily. Besides the opium, the bleedings were continued, having been repeated fifty times in the course of twenty years. After a while, epileptic attacks were conjoined to the cardiac affection. During the latter years she had kept on increasing the dose, and had substituted the acetate of morphia for crude opium, taking four grains several times a-day, so as to consume an ounce of morphia in a month. These facts were stated to the reporter by her friends, and he saw her take two of the four-grain doses of the acetate. She had a prematurely-old appearance, was deaf of one ear, and had lost almost all her teeth. The menses were scanty; but her sleep, appetite, and all the evacuations were normal. She at last found the obstacles to procuring the morphia so considerable, that she had to pass twenty-four hours amid cardiac pains and faintings without opium; and when next day her ordinary four-grain dose was brought her, she was seized with a convulsive attack, and died. The Editor refers to the case of a Jewish Physician who took a scruple of opium at a dose daily for many years on account of cardialgia.—*Med. Zeit. Russlands*, 1859, No. 25.

Solubility of Quinine.—M. Calloud, of Chambéry, as the result of his investigation as to the substances best calculated to aid the solution of the sulphate of quinine, has come to the conclusion that this is remarkably favoured by sal-ammoniac, nitrate of potass, or chloride of sodium, and especially by sal-ammoniac.—*Bull. de Thérap.* tome lviii. p. 307.

Pityriasis of the Scalp.—M. Mialhe recommends the following formulæ:—1. Subborate of soda, 10 parts; rose-water and alcohol, of each 125 parts. Dissolve the soda in the rose-water, and then add the alcohol. 2. Pure glycerine, ʒxij½; rose-water, ʒxxx.; muriate of ammonia, gr. x. The affected parts are to be touched morning and evening with a dossil of lint moistened in this lotion. When these lotions fail,—and they are chiefly intended for the early stages,—or if an ointment is preferred, the following may be resorted to:—Lard, ʒxv.; protoiodide of mercury, gr. xxij.; bisulphuret of mercury, gr. iv.; essence of roses, gtt. v. The hairs should be well separated, so that the ointment may be applied to the scalp.—*Ibid.*

Poisonous Action of Corrosive Sublimate.—As the result of a series of experiments Dr. Stadion arrives at the following conclusions:—1. The influence exerted by simple corrosive sublimate scarcely differs from that exerted by sublimate with which albumen has been first combined. 2. The pharmacodynamic influence of sublimate is scarcely to be sought for in its affinity to albumen, or at all events, not in this alone. 3. The toxical effects of sublimate certainly do not depend upon such affinity. 4. This effect depends upon the power which the sublimate possesses of producing inflammation in the textures with which it comes into contact. 5. The acute toxical effects are produced upon the organs to which it is applied; but the effects produced on remote organs are not the consequences of the action of the sublimate, but of the primary alterations of texture induced by this substance. 6. Albumen is only an imaginary antidote in poisoning by corrosive sublimate; and we should at once administer emetics if the poison has itself not already excited free vomiting.—*Med. Zeit. Russlands*, 1859, No. 6.

The Income-tax causes the English Doctors to cry out loudly. An accredited organ of the Medical Press demands that a distinction should be made between income from capital and the product of daily labour.—*L'Union Médicale.*

FOREIGN AND PROVINCIAL CORRESPONDENCE.

GERMANY.

Berlin, April 25, 1860.

As far as I am acquainted with the periodical literature of our Profession, no notice has as yet appeared in your columns, or in those of your cotemporaries, with regard to the highly-practical results obtained on the Continent by the use of the laryngoscope.

Having had occasion to convince myself of the comparative facility with which the larynx can be explored by means of this simple contrivance, I feel confident that its importance for the diagnosis of laryngeal disease cannot be overrated, and it will be a mere truism to state that we shall be able to attack affections of the larynx with far greater discrimination and success, if the uncertainties, inseparable from a symptomatic diagnosis can thus be replaced by the precise results which a distinct view of the affected parts must afford.

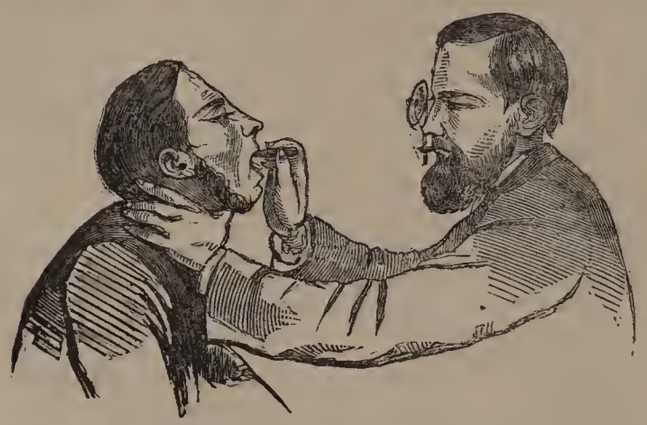
A few weeks ago I was present at a post-mortem of a phthisical individual, whose larynx had been carefully examined a short time prior to decease by Professor Traube. The changes found in the larynx bore testimony to the accuracy of the results obtained by laryngoscopic investigation. The following remarks on the instrument, and its application, are mainly extracted from a monograph, published in the early part of the year by Professor Czermak, who, together with Dr. Türck, of Vienna, has the great merit of having re-directed the attention of the Profession to this important means of diagnosis. Indeed, these Viennese Physicians may be said to have reinvented the larynx-speculum. Apart from its decided practical usefulness, the fact of the laryngoscope being originally an English invention ought to stimulate English Surgeons to take an active part in the reform of laryngo-pathology, to which the general application of the instrument is likely to lead.

In Liston's "Practical Surgery," page 417, we read, under the head of "Ulcerated Glottis," the following remarks:—"A view of the parts may be sometimes obtained by means of a speculum,—such a glass as is used by dentists,—on a long stalk, previously dipped in hot water, introduced with its reflecting surface downwards, and carried well into the fauces." This pregnant hint of Liston's remained unnoticed till 1855, when Garcia published a most valuable series of auto-laryngoscopic investigations, instituted for the purpose of elucidating the mechanism of the human voice. In these experiments the image of the larynx was reflected from a mirror placed against the soft palate, so as to be received upon a second mirror placed in front of the observer (auto-laryngoscopy). An elementary knowledge of catoptrics will suffice to explain the principles upon which Liston-Garcia's method of investigation is founded. The examination itself is conducted in the following manner:—A metallic mirror—varying in size from six to fourteen lines in diameter, in shape either square with rounded edges, as recommended by Czermak, or oval, according to Türck's proposal, or, as it has been found very convenient by Dr. Levin, of Berlin, semi-circular, with a concave inferior margin—soldered to a slightly flexible metallic handle,—shown in the drawing half the real size

—is to be introduced into the well-opened mouth and fixed in such an angle against the uvula and soft palate as to throw incident luminous rays upon the larynx, and to reflect an image of the parts thus illuminated into the eye of the observer. To prevent the mirror from becoming dim by condensation of vapour upon its surface, it is necessary to warm it previous to introduction by dipping it into hot water or holding the unpolished surface over the flame of a small spirit-lamp. Garcia made use of the direct rays of the sun in his experiments: as this source of illumination, however, is not always available, and, even if so, attended with obvious inconveniences in practice, Czermak proposes the use of a

perforated concave mirror of 7—12″ focal distance, by which the light of an ordinary lamp can be concentrated upon the larynx-speculum, the eye of the observer being applied to the perforation. As the distinctness of the image will depend upon the brilliancy of the illumination employed, it will be found advantageous to concentrate the light of the lamp upon the concave mirror, by means of a powerful bi-convex lens. Dr. Levin, of this city, has devised a highly-convenient apparatus for this purpose, consisting of a tin tube carrying a convex lens of two and a-half inches focal distance, and of about the same diameter, which, by means of a simple contrivance, can be fixed horizontally over an Argand lamp after the shade has been removed.

The perforated concave reflector can either be held between the teeth of the observer, fixed on a suitable ivory handle, as recommended by Czermak, and shown in the annexed



diagram, or attached to a large spectacle-frame, according to Stellwag's proposal, or it can be suspended from a support screwed to the corner of the table on which the lamp is placed. The latter contrivance will be found the most convenient for practical purposes. I think it was first introduced by Dr. Levin (a).

It will be most convenient to place the lamp to the right of the patient, who is to be examined in the sitting posture, his hands resting upon his knees, his body slightly advanced, and his head slightly reclining backwards. According to Professor Traube's advice, the lamp, concave mirror, and larynx-speculum ought to be on the same level, and the angle formed by the rays incident upon, and reflected from, the concave mirror as acute as possible. On this account it will be wise to place the lamp a little behind the patient. The observer supports the head and chin of the patient with his left, and introduces the larynx-speculum with his right hand, looking through the perforation of the concave mirror, by means of which he illuminates the pharynx.

By causing the patient to sound alternately the Roman vowels, *a*, *e*, the velum and uvula will be raised so as to admit of the mirror being introduced with greater facility. In pressing the speculum against the soft palate and uvula, great care must be taken to avoid touching the posterior wall of the pharynx, the palatine arches, and the base of the tongue to prevent the supervention of vomiting and deglutition. "In this manner," as Czermak says, "it is possible to look into the very depths of the pharynx, to obtain a distinct image of the individual parts of the larynx, and, as I first demonstrated in my own person, to see the bifurcation of the trachea, reflected through the widely-opened glottis, with the tracheal rings, shining through the thin mucous membrane."—Page 9.

Of course, considerable practice and a certain amount of dexterity is required for successful handling of the laryngoscope, notwithstanding the simplicity of the principle upon which the method is founded.

The difficulties are mainly owing to the great irritability of the palate, which in some individuals is so considerable as not to tolerate the contact of a foreign body; others are unable to keep their mouths open for any length of time, or to command the position of the tongue, which ought to be well flattened and protruded. Some patients, as Professor Traube correctly remarks, suffer from a kind of "moral nausea," threatening to vomit as soon as they are told to open their mouths. This extreme irritability can be overcome by methodically accustoming the parts to the contact of foreign bodies, as it is often requisite prior to surgical operations on the palate. I remember reading that bromide of potash has the power of lowering the sensibility of the pharyngeal mucous membrane; it might deserve a trial in very refractory cases.

In general, however, the irritability of uvula and soft palate will be found very inconsiderable, so that they can be raised and pressed against the posterior wall of the pharynx without any inconvenience to the individual experimented upon. In Professor Traube's clinic I have seen an individual sitting for nearly ten minutes with the larynx-speculum applied to the fauces, so that fifteen Medical men who were present could successively examine the reflected image of the glottis without any reflex phenomena supervening to interrupt the observations.

In this case the mouth of the patient was held open by a very convenient instrument, devised by Dr. Levin. The handle of the larynx-mirror is attached by a ball-hinge to the upper bar of the mouth-speculum, so as to admit of the larynx-mirror being easily adjusted for the purpose of demonstration.

In the fifth chapter, Czermak details his method for obtaining a view of the posterior surface of the velum, the naso-pharyngeal cavity, etc., and he represents the image obtainable by rhinoscopic investigation, the commencement of the Eustachian tubes being also rendered visible. Wilde has already investigated the latter by a similar method.

To obtain an image of these parts, a speculum must be introduced under the velum with its reflecting surface turned obliquely upwards, so as to illuminate the naso-pharyngeal cavity. A speculum is proposed for this purpose, to which a sliding wire-hook is attached, for the purpose of raising the velum.

Examinations of this kind are, of course, surrounded by numerous difficulties, and can only be expected to succeed if a combination of favourable circumstances obtains.

The auto-laryngoscopic observations instituted by Czermak for physiological purposes are mainly confirmative of the results obtained by Garcia's celebrated investigations, and his work will amply repay perusal to those who are interested in the important questions involved in the study of the mechanism of the human voice.

The pathological observations which conclude the work, twenty in number, illustrating most varied and interesting forms of laryngeal disease, as revealed by the larynx-speculum, are calculated to convince the most sceptical of the great advantages which must accrue to the Practitioner from the adoption of this method of investigation.

The possibility of the eye serving as a guide for the hand in the topical treatment of affections of the larynx and deep parts of the pharynx is also proved by some of these observations. You must permit me to reserve my detailed statement for a future communication. Two of these cases—the first and third—during the course of which laryngotomy had to be performed, on account of stenosis of the larynx, are of particular interest, being the first in which by a novel adaptation of laryngoscopy the glottis was investigated from below. This was effected by introducing a small mirror attached to a suitably bent handle, with its reflecting surface turned upwards, into a fenestrated tracheotomy-tube. By illuminating this speculum with a concave reflector the most brilliant and accurate images of the lower aspect of the glottis, etc., were obtained, and the nature of the pathological changes affecting the parts clearly ascertained. This method promises to be of great importance for the diagnosis and treatment of deep-seated affections of the larynx, particularly in cases of laryngeal tumours which cannot be attacked from above. By reversing the reflecting surface of the mirror introduced into the tracheotomy-tube, the deep parts of the trachea might also be explored.

I will conclude by stating, that those who wish to occupy themselves with laryngoscopy will do well to follow Türck's advice, and commence by studying, with an excised larynx, the outlines of the image reflected from the speculum, as the altered position of the parts in the reflected image is at first very puzzling to the unpractised observer. According to Czermak, auto-laryngoscopic exercises constitute the very

(a) Mr. Yearsley has requested us to state that he has used Mr. Avery's ear-lamp in this way for several years past.—Ed.

best preparation for attaining efficiency in this branch of diagnosis. In Plate I. of Czermak's monograph an apparatus is figured, by which auto-laryngoscopy and demonstration can be combined.

IRELAND.

SURGICAL SOCIETY OF IRELAND.

Dublin, April 30, 1860.

The ordinary meetings of this Society terminated on Saturday, the 21st inst., with the following short address from the President, Dr. Fleming :—

"At this advanced hour of the evening, gentlemen, I hesitate to trespass upon you, and yet, this being the last of our ordinary meetings, you will permit me to make a few remarks before we separate. I have now had the honour of presiding over the Society for two successive sessions; and I am gratified to be enabled to state, that during that period I have manifested, at all events, my disposition to advance the objects of the Society, by not having absented myself from any of its meetings. Those meetings have taken place in their regular order, without any interruption; and I look back with no small gratification to the character of the several communications which have been brought under our notice, and to the discussions which have emanated from them. No department in the science or art of our Profession has been neglected. In Anatomy, both normal and abnormal, human as well as comparative; in Physiology, Pathology, and Histology, in our several practical walks, and in Therapeutics, most valuable and most interesting papers have been contributed, manifesting an amount of industrial research, of original thought, and of practical import, which cannot be considered otherwise than highly creditable to this Society. To attempt to enter into an analysis of those several papers, would appear to me, gentlemen, to be unprofitable to you and, perhaps, unwise on my part, since their printed records carry with them the attendant discussions; and there, I imagine, their respective merits may be duly appreciated. Turning then from a retrospective to a prospective view, we learn thus intelligibly enough, what can be done by our Society, what ought to be done by it, and what ought not to be done by it. I thank much the several contributors to our store of communications during my tenure of office; and I am sure I only speak the sentiments of many here present when I particularise in that list of contributors those from among our country members, and our naval and military members, who have not failed to recollect our Society. In conclusion, gentlemen, allow me to thank you all for the kind and considerate reception which you have ever been pleased to give me. I beg to assure you that I highly estimate such acts on your part, and that I will always contemplate with pleasing recollections that period of my Professional life during which I had the honoured privilege of acting as Chairman of the Surgical Society of Ireland."

On the following Saturday evening the Society closed their annual session with a brilliant *Conversazione* at the College of Surgeons, on which occasion the new examination-hall, the library, board-room, and museum were thrown open for the reception of visitors.

At a scientific meeting of the Royal Dublin Society, held on Friday evening, April 27, Dr. Edward Haughton read a paper on the Economy of Fuel in Dwelling-houses, Public Baths, and Factories. Having dwelt upon the importance of economising coal and iron, now that England had undertaken to supply France with these munitions of war, whereby their value would become daily enhanced, he proceeded next to point out defects in the construction of fire-grates, which led to the unnecessary consumption of fuel, and the waste of a large amount of the heat it generated. There was, he considered, a disproportionate quantity of iron employed in the manufacture of grates, which was known to be a conductor of heat; and it would be going directly against the public interest, therefore, to recommend the use of the various patent ranges, whose rival claims were so constantly put forward. Dr. Haughton suggested remedies for the ordinary defects, to which he called attention, and an improved mode of ventilating rooms by means of an air flue, built parallel with the kitchen flue, and separated from it by a one-brick partition, through which the consumed air was to be carried off. Dr. Eustace bore testimony to the value of Flavelle's kitchen range, which not only consumed less fuel, but was free from the defects referred to in Dr. Haughton's paper. There was no metal in contact with the fuel. Dr. Haughton replied, and observed that he did not mention Flavelle's range particularly.—Dr. Carte, in the absence of the author, read a paper by Dr. Walker, on the Zoology of the last Arctic Expedition under Captain Sir F. L. M'Clintock.—The Rev. Eugene O'Meara read a paper on Some Diatomaceous Forms from the Arctic Regions, collected during the late voyage of the *Fox*. Excellent photographs of some of these forms were subsequently exhibited by Mr. Vickers.

GENERAL CORRESPONDENCE.

LITHOTOMY AND LITHECTASY.

Letter from Dr. Arnott.

[To the Editor of the Medical Times and Gazette.]

Sir,—The papers of Dr. A. Buchanan and Mr. Teale on the removal of stone from the bladder, which have lately appeared in your Journal, contain, among many excellent observations, some that are not so well founded. I shall, with your permission, make a few comments on the latter; trusting that the circumstance of a publication of mine having been one of the means of drawing attention, in later times, to the possibility of carrying out the principle advocated by the ancient Surgeons, of dilating instead of cutting the neck of the bladder, will be received as an apology for my taking this liberty.

Dr. Buchanan appears to think that his modification of Dupuytren's median operation has rendered it not only superior to all other operations, but that any further improvement in the means for extracting stone is hardly required; and he founds this opinion on the peculiarities of the procedure, as well as on the fact that in more than threescore cases the mortality from the adoption of this plan has only been at the rate of one death in twelve. I shall not enter into any examination of the peculiarities of his mode of operating further than to remark, that there appears nothing in it calculated to obviate the dangers peculiar to lithotomy, especially that from infiltration of the urine; and that the rate of mortality from it cannot be admitted as a conclusive argument. His contrast of this mortality of one in twelve with the alleged mortality in the London Hospitals of one death in two cases, is not a fair comparison; for he is aware that the latter has reference only to the cases of adults, whereas the former, or Glasgow mortality, refers to cases of all ages. Nevertheless the Glasgow mortality must be admitted to be very low, and so great a measure of success argues highly either in favour of the kind of operation employed or the skill of the operators; although, as the number of cases is not very great, a third explanation cannot altogether be rejected, that so favourable a result might, in some degree at least, be the effect of chance. But lateral lithotomy has, in the hands of several, been much more successful. Mr. Martineau, of Norwich, lost only 2 in 82 cases; Mr. Crichton, of Dundee, 14 out of 200; and Dr. Gross informs us, in his lately published System of Surgery, that the mortality from 895 lateral operations performed in America was only 1 death in $20\frac{1}{3}$ cases. If the mortality from Dr. Buchanan's cutting operation be compared with that proceeding from the dilating plan adopted by the Italian Surgeon De Borsa, the difference will be found still more considerable: De Borsa avers that he only lost one patient in a hundred operated upon.

Granting that the whole of the above statistics are correct (a grant which requires, perhaps, the exercise of a little charity), it can hardly be denied that these very favourable results of the several operations are exceptional; and that this extraordinary success may be reasonably ascribed to the superior skill or adroitness of the several operators. The present average mortality from lateral lithotomy, in all hands, may be reckoned at 1 death in 7 cases of all ages; and the mortality from lithectasy would, probably, even were the best means of dilating adopted, be not less than 1 in 30, or three times as much as that experienced by Manzoni and De Borsa. I speak of what the mortality from the dilating operation

would *probably* be, for as yet the method has been too little employed to furnish a reliable average, and the operation has, in the case of adults especially, been very imperfectly executed. In the cases of children, both lithotomy and lithectasy are eminently successful.

The operation recommended by Mr. Allarton, in a work published six years ago, is a modification of that practised in Verona by De Borsa. The singularly ingenuous admission of his obligations to various Surgeons who preceded him in these inquiries should have protected him from the animadversions of Dr. Buchanan in respect of the origin of his suggestions. Although it is doubtless proper, in lithectasy, to choose the best route to the bladder, this is of little importance compared with the question whether the mouth of this organ is to be dilated or cut; and it is surely most unreasonable to speak of two operations differing in this essential circumstance as being similar operations, merely because the preliminary step of forming a path to the bladder may in both be executed in the same manner.

The great defect of De Borsa's operation was the inefficient means of dilatation. Only small stones can be extracted when the finger of the operator is the only dilator employed, and particularly when the prostate has, by the advanced age of the patient, become unyielding. Had I had no better dilator than this in view when I commenced my researches into the subject (and these commenced years before the publication of De Borsa's work), I should have despaired of success in substituting dilatation for the knife; and the operation of lithectasy by Sir Astley Cooper, which (as I have shown in an appendix to my work on "Stricture of the Urethra") mainly led to lithotrity and the renewed investigation of the whole subject of the removal of stone, would never have been performed.

The success which lithectasy has had in the hands of Mr. Teale and others at Leeds is highly favourable to its character, and argues strongly for its adoption as the general means of removing stone. And this argument is rendered still stronger by the reflection that the success of these Surgeons has been great, notwithstanding the very imperfect means for effecting dilatation used by them. The dilator employed by Mr. Teale, consisting of three diverging steel rods, differs in no essential respect from the steel dilators of the Apparatus Major. It presses on and bruises or wounds the three portions of the neck of the bladder on which the rods rest, and thus materially enhances the danger of the operation. That this mischief is produced by it was rendered manifest by the post-mortem examination of a fatal case related by Mr. Teale in his first paper, when three wounds were distinctly seen; and probably the death recorded in his second paper was also the consequence of similar lesions.

The great requisite of a dilator for this purpose, is that its action shall be equal over the whole surface pressed upon. The finger, which acts as a wedge, has considerable equality of action, but accompanied with a considerable degree of irritating friction. A smooth, conical, metallic bougie, of the appropriate size, or a blunt gorget, are wedges of similar action. But no instrument will bear comparison for equality of pressure, facility of introduction, controllability, and absence of friction, with the dilator of fluid pressure. The distensible part of this instrument consists of a very strong silk tube woven in the manner of the varnished tubes used as catheters, and lined with prepared gut or caoutchouc; the powerful injecting syringe has its piston-rod in the form of a screw, and is connected with the distensible part by a flexible tube; and the injected fluid consists of thick mucilage and air. As it is necessary to distend the silk tube completely—to render it as hard almost as a cylinder of wood—two or three sizes might be necessary for the same case, in order to dilate it to the extent required by the size of the stone. In the work already referred to, in which this mode of dilating the prostate is described, I have (at page 231) mentioned a thin cylindrical spring as an instrument which might be used for this purpose; and such a spring, covering the diverging rods of the steel dilator, would, in the latter stages of the dilatation, remove much of what is objectionable in its use. The fluid dilator may either be used so slowly as neither to excite pain nor much irritation; but, now that the suffering from quick dilatation can be prevented by chloroform, there would often be no objection to preferring it to a more tedious procedure. Circumstances must determine the preference.

Dr. Buchanan, in his enthusiastic denunciation of the principle of dilatation, so strongly reminds us of Mr. John Bell's bitter vituperations of the Apparatus Major, as to lead to the suspicion that he has been in no slight degree influenced by them. But Surgeons of higher reputation than Mr. Bell have thought differently on this matter. Even with the imperfect apparatus then employed, it was possible to secure success, though prejudice has endeavoured to discredit the report. Mr. Coulson, in his work on lithotomy, expresses a doubt of the truth of the celebrated Le Dran's statement, "that he had, in the years 1728 and 1729, thus operated upon sixteen patients without losing one of them; but" (says Mr. Coulson, rather inconsistently with the doubt he has expressed) "Le Dran dilated much more cautiously than any of his contemporaries." Dr. Buchanan agrees with most other writers on the subject in attributing the mortality from lithotomy principally to the infiltration of urine in the deep-seated tissues, although it does not occur to him that no such danger would accompany the process of dilatation. If, in an awkward attempt to dilate, the parts are lacerated, there does, indeed, occur this danger; yet it is by no means certain that laceration, when unaccompanied with bruising, is more hazardous than cutting. The textures that are lacerated are those exclusively that give great resistance; other textures, which would be cut by a sharp knife, yield to the pressure, and, being unhurt, afterwards resist infiltration. I have elsewhere adverted to the advantage of bluntness in surgical knives used for various purposes, and I think it is questionable whether it would not be better to cut the prostate by a blunt knife, or, which is the same thing, by expanding Weiss's dilator with one or more of the rods sharpened, than by using great pressure with them, as proposed by Mr. Teale. That an operation whose excellence consists in the perfect avoidance of the dangers of deep cutting should be strenuously opposed by modifiers or improvers of lithotomy, is natural enough; but the reasons given for this opposition have not always been satisfactory. The comparative slowness of the dilating operation (and in many cases slowness may be essential to safety) was considered a great defect by Mr. John Bell; and Dr. A. Buchanan, by quibbling on the name, "dilatory," which he has given it, appears of the same opinion. He forgets that, now when every operation may be rendered painless, a rapidity which might have formerly been excusable is no longer so; and that "the plaudits of the amphitheatre" gained by a "brilliancy" which must often endanger the patient, can yield no gratification to a sensible and humane Surgeon. Not content with ridiculing its name, Dr. Buchanan appeals to the compassion of his readers, and endeavours to excite their horror of this operation by assuring them that those who advocate it, are intent "upon renewing in the latter half of the nineteenth century, barbarities that disgraced the surgery of three hundred years before." The fact of the recent and extensive success of lithectasy having clearly demonstrated that small stones may be thus removed from the adult with comparative ease and safety, and by means even of the very imperfect apparatus hitherto mostly employed, has no influence on Dr. Buchanan. He opposes the argument drawn from experience by other rhetorical devices; and provided he can raise a prejudice against dilatation, he appears (to use the slightly altered words of the satirist)—

> "Indifferent how the work is done,
> Whether by pathos or by pun."

It is unphilosophical to disparage surgical procedures because they are old in principle, or were early employed. Some of the most useful and most ingenious operations are founded on practices that must have occurred in the very infancy of surgery, and which may almost be termed instinctive. Of this the modern inventions of lithotrity, and the cure of aneurism by compression are notable examples. The Marian operation is perhaps a more striking instance than any of these. Nothing could have been more obvious than widening the urethra for the passage of the stone; but it was long before mechanical science was sufficiently advanced to furnish a means for its safe accomplishment, in cases, at least, where the stone is large, or the prostate is unyielding.

When the stone, however, is very large, lithectasy is not, probably, the appropriate practice. When, after dilatation, it is found to be larger than was expected, it may be broken, or the distended prostate may be cut; and, in cases of very large stone, it might be useful to dilate by fluid pressure after the incision of the prostate. In considering this point, it is interesting to know that Mr. Martineau, the most successful

lithotomist on record, made great use of dilatation after a partial incision of the prostate. "The force and determination," observes Mr. Crosse, who had often witnessed his operations, "with which the finger was used, dilating if not lacerating the remaining portion of the prostate gland, I always regarded as a peculiar and intrinsic part of his method." The worst, or most dangerous means of forcible dilatation, but that which is probably the most frequently employed, is the dilatation which is effected by the stone and forceps in the act of their forcible extraction.

I am, &c. JAMES ARNOTT.

London, April 22.

HARVEY'S MONUMENT.

[To the Editor of the Medical Times and Gazette.]

SIR,—I send the enclosed copy of the inscription on Harvey's monument in the church of Hempstead, in Essex. You may rely on its being authentic, as it is taken by my son, who is the curate of the parish.

I am, &c.

Somerton, Somerset, April 26. JOHN VALENTINE.

GVLIELMVS HARVEIVS
Cui tam colendo Nomini alsurgunt omnes Academiæ
Qui diurnum Sanguinis motum Post tot Annorum
Millia Primus inuenit
Orbi Salutem Sibi immortalitatem
Consequutus.
Qui ortum et generationem Animalium Solus omnium
A Pseudophilosophia Liberauit.
Cui debet
Quod sibi innotuit humanum genus Seipsam medicina
Sereniſs Maiestat. JACOBO et CAROLO Britanniarum Monarchis
Archiatrus et chariſsimus
Colleg : Med. Lond. Anatomes et Chirurgiæ Profeſsor
Assiduus et Fœliciſsimus
Quibus Illustrem Construxit Bibliothecam
Suoq. Dotauit et Ditauit Patrimonio
Tandem
Post triumphales
Contemplando Sanando, inueniendo
Sudores.
Varias domi forisq. Statuas Quum totum circuit
Miccrocosmum Medicinæ Doctor ac Medicorum
Improles Obdormiuit.
III° IVNII. Anno Salutis CIↃIↃCLVII. Ætatis LXXX°.
Annorum et Famæ Satur.

GOITRE.—Dr. Herpin thus sums up the Iodisme question:—Parisians at Geneva often acquire the goitre, but they get rid of it on returning to their native city. The Genevese attacked with goitre, obtain the same benefit from a long residence in Paris. Goitre is rarely seen at Paris; but is common at Geneva. At Paris iodine exists in large quantity (comparatively) in the water, the air, and the food; at Geneva there is scarcely any in those medico. (These results have been furnished by the numerous experiments of M. Chatier, and must for the present, be accepted as proven.) Iodine is a specific for goitre. In Paris, Iodisme is rare, but it is frequent at Geneva. There is, therefore, on this subject a constant antagonism between iodine and goitre, and between Paris and Geneva.

"TURPENTINE given in draughts is a medicine execrable and insupportable," says M. Trousseau. "I am really astonished that our brethren across the Straits, who use turpentine so much, can administer it in this way, for it is an energetic irritant, and sometimes produces vesicular eruptions like those produced by eroton oil. Veterinarians use it for blistering. It occasions an intolerable burning in the throat, and down the œsophagus, and then provokes vomiting."

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 24, 1860.

F. C. SKEY, Esq., President, in the Chair.

A paper, by Mr. SYME, of Edinburgh, was read,

ON THE TREATMENT OF AXILLARY ANEURISM.

The object of this communication was to suggest that in general, if not always, the old operation would be preferable to the method of Hunter for the treatment of axillary aneurism. With the view of supporting what might appear rather startling doctrine, the author combated the generally received opinion that the portion of an artery comprehended by an aneurism is not competent for the process of obliteration by ligature, and maintained that the mere circumstance of isolation from neighbouring connexions while the vessel still retained its usual relation to the sheath should not render it unfit for the process in question. In favour of this position, he quoted the successful result of ten operations performed by him in the old way for the remedy of traumatic aneurism at the bend of the arm, and also the remedy by the same means, of a carotid aneurism too low in the neck for ligature without opening the sac, which, if allowed to proceed, would have proved fatal, not only to the patient, but to his assailant who inflicted the wound, and who would certainly have been hanged in the event of its proving fatal. The author further related two cases of axillary aneurism, not admitting of relief from ligature of the subclavian, in which amputation at the shoulder-joint was performed with success. But the principal ground of his suggestion was a case of axillary aneurism which had lately come under treatment in the Royal Infirmary of Edinburgh. The tumour was very large, distending the muscles of the axilla, and projecting above the clavicle. It was rapidly increasing, and already showed signs of impending gangrene; while the patient's general condition, as manifested by a pulse of 130, and wandering ideas, was no less alarming. Ligature of the subclavian being quite out of the question, before proceeding to amputation at the shoulder-joint it was deemed proper to ascertain the state of matters in the axilla. But as this could not be done without the risk, or rather certainty, of a fatal hæmorrhage, unless the artery could be commanded in the first instance, an incision was made along the posterior edge of the sterno-mastoid, through the platysma myoïdes and fascia, so as to allow the finger of an assistant to reach the vessel where it issues from under the edge of the scalenus anticus and lies upon the first rib. The cavity was then opened, nearly seven pounds of coagulated blood removed, and both ends of the artery tied, as it was found to have been torn across. The patient made a good recovery, and was dismissed six weeks after the operation, able to resume his employment. The old operation, having thus succeeded in a case so formidable and unpromising, seemed worthy of adoption, not merely in cases unsuitable for ligature of the subclavian, but as preferable to the Hunterian method, on account of its greater facility, safety, and certainty. The author, having upon two occasions tied the subclavian artery for aneurism with perfect success, had no prejudice against this operation, but was forced to the conclusion just expressed by his sincere conviction of what was due to expediency. He also begged to suggest that the means employed for effectually commanding the artery, perhaps admitted of more extensive application. It had been used by the author thirty years ago in his first operation for the removal of the superior maxillary bone, in which excessive hæmorrhage had been erroneously anticipated, by making an incision between the ramus of the jaw and mastoid process, so as to admit a finger to compress the internal maxillary artery on the neck of the condyle. The author remarked that in this case the superior maxillary bone was removed for the first time in Great Britain, and that the operation is the earliest to be found in the records of Surgery.

Mr. ERICHSEN said everyone must admire the skill with

which the operation described by Mr. Syme had been performed; but he could not look upon the case as influencing in the slightest degree the application of the Hunterian principle in the treatment of aneurism. It appeared to him that the author of the paper had not made any distinction between traumatic and spontaneous aneurism. With regard to the former occurring at the bend of the arm and elsewhere, Mr. Syme, like other Surgeons, had been in the habit of laying them open. No Surgeon would think of ligaturing the brachial artery for aneurism at the bend of the arm, resulting from venesection, but he would lay it open and ligature the artery on either side. Mr. Syme's case appeared to have been a traumatic, rather than a spontaneous, aneurism; and Surgeons could not be too careful how they endeavoured to apply to the latter the principles of treatment applicable to the former. Had the case been one of spontaneous aneurism, the tumour would not have been of such rapid formation, nor would there have been so entire a disruption of the artery. Mr. Guthrie, in his work on "Injuries of Arteries," had pointed out in the clearest manner that in all cases of diffused aneurism in the axilla, the line of practice adopted by Mr. Syme in the present case should be carried out. He severely criticised the practice of ligaturing the subclavian artery above the clavicle for diffused aneurism in the axilla, and stated that the proper course was to lay the tumour fairly open, to cut through the pectoral muscles, and ligature the artery where it was injured. Such a course would be highly objectionable in spontaneous aneurisms. He did not believe that the disease was limited to the spot that became aneurismal. In the first case in which the subclavian artery was tied in this country (by Mr. Liston) it was described to be like the finger of a wet glove, and the patient died of secondary hæmorrhage in consequence of the diseased state of the coats of the artery. He (Mr. Erichsen) had generally found extensive traces of disease in other parts of the arterial system besides that which was aneurismal; and in some cases disease was found at the same spot in the opposite side of the body. It was incumbent on them to be very cautious how they attempted to overturn a principle of Surgery established for seventy years by the practice adopted, successful though it might be, in any one case. The last cases to select for the subversion of the Hunterian principle were those of axillary aneurism. They differed from other aneurisms in being much more liable to become diffused and to run into a state of suppuration and slough, which explained the reason why the practice of ligaturing the subclavian artery above the clavicle in spontaneous axillary aneurisms had not been so successful as the same treatment had been in the case of aneurisms elsewhere.

Mr. John Adams thought that the principle laid down by Mr. Syme was only applicable to cases of diffused aneurism in which there was no very distinct sac. In his experience he had never seen it necessary to lay open an aneurismal sac at the bend of the elbow, and tie up both ends of the artery. In some such cases he had seen the ligature applied with perfect success above the seat of the aneurism; and had treated others by the application of pressure without any operation at all. Great care was required in applying the pressure; unless the application was very gradual there was danger of gangrene; but, if caution was exercised, and the case had not gone too far, no operation would be required.

Mr. Ure thought the great merit of Mr. Syme's communication consisted in the means he employed for restraining the hæmorrhage.

Mr. Curling expressed his regret that Mr. Paget was not present, as he could have given the particulars of a case of traumatic axillary aneurism, in which he performed an operation similar to that recommended by Mr. Syme in his communication. Mr. Curling had only an imperfect acquaintance with the case; but it appears that under the violent extension of the contracted arm of a lady by a Surgeon, the axillary artery was ruptured, and an aneurism resulted. Pressure having been made on the subclavian artery, Mr. Paget laid open the aneurismal sac in the axilla, dividing the pectoral muscle, and tied the artery above and below the sac with a successful result. Mr. Curling considered that some of the observations made by Mr. Erichsen in opposition to Mr. Syme's views, really tended to show the advantage of the treatment which the author of the paper advocated. Mr. Erichsen had stated that in spontaneous axillary aneurism the subclavian artery was often diseased, that the aneurismal sac, if large, was inclined to slough or suppurate, and that a ligature placed upon the subclavian did not intercept a free supply of blood to the aneurism by the subscapular artery. These were circumstances which showed that greater advantage might be gained by laying open the sac, and securing the artery at the seat of the aneurism, than by tying a diseased artery a short distance above; and taking into account also the great fatality after ligature of the subclavian artery, Mr. Curling considered that these were strong reasons for making trial of the same treatment of spontaneous aneurism as would undoubtedly be proper in traumatic aneurism.

Dr. Hodgkin said it was at times difficult to determine which method of operation was to be preferred. In the case related the patient was fortunate in falling into the hands of a Surgeon who adopted the old plan. The contents of the sac formed an important element in the consideration of the treatment of aneurisms. In a case that came under his care, the contents were such as could not be absorbed, being quite dry and resembling the olive-green powder in a puff-ball. In another case—that of a large popliteal aneurism—the contents were in layers partly opaque and partly translucent. In some cases the old operation was the only practical one.

The President said that a case had recently come under his care, in St. Bartholomew's Hospital, resembling that mentioned by Mr. Curling as occurring in the practice of Mr. Paget. It was that of a woman who had had a dislocation of the humerus, and eight or ten days after its supposed reduction a large aneurism had formed. It was obviously a large, traumatic axillary aneurism. There was no doubt as to the necessity of tying an artery, but a question was raised whether it should be the axillary or the subclavian. Acting up to a principle of Surgery from which he hoped never to deviate, so long as it was possible to adopt it, he determined to tie the artery at the point of injury. He made a large incision through the axilla. The hæmorrhage was considerable, but it was arrested by pressure, and he succeeded in tying the artery above and below. The woman died, and, on a post-mortem examination, it was discovered that the cause of the injury was a fracture of the neck of the humerus, the pointed end of the shaft having torn the artery across, and produced the aneurism.

Mr. Henry Thompson asked Mr. Syme what he thought of acupressure, recently adopted for the arrest of hæmorrhage.

Mr. Syme said that the excellence of any Surgical treatment must depend upon its facility, its safety, and efficiency. In the case of aneurism at the bend of the arm, the ligaturing of the artery was one of extreme difficulty, while the opening of the sac and tying the artery above and below, was a matter of extreme facility. His reason for bringing the subject before the Society, was to communicate the conviction forced on his own mind by observation, that in cases of axillary aneurism, the old operation possessed all the requisites he had enumerated. The distinction drawn between traumatic and spontaneous aneurism, was to him altogether new. He could not recollect an instance in which an aneurism was not brought about by some sudden blow or other injury; but if the artery was not in an unsound state it would not have given way. In the case which Mr. Erichsen regarded as traumatic, the complete rupture of the artery was the strongest proof that there was something wrong in the vessel. In recorded cases where the ligature was applied above the seat of the disease, the deaths amounted to fifty per cent.; and, taking into consideration the number of unreported failures, the real proportion was, no doubt, considerably higher. Mr. Syme before concluding said in answer to Mr. Thompson, that acupressure was not in his opinion calculated to improve the Practice of Surgery. In the first place, he did not think the objections alleged against the ligature were fully justified; in the second place, if the ligature were objectionable they had a better substitute for it in torsion than in the needle process; thirdly, he thought the needle process was hardly practicable, and in some cases not practicable at all. It had been said by the proposer of the method that the ligature would occasion gangrene. That simply showed that the individual who proposed it did not know the meaning of Surgical language. As to ligatures causing irritation, that assertion was not true. He had repeatedly tied the femoral, and left the wound to heal by first intention, there being only a few drops of matter, and in one case not a drop, showing that the ligature was not the cause of irritation. He had given up the practice of cutting away one

thread, and always preserved both; and he regarded ligatures rather as useful assistants than as obstacles. After amputation, the great impediment to union by the first intention was the presence of blood, which coagulated, and led to the formation of abscess. The ligatures prevented this, made way for the discharge, and did good rather than harm. But if ligatures were sometimes objectionable the process of torsion was a convenient substitute, the success of which he had repeatedly seen. As to acupressure it could very rarely be employed; and his only surprise was that any practical Surgeon should have given it two thoughts. It was a tub thrown out to amuse the whale, more especially to feed the whale, and would never have been heard of had it not been brought under the notice of the Profession by a Medical Journal published in London, understood to be under the control of the proposer.

Mr. Spencer Wells said he should not notice the personalities with which Mr. Syme concluded his speech; but with regard to acupressure he thought it but just to say that he had employed that method in a case of Pirogoff's amputation at the ankle-joint, in which the needle was fairly pitted against the ligature. The anterior tibial artery was compressed by the needle, and a plantar branch of the posterior tibial was tied by a ligature. The superiority of the needle was most marked. In forty-eight hours Mr. Adams, whose case it was, removed the needle, and there was no more trouble about it. The ligature remained some five or six days afterwards, setting up suppuration in its track, and keeping open the wound in the manner which Mr. Syme appeared to think so favourable (the patient thought otherwise), but which certainly delayed the cure. The case would have been better treated if it had been easy to compress the posterior tibial artery in the same manner as the anterior tibial—if he had not to learn the A, B, C, of acupressure, as all must do. There might be many cases in which the needle is not applicable; but he believed if he had known then what he had learned since, he might have been able to compress the plantar artery as easily as the other. So far from the introduction of acupressure exhibiting any want of Surgical knowledge on the part of the gentleman who proposed it, he believed it to be one of the many gifts, including the introduction of chloroform, for which Surgery is indebted to that great man. Mr. Wells further expressed his conviction that acupressure will prove a most useful means of suppressing hæmorrhage, and he had learnt its utility in compressing varicose veins. He believed also that it will hereafter supersede the ligature in the treatment of aneurism. With regard to the effect of the ligature upon the ends of divided arteries, every Surgeon knew that the part of the artery beyond the ligature must be killed by it, and that a piece of sloughy tissue cannot do any good when confined amid the living tissues of the body, however useful Mr. Syme might consider it to be.

THE PATHOLOGICAL SOCIETY.

Tuesday, April 17, 1860.

W. Fergusson, Esq., President, in the Chair.

Mr. Christopher Heath showed a

CONTRACTED PELVIS.

It had been removed from a female, aged 74, and exhibited the changes usually found in mollities ossium, the acetabula being thrust inwards, and the rami of the pubes projecting forwards with a narrow space intervening. The opening of the pelvis was thus much narrowed, and somewhat of a heart-shape, the antero-posterior measurement at the brim being three and a-half inches, while that of the inferior aperture was only two and three-eighths inches, owing to the great bend of the sacrum. The bones of the pelvis were flexible, but those of the limbs were brittle, and filled with fat, and exhibited numerous fractures. The woman had been an inmate of a workhouse all her life, and was apparently a virgin, the hymen being entire, and the vagina, etc., of small size. She had only been bedridden for two years prior to death. No history could be obtained with regard to the state of the urine.

Mr. Heath also showed

A DISEASED ANCHYLOSED KNEE-JOINT REMOVED BY EXCISION.

This was from a boy, aged 11½ at the time of the operation (1858), who had suffered more or less from disease of the joint, following scarlet fever, for six years. He was admitted into one of the metropolitan Hospitals with an abscess in the joint in 1857, and remained under treatment for seven months. He was brought to Mr. Heath at the St. George's and St. James's Dispensary, in June, 1858, with the knee firmly fixed at a right angle, slightly swollen, and with several discharging sinuses which led to bare bone. In the operation the joint was found to be firmly anchylosed, with the patella fixed upon the external condyle, and the entire joint was therefore removed in a wedge, a small additional slice of femur being afterwards removed to allow the limb to be straightened with facility. The specimen exhibited had been slightly macerated to remove the thickened synovial membrane, but the cartilages were left showing their erosion, and the exposure of the articular ends of the bone. The anchylosis between the femur and tibia was only fibrous on the inner side, but on the outer side bone had been developed, as was seen on a section. The boy made a good, though tedious recovery, the sinuses continuing to discharge for some time, and even now weeping occasionally. Mr. Heath showed casts illustrating the past and present condition of the limb, and a photograph of the boy's present state, the shortening of the limb being exactly two and a-half inches, so that with a high boot he has been able for months to get about most satisfactorily. Mr. Heath also drew attention to the fact that the epiphysis of the femur had been entirely removed, and that it would therefore be very interesting to watch the after-growth of the limb.

Dr. Peacock then showed specimens illustrative of

BRONZING OF THE SKIN, WITH DISEASE OF THE SUPRA-RENAL CAPSULES.

The specimens exhibited were removed from the body of a young man, 20 years of age, who had always been delicate, and suffered during early life from disease of the hip. For three months his health had been greatly impaired; he was extremely languid, and his complexion had become of a deep bronzed or brown colour. He died in St. Thomas's Hospital, and before death had several attacks of convulsions. Both supra-renal capsules were so extremely diseased, that no remains of the natural structure could be detected. They were apparently the seat of scrofulous abscesses.

Dr. Peacock also exhibited a Heart in which there was an

OPEN FORAMEN OVALE WITHOUT CYANOSIS.

This specimen was removed from the body of a female, 16 years of age, a patient of Dr. Peacock's at St. Thomas's Hospital, who, though always delicate, and so susceptible to headache as to be incapable of being taught to read, enjoyed her usual health till about eighteen months before her death. She died with the usual symptoms of acute miliary tubercle, and after death the foramen ovale was found entirely open; indeed, scarcely at all covered by the valve, and of large size. There was no cyanosis while she was under Dr. Peacock's notice, but she was stated by her mother to have occasionally looked dark in the face when making unusual exertion, but only during the period of her last illness.

Mr. Nathaniel Ward exhibited a specimen of

FIBRO-NUCLEATED TUMOUR FROM THE MALE MAMMARY REGION.

A soldier, aged 40, of a lymphatic temperament, and formerly in the Prussian Army, was admitted into the London Hospital, under Mr. Adams. A tumour projected from the right mammary region to the extent of about three-quarters of an inch from the surface. It was about the size of a walnut, was dense, but resilient, not adherent to the subjacent tissues; and its deep-seated portion merged into smaller masses. The skin over it was tense and shining, highly injected, and purplish-pink in appearance in consequence of a number of dilated veins ramifying immediately beneath it; and at its lower part, the areola and nipple were thrown forward, and apparently involved in the growth. The tumour was observed by the patient about twenty-one or twenty-two years ago, as a cutaneous tubercle, a quarter of

an inch above the mammary gland. It gradually increased, was not attended with pain until five years ago, when it became, and has up to the present time continued, painful and annoying occasionally. After removal by Mr. Adams, it was found to be made up chiefly of three masses held together by dense connective tissue. The large mass equalled a small walnut in size; the one below this, the kernel of a common nut; and the third, situated externally, an almond, in size. The smallest lobe was that which was in relation to the mammary gland, but a careful examination pointed out very close contiguity through the medium of connective tissue, without continuity of structure. The surface of the tumour on section became convex, had a nacreous aspect, and gave the idea of the growth being fibrous. A microscopic examination made by Mr. Hutchinson, and recorded in a sketch which was shown, pointed out that the tumour was a well-marked specimen of the fibro-nucleated as described and figured by Paget.

Mr. Maunder exhibited

THE HEAD AND NECK OF A FEMUR

of a child aged seven; also a portion of the necrosed acetabulum, which was lying loose at the time when he excised the diseased bone, six weeks ago. In this case the disease had existed two years and a-half, and the head of the bone was dislocated and lying upon the dorsum ilii. The patient was doing well. The cartilage had quite disappeared, and the head of the bone was much diminished in volume.

Mr. Toynbee exhibited specimens from

A CASE OF DEAFNESS

in which the otoconiœ (ear crystals) were more abundant than natural. The patient a man, aged 68, died of apoplexy; he had an attack of paralysis five years previous to his death. Since the attack of paralysis he became so deaf as to require to be spoken to very loud. *Autopsy.*—The right cerebral hemisphere was much softened, especially at its centre, the corpus striatum being broken down. A recent clot was found in the third ventricle. In the cavity of the vestibule of each ear the otoconiœ were much more abundant than natural. The crystals were not only aggregated together forming larger masses than natural, but they were interspersed over the whole surface of the membranous labyrinth occupying small cellular cavities.

Dr. John Ogle related a case of

EXTENSIVE EXTRAVASATION OF BLOOD INTO BOTH SUPRA-RENAL CAPSULES—EPILEPSY, Etc.

The case was that of a patient, aged 43, who had been idiotic and epileptic. He had had almost a continuation of epileptic attacks by night and by day for a fortnight before death, and previous to death was comatose. On post-mortem examination slight pleurisy and extensive grey hepatisation of the lung were found; and both supra-renal capsules, besides being very highly congested, had their central parts broken down by large clots of extravasated blood. The cranium and brain structure were healthy, but the veins of the scalp and the cerebral veins were exceedingly congested.

Dr. John Ogle showed a specimen of

SOFTENING OF AND ECCHYMOSIS OF BLOOD INTO THE PONS VAROLII AND MEDULLA OBLONGATA—TUMOUR IN CEREBRAL HEMISPHERE.

The case was that of a woman, aged 48, the subject of epilepsy and insanity for, it was supposed, two years, who was admitted into the Somerset Lunatic Asylum about three weeks before death. On admission she was suffering from "drowsiness," which existed for almost the whole day, but from which she could be roused. Shortly after admission she had two apoplectic attacks with an interval of three days, and subsequently "giddiness" came on, which was so extreme as to oblige her to seek her bed. She died after being comatose (more or less completely so) for three days. On post-mortem examination, the dura mater was found distended with air, but was natural except at one part, covering the outer and back part of the left cerebral hemisphere, where it was lined to a short extent by a thick tough piece of fibrous membrane, by which it was firmly adherent to the surface of the cerebral convolutions. At this exact part a rounded firm white mass, of the size of a pigeon's egg, was seen embedded in the brain structure, and projecting as far as the surface. This mass had all the appearance of being carcinomatous in character. The brain tissue beneath and internal to this tumour was softened and of a creamy colour. The septum and inner surface of the ventricles were also softened. The medulla oblongata and pons varolii, especially at their posterior parts, were very softened, and on section presented a vast number of spots of extravasated blood.

Dr. John Ogle also showed a specimen of

FRACTURE OF THE HEAD OF THE FEMUR,

apparently during life (owing to injuries sustained by jumping). The summit of the head of the bone was separated from the other parts and was very softened, the fractured surface of the neck being also softened. The specimens were removed from the body of a maniac, aged 41, who for many months had been in the habit of jumping and stamping violently. It was suddenly found that he was unable to stand, or get out of bed, and it was thought that she might have broken the neck of the femur. No alteration in shape or length of the limb was seen. She was never again able to leave her bed. She eventually died of phthisis and perforation of the intestine, five months after the supposed accident to the thigh bone. On post-mortem examination, extensive ulceration of the cartilages in the acetabulum was seen, and much pus escaped on cutting down on to the joint. The point of interest was to determine whether the fracture of the head of the bone was done during the post-mortem examination,—the bone being previously diseased and brittle,—or whether the separation was effected at the time of the supposed accident, and the immediate result of the violence and jumping, etc.—the diseased condition of the bone following the fracture, etc.

(The above specimens were sent to Dr. Ogle by Dr. Boyd, of the Lunatic Asylum, Wells.)

Mr. Henry Thompson exhibited, for Mr. Gaye,

PART OF A FEMORAL ARTERY, WHICH HAD BEEN INJURED.

The subject of this case was a thin, spare man, aged 30, a gentleman's servant. On February 21 last, he jumped from a height, and on reaching the ground experienced some pain in the leg. Twenty-four hours after mortification of the toes of the same side set in. On the third day after the injury amputation above the knee was performed. Mortification, however, returned in the stump, and the man died. At the post-mortem examination the femoral artery was found occluded at the giving off of the profunda, involving also, for a little distance, the trunk of that branch. As far as could be ascertained by examination of the portion sent for exhibition, no rupture of the internal coat could be detected.

Dr. Crisp wished to know if there was rupture of the elastic fibres. It was well known, he said, that popliteal aneurism would occur from accident, inducing rupture of these fibres in young and vigorous persons.

Mr. Maunder narrated a case of a patient of Mr. Birkett's, in Guy's Hospital, in which mortification and death took place in a patient whose popliteal artery was found occluded from clot, its coats being apparently sound.

Soldiers' Children.—Five ships, we are informed by the *United Service Journal*, of the most approved transport quality, and the property of the most favoured Government contractors, started from the English shores, full laden with helpless women and children, anxiously looking forward to a joyous meeting with their natural protectors at the end of a prosperous voyage. They were going at the public expense, and it was the wish of the public that every care should be taken both of their comfort and safety. Important officials, high, responsible, and well-paid, were to select the ships, to see that the stores were of the best quality, and the berths and bedding comfortable and well ventilated; and so well did they perform their duty that, we learn, out of these five human cargoes, no less than 270 children have perished on the voyage, and been thrown overboard. Probably since the days of King Herod so extensive a "Massacre of the Innocents" has never been heard of in history.

IMPORTANT PROSECUTION UNDER THE MEDICAL ACT.

WILLIAM GILES *v.* RICHARD TALBOT.

ON the 26th ult. Mr. Richard Talbot, a man about 50 years of age, and better known as Dr. Talbot, appeared before Mr. Selfe, at the Thames Police Court, to answer a summons taken out under the Medical Act.

Mr. Charles Young, Solicitor, went over the facts as detailed in evidence, and said the *onus probandi*, that the defendant was a qualified Medical Practitioner, rested with him. He should prove that four years ago the defendant was a schoolmaster, and that he subsequently became a preacher in the Wesleyan Methodist Connexion, and preached one sermon only; and then, finding the cure of bodies was better than the cure of souls, gave up preaching and practised as a Surgeon and apothecary without being qualified to do so. He found in a prospectus issued by the *soi disant* Dr. Talbot, of 20, Upper John-street, Watney-street, Commercial-road East, and headed "Gone in a moment! or Galvanism by Dr. Talbot, of London!" That he advertised "Toothe-ache cured in one moment by galvanism alone, with a touch" (laughter), and that he professed to cure rheumatism, *tic douleureux*, tooth-ache, and other diseases, by galvanism, and then followed numerous testimonials, all in the regular quack doctor style. The defendant was afterwards found in the St. Leonard's-road, Bromley, and lastly at Canton-house, corner of Stainsby-road, East India-road; where he was now dwelling and practising illegally.

Mr. Selfe said that a grand Council of Medical Education and Registration had been established under the Medical Act, and it occurred to him that a society like that ought to proseeute in a case of this description.

Mr. Young said the Council received the fees for registration, and they amounted to a large sum, but would not protect the qualified Practitioners.

Mr. William Giles said he was a Member of the Royal College of Surgeons in England since 1852, and a Licentiate of the Royal College of Physicians, Edinburgh, and was residing at No. 1, Canton-place, East India-road. The defendant lived exactly opposite to him, and "Dr. Talbot" was painted in large letters over his door. On the 28th of November last, he (Dr. Giles) was sent for by a Mr. West, of High-street, Poplar, to attend a member of his family, and discovered that the patient had been attended by the defendant, and that he (Dr. Giles) had been sent for by mistake. He told Mr. West he had better send for the gentleman who had been attending to the case, and retired from it. He then believed the defendant was a regularly-qualified Medical Practitioner. He had since ascertained to the contrary. On the same evening the defendant called upon him, sat down in his surgery, and thanked him for not displacing him in his attendance upon Miss West. The defendant also said he had studied at Cambridge, and was a Master of Arts and Doctor of Medicine, that his practice was a large one, and that he had advertised to sell it.

Mr. Young then put in a certified copy of the Medical Register in which Dr. Giles's qualifications, his address, and other particulars were described. The defendant's name and address were not inserted in the Register.

Mrs. Emma Lovell, the wife of Captain Lovell, of Paynton-street, Poplar, said the defendant had attended her in her accouchement, and had also prescribed for her children; she retained the services of the defendant, believing he was a regularly-qualified man. Her husband came home very ill on the last day of October, from the African coast, and the defendant attended him. Her husband did not get any better under the defendant's treatment, and she began to have considerable doubts of his skill; and in the last week of November said to him, "Doctor Talbot what is this rumour abroad?—I hear you have got no diploma." The defendant said, "You want to know too much." She was then in extreme trouble, and said, "I beg your pardon if I have put a rude question." The defendant said, "My practice is so very extensive, the Medical gentlemen around here are jealous of me." He also said "I have a foreign diploma which is worth three English diplomas; I am Doctor of Medicine and a Physician." She afterwards discovered the defendant was not a qualified practitioner and was not registered. She would never have employed the defendant if she had known he was not a regular practitioner. He never allowed her to think otherwise.

The defendant addressed the magistrate, or rather the people in the court, at great length, in a most animated and impassioned strain. He said the name of Dr. Talbot was over his door, and there it should remain as long as he lived. There was no power on earth could remove it. He was advised by a barrister, to whom he paid a fee of two guineas, that he had a right to the title of Doctor, and to place it over his door. He had three doctorates, and was on his way to a fourth, but Dr. Giles would not let him have it. He charged that gentleman and other Medical Practitioners with being actuated by motives of craft, malignity, envy, and audacity, in this prosecution, and said he had studied at the London Hospital. He was now an articled pupil to a Mr. Davis, and transferred his business to him. He never pretended to be a Doctor of Medicine. He attained the degree of D.C.L. from the University of Hesse, in Germany, after hard fagging in Latin, Hebrew, Greek, and mathematics, and the composition of a prize poem. He passed his examination before five of the most eminent men in Europe. He claimed the right to use the name of Doctor, and to put it over his door. He put in his German diploma and a deed transferring his business to Mr. Davis, of Bircham-house, St. Leonard's-road, Bromley. He declared that Canton-house was only his private residence, and near the Limehouse station of the Blackwall railway, which gave him very great facilities to proceed to Guy's Hospital, where he was now studying. He concluded a long and desultory harangue by saying that he was qualifying himself to become a Physician and Surgeon of the English colleges, and few would do that at his time of life.

Mr. Frederick Davis, a Member of the College of Surgeons, and Licentiate of the Apothecaries' Company, duly registered, was called by the defendant, who put the question to him, "Am I not your apprentice?" (Laughter.)

Mr. Davis: Yes, you are, sir.

Mr. Selfe: Where is the indenture of apprenticeship? (More laughter.) No answer was given to this question, and Mr. Selfe said that, according to the document put in, there was a transfer of the defendant's business to Mr. Davis, who was to allow him half the profits, they were in partnership—a qualified and an unqualified Practitioner (sensation). If an analogous case had occurred in the legal profession, if an attorney had allowed another person to practise in his name, he would, on application to the Court of Queen's Bench, be struck off the rolls. (Loud applause.) Mr. Selfe: Silence, silence!—I will clear the court if such a manifestation is repeated.

Mr. Davis was examined by the defendant on general subjects, and cross-examined by Mr. Young. He said the name of Talbot was over his door in the St. Leonard's-road, Bromley, as well as his own. They were certainly in partnership. He declined to state the consideration money given for the defendant's practice—it had nothing to do with this case. Mr. Young then put in two bills for Medical attendance and medicine, and the witness admitted they were in the defendant's handwriting. Another bill was put in by Mr. Young, and the witness said he had sent it to a patient. It was made out in the names of Davis and Talbot. He was described in the Medical Register as "Frederick Davis, of Tonning, Berks," where he formerly practised.

Mr. Young: Here is a bill with Dr. Talbot's and Mr. Davis's compliments.

Mr. Davis: That is the way we send out our bills; Dr. Talbot did attend the Lovells. I also attended them a great many times. I have known the defendant only as Dr. Talbot. I always believed him to be Dr. Talbot, with a foreign diploma entitling him to be called a doctor.

By Mr. Selfe: The practice is mine. The defendant has to account to me. I receive the money. I pay over to the defendant a certain sum, according to the agreement.

Mr. Selfe said he did not entertain the least doubt the defendant was entitled to use the word "Doctor," to have the word painted over his door, and to print it on his card; no one could prevent the defendant using the title of Doctor,—but when in addition to that he gives advice as a Medical Practitioner, dispenses medicine, sent in bills, told his patients he had a German diploma, which was worth three English ones, gave them to understand that it was a Medical diploma,

and that he had a right to the title of Doctor of Medicine, he was clearly within the provisions of the Medical Act, the 21st and 22nd of Victoria, cap. x. The document put in—agreement between Talbot and Mr. Davis—described the defendant as a Medical Practitioner. He could not conceive a clearer case than this; and he said just now, and must repeat, that if an analogy existed between the Legal and Medical Professions, Mr. Davis would not be permitted to allow another to practise in his name. He had no doubt the defendant practised a deception on Mrs. Lovell, and by acts, by words, and by the deed put in, acted as a Medical Practitioner, without being qualified to do so, and without being registered. He must say this was a proper case for prosecution, and he convicted the defendant, and fined him £10.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

MILITARY SURGEONS.

Mr. DEEDES asked the Secretary of State for War upon what principle a deduction of 8½d. per diem was made from the pay of the Surgeon and Assistant-Surgeon of a cavalry regiment for each horse kept by them for the public service, when the rate of pay of those officers was precisely the same as that of the Medical officers of infantry regiments who under the 21st paragraph of the warrant of October 1, 1858, were expressly exempted from any such deduction, the words of the paragraph referred to being these:—"Shall not in future be subject to any stoppage out of their daily pay for any ration of hay, straw, or oats supplied for the horse or horses kept by them for the public service."

Mr. S. HERBERT said the case was as stated, and the papers on the subject were before the House.

OFFICE OF CORONER.

Mr. COBBETT asked the Secretary of State for the Home Department whether it was his intention to propose to Parliament any measure to carry into effect the recommendations of the Select Committee on the Office of Coroner?

Sir G. LEWIS said that there was a Bill before the House giving an appeal to the Queen's Bench in disputes between the county magistrates and coroners; and several of the recommendations of the Select Committee he should be disposed to adopt, either by incorporating them in that Bill or by introducing them into a new Bill. He confessed, however, that he was not disposed to adopt the recommendation that the coroner should be paid by salary.

MEDICAL NEWS.

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, April 26:—

Davies, Henry, Carmarthen, South Wales
Drewry, George Overend
Jeaffreson, Horace, Framlingham, Suffolk
Rayner, John, Bedworth, near Coventry
Ringrose, Ernest, Potter's Bar, Barnet
Walker, Richard Pettifer, Birchfield, near Birmingham
Winkfield, Alfred, Bedford
Wingate, Robert, Hareby Spilsby, Lincolnshire
Wotton, Henry, 17, Cavendish-square

The following gentlemen also on the same day passed their First Examination:—

Furner, Charles, 6, Wigmore-street
Stockwell, Frederick, Bruton, Somersetshire

APPOINTMENTS.

HAMSON.—Mr. Reginald Hamson, late House-Surgeon to the Liverpool Northern Hospital, has been appointed House-Surgeon to the Liverpool Royal Infirmary.

HEWITT.—Dr. Graily Hewitt, Joint-Lecturer on Midwifery and Diseases of Women and Children at St. Mary's Hospital.

SCOTT.—Charles Scott, M.D. C.B., half-pay, Deputy Inspector-Gen. of Hospitals, to be Honorary Surgeon to Her Majesty, *vice* Director-Gen. Thomas Alexander, C.B., deceased.

SMITH.—Dr. Tyler Smith has been appointed Joint-Examiner in Midwifery in the University of London.

WADE.—Dr. Wade, Physician to the Queen's Hospital, Birmingham, *vice* Dr. Waller, resigned.

DEATHS.

DUJARDIN.—Felix Dujardin, Professor of Botany and Zoology at the Faculty of Sciences at Rennes, and recently admitted a Corresponding Member of the Academy of Sciences, was another example of a successful self-educated man. The son of a poor watchmaker at Tours, he rose to great distinction in his native town. At first pursuing Geology, he by the advice of Dutrochet, devoted himself to Zoological Studies, and produced some curious observations on the *Rhizopodes* and numerous other memoirs, together with the *Histoire Naturelle des Helminthes* forming a part of the *Suites à Buffon*.

HANCORN.—April 24, James Richard Hancorn, M.R.C.S., son of James Richard Hancorn, M.D., of 22, White Lion-street, Spital-square.

MUSHET.—March 24, at St. Kitts, West Indies, George Mushet, M.D. of Essequibo, British Guiana.

PINHEY.—April 28, at Karsfield, near Exeter, Robert Pinhey, F.R.C.S., late Surgeon General of the Bombay Army, aged 66.

ROBIQUET.—M. Robiquet, Professor at the Ecole de Pharmacie, and one of the most distinguished Pharmaciens in France, in the prime of life, and apparently endowed with robust health, has just died in consequence of intestinal perforation.

SCOTT.—April 19, Walter Scott, late Surgeon at Newcastle-under-Lyme, aged 46.

WALKER.—April 24, at Invercravon, Polmont, N.B., Dr. Thomas Walker, of Wholeflatts, Stirlingshire, late Physician to the Forces, aged 77.

WHITE.—April 19, at Galway, Thomas White.

Of the 33,018 children born during the year 1859 in the eight principal towns of Scotland, 16,883 were males, and 16,135 females; which gives the unusually high proportion of 95·6 female to every 100 male births. During the previous year, the proportion was 93·4 female to every 100 male births.

PUGILISTIC REVIVALS.—The papers of the 2nd inst. contain the account of two deaths of individuals engaged in promoting the "Noble Art of Self-Defence." One got a blow which ruptured his intestines; and the other, as it is reported, a blow which ruptured a cerebral vessel.

ACADÉMIE DE MÉDECINE DE PARIS.—This learned body is at present thus constituted:—Physicians, 46; Surgeons, 18; Accoucheurs, 6; Pharmaciens, Chemists, Physicists, and Botanists, 20; Veterinarians, 5; total, 95. The next member to be elected is for the section of Surgical Pathology.

THE PIEDMONTESE PARLIAMENT.—The Medical Profession is taking an important part in the Italian settlement. In the Piedmontese Senate, Professors Pannizana, Buffalini, Puccinotti, and Zannetti, have seats. Professor Matteuci was one of the most active negotiators with respect to the Tuscan annexation, and Professor De la Rive, of Geneva, has an European Mission in relation to the Savoy question.

THE Inspector-General of Health of the French Marine has pointed out, in a recent report, the dangers of tattooing, so widely practised in the fleet. Many examples show that loss of an arm, and even death, may result from extensive operations of this nature. As to minor accidents ensuing from the same cause, these are very numerous. *Authority* calls upon sailors, inviting them to abstain from this dangerous practice.

UNDER the head of Births, Deaths, and Marriages at Moscow, a correspondent says:—"Miss Julia Pastrana, the well-known bearded lady, has presented the world with a perpetuation of her species in the shape of a fine boy. It is regretted that Nature, while she was about it, had not given us a girl; for what, after all, does it matter for the cause of science in this question, for a boy to be born with a beard actual or incipient?"

LONDON CASUALTIES.—The number of cases which have come to the cognizance of the Metropolitan police since January 1, 1858, up to the present time, of persons who have been run over and killed and of persons injured by the same means is 1561, of whom 104 were killed, and 1457 injured. The number of the killed in 1858 was 45, and of the injured 665; in 1859 51 were killed, and 682 injured; and in the first two months of the present year 8 were killed, and 110 injured.

THE Frenchman is charmed at the patronage given by considerable personages to men of Science. "The celebrated Robert Owen announced a lecture on the Gorilla; and Prince Albert, detained, entreats the learned Naturalist not to commence before his arrival. This is a fine encouragement for Science and Letters, and honours at once the noble Auditor and the Professor."—*Gaz. des Hôp.* The study in which *Sir Owen* engaged is of great interest. *Sir Owen* runs through the argument; and *Sir Owen* concludes.

Of thirteen deaths from suffocation returned last week, eleven were those of infants suffocated in the bedclothes. Three infants were murdered, or died from neglect. Seven deaths were from burns. Of six persons who died from their clothes taking fire, one was a spinster, aged twenty-two years; another was a man who had been a banker's clerk, aged eighty-nine years; a third, the son of a mason's labourer, aged four years; a fourth, the son of a leather finisher, aged two years; a fifth, the daughter of a solicitor, ten years; and a sixth, the son of a soldier, six years.

The New Medical Relief Bill.—The Boards of Guardians of the township of Manchester, of the Charlton Union, and of various other unions in the neighbourhood, have unanimously agreed to petition against the Medical Relief Bill now before Parliament, on the ground that the Bill is one that is calculated improperly to increase the fees of Medical officers, and extend the power of getting orders in a way that would prevent anything like check or control over the cost of the guardians, although the guardians would have to pay all the expenses. It was said that the Bill might possibly be of some use in thinly-populated districts, but was entirely inapplicable to large towns and populous unions.

Products of Sloughing Wounds.—Dr. F. Crace Calvert has made some researches with the view of ascertaining the nature of the products given off from sloughing wounds, and more especially in the hope of throwing some light on the nature of the contagion known as "hospital gangrene." He fitted up some apparatus to condense the various products given off from such wounds, but the quantity obtained was so small, that he deemed it advisable to collect the products given off from a large quantity of meat during putrefaction; and he found these to be quite of a different nature from what has been hitherto generally supposed. For instance, he found that no sulphuretted nor phosphoretted hydrogen was given off, but, on the contrary, alkaloids containing the sulphur and the phosphorus.

Inspector-General J. R. Taylor, C.B., having relinquished the charge of the Medical Department at Chatham, Major-General Eyre has issued the following Garrison Order to the troops under his command:—"Deputy Inspector-General of Hospitals Dr. Hume having arrived at this station to relieve Inspector-General of Hospitals Mr. Taylor, the former officer will accordingly take charge of the department from this date, and all business connected with the Medical Department of the district will be transacted through him. The Major-General cannot allow the Inspector-General to leave this command without expressing his very great regret at losing him, and his sense of the admirable manner in which he has conducted the onerous duties of the department, and the high state of perfection in which he leaves it. —C. E. E. Gordon, Major of Brigade." Inspector-General Taylor will embark for the Cape of Good Hope immediately, to take charge of the newly-established Sanatorium for the China troops.

A New Cure.—The Montyon Prize.—An interesting document has just been published in the *Journal of Public Instruction* at Paris. A poor governess, named Cléret, has discovered a supposed cure for the deaf and dumb. A commission, appointed to inquire into the matter, has reported rather favourably to the Minister of Instruction. The method employed by Mademoiselle Cléret consists in introducing sulphuric æther into the aural conduit, in doses of four to eight drops a day, for about twenty days, when the application is suspended for a short time and again recommenced. The report declares the subject to deserve attention, and that the experiments made have clearly proved the innocuous character of the application. Mdlle Cléret discovered the supposed remedy by accident. She had been deaf for several years, and chanced to find a leaf from an old geographical work, in which it was stated that the natives of a certain country made use of various substances to cure deafness. She then commenced operating upon herself; but having no chemical knowledge, she suffered much pain and disappointment before she hit upon the substance in question. A painful interest is thrown around the matter by the fact that the unexpected good fortune produced by the reception of the discovery—which was rewarded by the French Academy with the Montyon Prize—has unhinged the intellect of the poor governess, who is now under treatment in an asylum. Twenty-nine deaf and dumb children have been treated after the method indicated, and all have improved! though not in equal degree; and some adults have also derived considerable benefit.

The Queen *v.* the Council of Medical Education.—In this case the Court had granted a rule, calling upon the Council of Medical Education to show cause why a *mandamus* should not issue, commanding them to restore the name of one Richard Organ to the Register of Medical Men kept by the defendants under the Medical Act, the 20th and 21st Victoria, cap. xc. Mr. M. Smith, Q.C., and Mr. Sleigh appeared to show cause against the rule. Mr. Serjeant Hayes stated that the ground on which the Court had granted the rule was that the Medical Council had struck off the prosecutor's name without giving him notice, so that he might attend and support his right to be on the Register. Mr. Smith said that on the 6th of August, which was a Saturday, the Council sent a notice that on Tuesday, the 9th, the Council meant to strike his name off, unless cause were shown to the contrary. Mr. Serjeant Hayes said the prosecutor lived in the country, and did not receive that notice till the 8th, and he had no notice on what ground the Council were about to proceed. Lord Chief Justice Cockburn said the Council must restore the prosecutor's name, and give him notice of the ground on which they were about to strike it out and call upon him to show cause to the contrary. Mr. Smith said that course seemed to be very clear to a Legal mind, but it was not so clear to the Medical mind. The Council were entirely satisfied as to the grounds for striking his name out. Mr. Justice Crompton said he never understood that the Medical mind was unjust. Lord Chief Justice Cockburn said it would be known in future that they must hear first and then decide. Rule absolute for a *mandamus*.

Royal Medical Benevolent College.—The eighth annual festival of this Institution took place last week at the Freemasons' Tavern. The Right Hon. Lord Leigh presided on the occasion, and was supported by Viscount Newark, Sir Charles Locock, the Rev. George Pocock, Colonel Burlton, Dr. Conolly, Mr. Briscoe, M.P., Mr. R. A. Gray, Dr. Hogg, etc. The usual loyal and patriotic toasts having been proposed and responded to, the noble Chairman called upon the company to drink "Success to the Royal Medical Benevolent College," and in doing so the noble lord spoke in terms of the highest praise of the members of the Medical Profession, whose duties to society he deseribed to be of the most valuable and, at the same time, the most onerous and responsible description. Mr. Propert, the Treasurer, stated that the receipts of the Institution during the past year were as follows:—Annual subscriptions, £3062 18s. 6d.; donations, £2163 9s.; legacies, £792 8s.; dividends on stock invested for endowment fund, £106 10s.; payment from exhibitioners and day-scholars for board and education, £4545 2s.; making a total of £10,670 7s. 6d. There were now at the College 113 exhibitioners (or boarders, paying the exaet cost of their board and education), 19 day-scholars, and 36 foundation scholars, who are educated, boarded, and clothed at the expense of the Institution, and 4 foundation scholars are to be admitted at the next election—total, 172. There were also 19 pensioners provided with furnished residence and an allowance of £15 a-year each; and one more is to be admitted this month. A statement of the contributions during the evening was then read, the total sum amounting to upwards of £1000.

VITAL STATISTICS OF LONDON.

Week ending Saturday, April 28, 1860.

BIRTHS.

Births of Boys, 914; Girls, 885; Total, 1799.
Average of 10 corresponding weeks, 1850–59, 1649·7.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	639	629	1268
Average of the ten years 1850–59	549·9	525·5	1075·4
Average corrected to increased population	..	..	1183
Deaths of people above 90	1	5	6
Deaths in 15 General Hospitals	40	19	59

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	3	8	2	10	4	1
North ..	490,396	2	8	4	3	9	7	1
Central ..	393,256	3	4	4	1	8	4	2
East	485,522	9	16	11	1	14	7	3
South ..	616,635	5	6	6	2	15	12	..
Total . ..	2,362,236	20	37	33	9	56	34	7

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·855 in.
Mean temperature	41·2
Highest point of thermometer	58·3
Lowest point of thermometer	28·5
Mean dew-point temperature	35·7
General direction of wind	N.E.
Whole amount of rain in the week	0·45 in.

TO CORRESPONDENTS.

Dr. Dauglish's valuable paper on the Dietetic Value of Fermented and Aërated Bread shall appear next week.

Dr. Graily Hewitt.—The notice of the last meeting of the Obstetrical Society did not arrive until after the publication of last week's number.

Mr. Nunn's paper on Acute Inflammation of the Breast shall appear next week if possible.

A Constant Reader.—No one but a Doctor of Medicine has any right to place the letters M.D. after his name.

G. D. is not *compelled* to register, but if he do not register he incurs all the disabilites imposed by the Act.

ERRATA.—First column, page 419, *for* (℥ij., gr. iv.) *read* (3ij., gr. iv.); and in second column supply the word "felt."

THE COLLEGE LISTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I saw in your journal the names of those gentlemen who passed the examination at the Royal College of Surgeons, on the evenings of the 16th, 18th, and 19th of April, but by some oversight you have omitted the list of those who obtained the diploma on the 17th inst. Having been one of those who passed on that evening, I take the liberty of calling your attention to the omission, feeling annoyed lest some of my friends, who knew that I was going up might think I had been rejected, in consequence of not seeing my name in the *Medical Times and Gazette.*

I am, &c. M.R.C.S.

[Such errors as the above will occasionally occur from the simple fact that the Royal College of Surgeons is the only Examining Body which does not send official lists of the names of the gentlemen who obtain its diploma to the Medical Journals.—ED.]

COURT MEDICAL AT DONCASTER.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The Medical men of Doncaster and its vicinity will feel obliged by your causing the annexed to be inserted in an early number of the *Medical Times and Gazette.* They wish it to be seen, by such of the Profession as have had their attention drawn to the case by letters in some recent numbers of your Journal, that they have performed a disagreeable duty, and that Mr. Copp has amply apologised for his indiscretion.

I am, &c. E. SCHOLFIELD.

At a meeting of the Medical Practitioners of Doncaster and the neighbourhood, held on Monday, April 30, 1860,—Mr. Russell having stated his entire disapprobation of the contents of certain advertisements and handbills, published and circulated, without his sanction and knowledge, by his partner Mr. Copp; and Mr. Copp having expressed his great regret to have been the author of documents so unworthy of a member of an honourable and liberal Profession, it was unanimously resolved,—"That no further collective action be taken on the subject; and that all means, tending to restore harmonious intercourse amongst individual members of the Medical Profession of Doncaster and its neighbourhood, be adopted." Also, "That the above-written resolution be sent for insertion in the *Medical Times and Gazette.* E. Scholfield, M.D., Chairman."

Doncaster, May 1, 1860.

THE TITLE OF DOCTOR.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—While fully approving of the step said to be in contemplation by the London College of Physicians, viz., that of granting a Licence to General Practitioners, which will allow them to dispense medicines and yet belong to that body, I trust that means will be employed to prevent such Licentiates from assuming the "Doctor," in right of their licence alone.

That this apprehension is not chimerical will be evident to any one who remembers the recent rush of £10 Edinburgh Licentiates, calling themselves "Doctors," into the ranks of those who had worked hard, and paid high for their legitimate honours.

There seems little doubt but that this appropriation will be repeated on an immensely increased scale, if special protection be not afforded to the holders of genuine and honourable degrees.

I am, &c. A GENERAL PRACTITIONER.

April 28.

THE SENATE OF THE UNIVERSITY OF LONDON.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I never heard that Dr. Quain attempted to conceal his Medical policy. The curious enquirer imagined by your M.D. in his extremely sensible and timely communication which appeared in your impression last week, could therefore have no difficulty in getting at all he wants to know. The University of London for years had to contend for certain privileges, without which its Medical Diplomas were so much fustian. The College of Physicians, more particularly jealous of a reform tending so directly to diminish its powers and influence, opposed the University in this inch by inch. It would be idle to proceed to prove that the Medical Act just obtained is as good as a new charter to the University, giving to its Medical Diplomas their only legal value, and it is quite clear therefore, that all concerned with the College in disputing the point, were unequivocably enemies to the best interests of the University Graduates, and, to that extent at least, enemies to the University itself. This must be the conviction of all University men, even of such as have been weaned from it through their connexion with the College. Here I presume lies the whole of the argument hinted at by M.D. against Dr. Quain, as an eligible and proper person for a seat at the Senate.

There is, as asserted by M.D., a College of Physicians or Anti-University Party. Dr. Quain is prominent in this party, but it ought to be observed that this gentleman in regard to the University of London, is bound by no form of oath similar to that which binds all its Fellows to the College of Physicians; he is therefore perfectly at liberty to follow his inclinations and I should much regret to imply that he did wrong in joining in that bitter hostility which so long stood in the way of the rights of the University. It is not probable that much harm can (since the Medical Act) accrue through the Election of any of the College party, still as you have thought proper to draw attention to the subject by sundry editorial remarks wherein the above circumstances have been overlooked, I must ask you to give me an opportunity of suggesting, that convocation will carefully consider whether it is consistent, sensible, or safe, to send up for Election the name of any gentleman active in an opposition so dangerous as that which the University of London has so recently overcome.

I am, &c. HENRY SAVAGE, M.D. LOND.

COMMUNICATIONS have been received from:—

PROFESSOR SIMPSON; M. CLAUDE BERNARD; Dr. CONOLLY; Dr. CASPER; Dr. JENNER; Dr. R. LEE; Dr. SAVAGE; REGISTRAR GENERAL; Mr. GRIFFIN; Mr. WHEATLEY; Dr. BISHOP; Dr. HOOD; Dr. BLENNERHAPET; Mr. HAYNES WALTON; Dr. DICKINSON; Mr. BURNESS; Mr. GOODDAY; Mr. KIRWAN; Dr. HARRIS; Dr. DEVENISH; Mr. HOBSON; Mr. HODGSON; Dr. SCHOLFIELD; Mr. BUCKLY; Dr. P. CAMPBELL; and Mr. YEARSLEY.

APPOINTMENTS FOR THE WEEK.

May 5. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Mr. F. A. Abel, "On Heat and Chemical Force."

7. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Clinical Discussions.

ENTOMOLOGICAL SOCIETY, 8 p.m.

EPIDEMIOLOGICAL SOCIETY, 8 p.m. Robert Clarke, Esq., late Physician to the Africans of the Gold Coast, "Remarks on the Topography and Prevailing Diseases of the Gold Coast, West Coast of Africa."

8. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. Spencer Cobbold "On Herbivorous Mammalia—the Ox, Goat, and Antelope Tribes."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Dr. Messer "On the Condition of the Prostate in Old Age." Dr. Hood "On the Condition of the Blood in Mania."

9. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

MICROSCOPICAL SOCIETY, 8 p.m.

HUNTERIAN SOCIETY, 8 p.m. (Council 7½ p.m.) Dr. Daldy "On the Prognosis in Dilated Heart."

10. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL SOCIETY, 8½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Ansted "On Physical Geography and Geology—Africa and Australia."

11. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

NORTH LONDON MEDICAL SOCIETY, 8 p.m.

ROYAL INSTITUTION, 8 p.m. Dr. Thomas Mayo "On the Relations of the Public to the Science and Practice of Medicine."

ORIGINAL LECTURES.

A SERIES OF THREE LECTURES ON RICKETS,

DELIVERED AT THE

Hospital for Sick Children,

IN DECEMBER 1859 AND JANUARY 1860.

By WM. JENNER, M.D.

Physician to University College Hospital, and to the Hospital for Sick Children.

Lecture III.

(Concluded from p. 417.)

I told you in my first Lecture how often rickets terminates in death,—that it is a most fatal disease. The great causes of death in rickets are :—

1. Intensity of the general cachexia.
2. Catarrh and bronchitis.
3. Albuminoid infiltration of organs, especially of the lymphatic glands and spleen.
4. Laryngismus stridulus.
5. Chronic hydrocephalus.
6. Convulsions.
7. Diarrhœa.

It is in rare cases only that the cachexia of rickets proves directly fatal. Death is commonly the immediate effect of some one of the other diseases which I have just enumerated. In this particular it agrees with those other general cachexia of children,—tuberculosis, scrofulosis, and syphilis.

Catarrh and bronchitis are unquestionably the most common cause of death in rickets. The softening of the ribs rendering the mechanical power by which inspiration is performed so defective, that the impediment offered to the entrance of the air by the mucus in the bronchial tubes cannot be overcome, and collapse of large portions of the lungs follows. Of this cause of death, and of the state of the lungs in such cases, I spoke at length in my last Lecture. From what I then said you will have seen that the danger of catarrh and bronchitis in rickets is in proportion, not only to the intensity of the inflammation of the air-tubes, but also to the degree of softening of the ribs ; so that, in estimating the danger of bronchitis in the rickety child, it is by no means sufficient to listen to the chest, or to note the lividity of the lips, or the action of the nares, or the frequency or severity of the cough, or the heat of skin and other evidences of febrile disturbance ; but you must strip the child, and note to what degree the ribs are softened, how much they recede during inspiration, and to what extent they are forced outwards during expiration.

Albuminoid infiltration of the lymphatic glands, spleen, and other organs, is by no means an uncommon cause of death in rickets. The two great features, during life, of albuminoid infiltration of these organs in a young child are emaciation and pallor. The anæmia is often most remarkable ; and if, as is sometimes the case, there is a little serosity effused into the cellular tissue, the child has that peculiar transparent, waxy, greenish yellow tint, which is sometimes seen in the anæmia of young women. Now and then there is decided anasarca ; the face as well as the extremities, the hands as well as the feet being œdematous. The emaciation may be very great. I showed you a child suffering from this complication of rickets at my first Lecture, who was very thin, and in the boy Howie, then in the ward, emaciation was carried to its utmost limit. The rickety deformities, in such cases, may be moderate or extreme ; they may precede or they may follow the infiltration of the organs. The glands thus diseased are never very large. Usually they vary in size from a large pin head, to a sweet-pea. We feel them in the groins, the axilla, and the neck ; they are not tender, and rarely, if ever, inflame ; they roll under the finger, proving their freedom from undue adhesion to each other, to the cellular tissue in which they lie, and to the skin. When the child is very thin they are visible to the eye. They are hard to the touch, and rounded in form. The spleen is usually, at the same time with the glands, the seat of extensive albuminoid infiltration. It is strange how often enlargement of the spleen is overlooked in the child, seeing the ease with which it may be detected by touch. In every obscure disease of early childhood the absence of enlargement of the spleen should be established. If we place the fingers of the right hand directly under the left twelfth rib, just outside the mass of the lumbar muscles, and the fingers of the left hand a little to the left of the middle line, in front and half way between the umbilicus and the ensiform cartilage, and then press the parts forward with the right hand, and backwards and to the left with the left hand, the enlarged spleen may always be readily felt in the left hypochondriac region. We know the hard mass we feel to be the spleen, by the sharpness of its anterior margin, by the anterior margin passing from under the cartilage of the 8th, 9th, or 10th ribs obliquely downwards and inwards, towards the median line. The obliquity of this line is such that usually if continued downwards it would cross the median line about half-way between the umbilicus and the symphisis pubis. The anterior edge is usually nearer the middle line in front in the child than it is in the adult, because in the child there is a fold of peritoneum, not usually, if at all, described in English books on anatomy, extending from the left side of the arch of the colon to the left 12th rib, and over the anterior edge of this the spleen must pass before it can extend low enough to be detected by the hand. This fold of peritoneum causes the enlarged spleen to lie more forward as well as to have a more oblique position in the child than in the adult.

The enlarged spleen is distinguished not only by its position, and by the character and the direction of its anterior margin, but also by its moveability. If the spleen be greatly enlarged, and the parietes of the abdomen be thin, the notch in its anterior margin can often be felt. The liver in the rickety child is comparatively rarely so much affected with this disease as to be greatly enlarged. Its edge is usually somewhat lower than natural, allowance being made for the depression of the organ from the flattening of the diaphragm. Although the liver be not much enlarged, the edge feels harder and sharper to the touch than natural. Notwithstanding the enlargement of the lymphatic glands and spleen, there is no increase in the number of the white corpuscles in the blood. This fact I have verified by repeated observations, and on many cases.

The connexion between rickets and laryngismus stridulus is very close. I think it is about four years ago that I was struck by the connexion between them, and since that time I have seen a vast number of cases of laryngismus, and in every case, saving two, the child was the subject of rickets ; and I believe the reason of laryngismus stridulus being so constantly referred to the irritation of teething, is that the rickety condition retards the development of the teeth, and the Practitioner refers the laryngismus to that which like itself is the consequence of the constitutional disease. Carpopædal contractions, and even general convulsions, are not, as is well known, unfrequent in these cases, and are like the laryngismus to be referred primarily to the irritability of the nervous system and muscular debility. The convulsions in such cases may prove fatal, and nothing be found within the cranium to account for death.

Pathology.—In propounding his theory of Inflammation, Mr. Paget dwells in his most excellent manner on the fact, that, concerned in the process of nutrition, are four agents—viz. the nerves, the cells, the blood, and the blood-vessels—any one of which being deranged at a particular spot, derangement of the others necessarily follows ; and he points out that, when inflammatory action is established in a part, all four are in an abnormal condition,—that inflammation is a disease of nutrition. In cancer, and in rickets also, without doubt, all four agents of nutrition are in an abnormal condition. Cancer and rickets, then, are both diseases of nutrition. In rickets, moreover, there is necessarily no pathological exudation or new formation ; there is, so far as we know, merely a change in quantity and arrangement of normal structures and secretions. This is true not only of the bones and muscles, but of the secretions of the skin and kidney. Rickets, then, is essentially and purely a disease of nutrition, not of one part only, but of the whole body. But, if we admit this as proved we have advanced a very little way on the road to the discovery of its intimate nature. But little as we have progressed, we certainly are in advance of those who still regard rickets to be merely a chemical abnormity of the bones —viz. a deficiency in their earthy salts. That this latter view of the pathology of rickets is altogether erroneous seems to me

to be proved by the fact, that not only is there an insufficient deposition of the lime-salts in the growing extremities of the long bones, but there is an error in position of the small amount deposited there. The earthy matter is found in the cartilage-cells instead of the matrix. And yet, further, not only is there an insufficient quantity of the lime-salts and error in position of those present, but there is absorption of those deposited ere the disease began; for bones, previously hard, soften. The lime is taken up from the well-constituted shafts of the long bones and from the flat bones, enters the blood, and is thrown out of the system in the urine. It has been said, Deprive a hen of lime, and she lays eggs with soft shells; deprive a child of lime, and its bones will be soft. But there is no pathological relationship between the soft shell of the hen deprived of lime and the softened bones of the rickety child. In the former, the lime has never been deposited; in other respects, the growth is normal. In rickets, the lime has been deposited; it is reabsorbed, and then excreted in another place from the blood; and the growth of the bone is abnormal, irrespective of the absence of lime. The agents concerned in the nutrition of the bones not only do not take the lime from the blood, but they take the lime from the bones.

It is not probable that there is any lack of lime in the blood, seeing that one secretion from the blood, viz. the urine, was found, in Marchand's experiments, to contain six times its normal quantity of lime-salts.

I adverted in my first Lecture to that singular change in the chemical constitution of the bones in rickets pointed out by Lehmann and Marchand, viz. that they no longer yield gelatine on boiling,—a fact, if fact it be, which shows some far deeper change in the nutrition of the bones than a mere want of lime. I should have thought it unnecessary to dwell on so superficial a theory, had I not so often seen it adopted as a basis of treatment. And even the frequency of rickets in London has been supposed to depend on adulterations of the bread whereby its lime-salts are deprived of their solubility.

Of Meyer's opinion that rickets is an inflammatory affection of the periosteum and endosteum, I shall only say that my many examinations of rickety children after death have enabled me to lend no support to such a notion; that I have seen no sign of pre-existing inflammation of the bone or its covering, although I have looked carefully for such. It is, therefore, so far as I can judge, not only an hypothesis without foundation in fact, but an hypothesis to which all known facts are opposed.

It has been said that there is an excessive formation of lactic acid in the stomach of the child; that this acid enters the blood, and that to its presence in the blood all the phenomena which I have described as the symptoms and lesion of structure of rickets are directly secondary. I can only say of this theory that I know of no facts which remove it from the category of pure hypotheses; while the fact that lime is deposited in abnormal situations is opposed to it.

Causes.—It is of much greater interest to the patient and to the practitioner to determine what are the circumstances which cause a child to become rickety, than it is to learn the nature of rickets. I know of no facts to prove that rickets is hereditary. The health of the mother, however, has a decided influence on the development of rickets in the child. Whatever renders her delicate, whatever depresses her powers of forming good blood, *that* tends to induce rickets in the offspring. Of the influence of the father I am very sceptical. Of this much I am sure, that where the mother is in delicate health, in a state of which anæmia and general want of power form the prominent features without being the subject of disease usually so called: there the children are often in a very decided degree rickety, and that although the father is in robust health, and the hygienic conditions in which the children are placed are most favourable. On the other hand, I know no case (though I do not deny that there may be such) in which the mother being robust, the hygienic conditions favourable, and the father delicate, the children have proved rickety.

Phthisical parents are no more likely to have rickety children than are non-phthisical parents. Nay the facts contained in a table made for me by my friend Dr. Edwards, some years ago resident at this Hospital, and now Physician to the Consumption Hospital at the East of London, renders it probable that they are even less likely.

It is very common for the first, or the two or three first, born children to be free from any signs of rickets, and yet for every subsequent child to be rickety. Again, if a woman have one rickety child, in the large majority of cases all her subsequent offspring will be rickety. The explanation of this fact is that among the poor the parents are generally worse fed, worse clothed, and worse lodged, the larger the number of their children—the man's wages remain stationary, the calls on his means are increased. And among the rich and poor the larger the number of children the more has the mother's constitutional strength been taxed, and the more likely is she to have lost in general power.

Whatever external conditions are favourable to the formation of hydræmic blood in a child seem to be favourable to the development of rickets. Impure air constantly breathed—food insufficient in quantity or defective in quality taken daily—deficient light—want of cleanliness.

Whatever ailments interfere with nutrition, and so with the formation of good blood. Deranged conditions of the digestive organs—diarrhœa—attacks of local inflammation, especially if neglected or if treated by excess in blood-letting, mercury, or antimony. Active treatment is sometimes necessary to save a child's life; but be careful, I pray you, how you employ active depleting remedies in children—you may cure the disease for which you administer your agents, but you may at the same time kill the child by the injuries inflicted on its general powers. And with reference to mercury, I would advise you to have your grey-powder bottles marked *Dangerous, especially in alterative doses.* I do not mean that such are never given with advantage; but I do mean that where they are once given wisely they are many times given to the injury of the child's health.

The frequency of rickets among the poor is no doubt partly the result of the improper food with which the children are so often dosed even from their birth. This is the common mode of rearing the children of the poor in London.

For the first two or three days after birth their tender stomachs are deranged by brown sugar and butter, castor-oil and dill-water, gruel and starch-water; as soon as the mother's milk flows they are when awake kept constantly at the breast. And well for them if they are not again and again castor-oiled and dill-watered, and treated with a few doses of mercurials,—for the poor have learned the omnipotent virtues of grey-powder.

After the first month bread and water sweetened with brown sugar is given several times a-day, and during the night the child is, when not too soundly asleep, constantly at the breast. As soon as the little ill-used creature can sit erect on its mother's arm it has at the parents' meal times, "a little of what we have"—meat, potatoes, red-herring, fried liver, bacon, pork, and even cheese and beer daily, and cakes, raw fruits, and trash of the most unwholesome quality as special treats, or as provocatives to eat when its stomach rejects its ordinary diet. Then instead of being weaned when from ten to twelve months old, the child is kept at the breast when the milk is worse than useless, to the injury of its mother's health, and to the damage of its after brothers and sisters, in the hope that it may retard the next pregnancy. The children are sacrificed that the passions of the parents may not be restrained. Can we wonder that rickets is prevalent among the poor of London? Can we fail to wonder that geography, history, and crochet-work form so large items in the instruction imparted at our national schools, and the doctrines of life so small. Let the girls there educated be taught that Constantinople is the capital of Turkey if it be any advantage for them to know it, but let them also learn how to dress, nurse, feed, and lodge an infant, so that it may run a fair chance of not swelling the amount of that truly awful column in the Registrar-General's returns—"Deaths under one year."

I have told you that rickets causes, primarily or secondarily, more deaths than any other disease of childhood; from what I have said of its causes, you will have also learned that it stands very high on the list of preventable diseases.

Dr. Merei collected some, not all very trustworthy, facts bearing on the comparative prevalence of rickets in different parts of England, Scotland, and Wales. The subject is one of very great practical interest. If you, who hereafter will practise in many parts of the country, would each pay attention to the prevalence of this disease in your own sphere of observation, and the causes that induce it, much valuable information would soon be collected, and practical conclusions readily deduced.

Treatment.—There is no specific for the cure of rickets. Whatever agents are calculated to improve the general health are the most efficient for curing the rachitic diathesis, and where that is not possible for preventing its worst effects. In the stage preceding the bone affection, if the child be feverish, the diet, the ventilation of the rooms in which the child lives, and the state of the digestive organs, are the points which ought chiefly to engage the Physician's attention. If, as is usually the case, the child be under eight months old, and brought up by hand wholly or in part, milk diluted with about a fourth part of lime-water, and with a teaspoonful or two of cream added to the half-pint, will generally be found the best food. It is better not to add sugar to the milk—if sugar is used, it is said by some that sugar of milk is preferable to cane sugar, and I have fancied that it is. If farinaceous food is required, a little gruel or plain biscuit, as Robb's, or baked flour, may be added to the milk. The children of the poor especially should be fed with a spoon rather than a bottle, as the cleanliness of the feeding-apparatus, so essential for preventing acid fermentation of the food, is rarely secured. A little beef-tea and bread, eggs and farinaceous pudding, may be added when the child is older. Should the child be still at the breast, it will be necessary, if the mother's milk is deficient in quantity or defective in quality, to partially or completely wean it, or to obtain another nurse. There is no objection to giving the child two or three meals of milk and lime-water in addition to the breast-milk. Be careful to see that the child is not always at the breast, but gets its meals at stated intervals. It should be well washed all over at least once in the twenty-four hours with warm water and soap. Daily tepid or cold sponging, according to the weather and strength of the child, is useful. The room in which it sleeps should be well ventilated. It should lie alone. It is well to place a good-sized lamp in the chimney, for the purpose of aiding ventilation. In the day-nursery light is as essential for health as fresh air.

As to medicines, it is well if the stools are very offensive, even though the bowels are rather relaxed, to give a single dose of aperient, such as a teaspoonful of castor-oil, or grey-powder and jalap, and then about once a-week a dose of rhubarb and soda. These and a little prepared chalk and soda once or twice a-day, to correct acidity, will generally be all that is required at this stage of the disease. When the febrile disturbance has subsided, the child must be frequently taken out of door. In fact, it should as far as may be, live in the open air, care being taken that it is warmly clad and not exposed to cold and damp winds. If practicable, it should be removed into the country. Dry, bracing sea air is the best. The east coast, as Scarborough and Lowestoft in the hot months; Brighton when London is enveloped in fogs. Tonbridge Wells, though inland, has a special advantage; for not only is the air of the place good for such cases, but as iron is an invaluable medicine in rickets, the water from its springs is a powerful curative agent; and many young children will drink the waters readily. Steel wine, though it contains very little iron, is extremely useful. I think it one of the very best forms for administering iron to rickety children. A teaspoonful or two of steel wine, with half-a-grain of quinine, and a drop or two of dilute sulphuric acid, constitutes a capital mixture for such cases. It should be taken just before meals.

Cod-liver oil is considered by some French writers of repute a specific in rickets. One advises us to be careful how we administer it to children much deformed, or in the course of a week or ten days we may consolidate the bones, and then recovery from the deformity becomes hopeless. But although my experience of cod-liver oil does not confirm the statements of Bouchut, it enables me to say that it is a very valuable remedy. It is best to give it immediately after meals. Orange-juice and orange-wine are the vehicles for its administration most agreeable to children.

The condition of the intestinal discharges requires, at this stage of the disease, also to be attended to. Occasional aperients, castor-oil, or rhubarb and soda, or a little essence of senna or magnesia, are usually all that are required. When any of the food is passed from the bowel as it is taken by the mouth, it will generally be found that it is improper in quality or imperfectly masticated.

The teeth of rickety children are so often absent or defective, that great attention must be paid to this point. It is right to pound their meat in a mortar—it is not enough to cut it small. Potatoes should be carefully mashed; and you cannot too strongly impress on the mother the importance of seeing that no little lumps escape, for such little lumps will assuredly be swallowed whole; and if you examine a dish of mashed potatoes, you will frequently find that the majority of the pieces that have escaped crushing are either half cooked only, or diseased.

Rickety children of twenty months or two years of age require a small quantity of meat every day, in addition to good beef-tea. Milk should form, for them as well as for older children, the night and morning meals.

If the stools are reported at any time to be white, they should be examined, as it may be that the white colour is due to the quantity of undigested curd contained in them. Under such circumstances, it is no use to stimulate the liver or to give alteratives; antacids and a little lime-water with the milk, or the substitution of beef-tea for part of the milk, is indicated.

With reference to the bone deformities and their consequences, you will find, when the ribs are much softened, a well-adjusted bandage round the abdomen useful, by retarding the rapid descent of the diaphragm during inspiration. It is in exceptional cases only that benefit is derived from mechanical supports to the spine and extremities.

I agree with Dr. Merei, whose work on infantile development and rickets contains very much that is most excellent, when he says, "Both the morbid conditions of the bones, and the constitutional state of rachitic children do not admit of any notable degree of mechanical compression, or embarrassment of movement by steel apparatus, of which frequent instances are observed to the detriment of the patient."

I have sometimes directed splints to be applied in such a way as to project below the feet, for the purpose of preventing walking.

Time does not permit me to dwell on the treatment of the complications which so often cause death in rickets, I shall therefore conclude by two or three general remarks, having reference to certain points respecting their treatment.

Active depletion in any form, especially blood-letting, whether by a single leech or otherwise, is not to be employed in any of the inflammatory complications of rickets.

Large doses of antimony, so useful in the pneumonia of children of healthy constitution, and even in the subjects of tuberculosis or scrofulosis, are to be held as poison to the subjects of progressive rickets.

Mercury, unless as an aperient in conjunction with some other drug, is equally objectionable.

Ammonia, with or without ipecacuanha and citrate of potash, is the great remedy for the inflammatory, bronchial, and lung affections of progressive rickets.

Iron, cod-liver oil, good diet, and fresh air, are the great agents for the cure of laryngismus stridulus and general convulsions.

Iodine, iron, and cod-liver oil for the hydrocephalus.

Remarkable Death.—An investigation took place this week in reference to the death of an unknown female, about fifty years of age, under the subjoined very singular circumstances. About one o'clock on Saturday afternoon last, a house-painter at work on the premises 39, Woburn-place, Russell-square, noticed the deceased sitting on the door-step of No. 38, with her head resting upon one hand and a basket of lace by her side. After the lapse of a quarter-of-an-hour, he went to her, and, finding her pale, unable to speak, and apparently dying, he sought for a policeman. Within half-an-hour after the poor woman was first noticed to sit on the door-step she had expired. She was removed to University College Hospital, where a post-mortem examination, to ascertain the cause of death, was performed by Mr. Andrews, the resident Medical officer, who discovered the cause of death to be from the piercing of a fish bone through the substance of the heart. He found eight wounds in the diaphragm and pericardium, through which, strange to say, the bone had passed before it reached the heart. On a rigid search he discovered the blunt end of a fish-bone, one inch and three-quarters in length, as sharp as a needle, protruding through the stomach, piercing the heart. The immediate cause of death was loss of blood. The Coroner having remarked upon the singular nature of the case, the jury returned a verdict of "Accidental Death."

ORIGINAL COMMUNICATIONS.

ON FERMENTED AND AËRATED BREAD,

AND THEIR

COMPARATIVE DIETETIC VALUE.

By J. DAUGLISH, M.D.

Since the new process of preparing bread has been introduced,—a process which effects the raising of bread wholly by mechanical means, imparting to it the most perfect vesicular structure, while it leaves the constituents of the flour wholly unchanged and uncontaminated,—there has not been wanting those who doubt whether the process of fermentation, by which bread has been hitherto prepared, is not really beneficial in other respects than that of imparting the vesicular structure to it; whether, in fact, the changes which the constituents of the flour—especially the starch—undergo, are not essential to healthy digestion in the stomach.

Although I believe there are few members of the Medieal profession who will be prepared to maintain that fermentation is beneficial, still, as some do hold such an opinion, and have asserted likewise that starch which has not undergone the fermentive process is wholly unfit for human food, I am desirous of stating what I believe are good reasons for rejecting the process of fermentation for the new one which I have introduced.

In order to dispose of the assertion that starch requires to be prepared by the fermentive changes to render it fit for human food, it is but necessary to remark, that the proportion which the inhabitants of the earth, who thus prepare their starchy food, bear to those who do not, is quite insignificant. Indeed it would appear that the practice of fermenting the flour or meal of the cereal grains is followed chiefly by those nations who use a mixed animal and vegetable diet, while those who are wholly fed on the products of the vegetable kingdom reject the process of fermentation entirely. Thus, the millions of India and China, who feed chiefly on rice, take it for the most part simply boiled; and that large portion of the human race who feed on maize, prepare it in many ways, but they never ferment it. The same is true with the potato-eater of Ireland, and with the oatmeal-eater of Scotland. Nor do we find that even wheat is always subjected to fermentation; but the peculiar physical properties of this grain appear to have tasked man's ingenuity more than any other, to devise methods of preparing from it food which shall be both palatable and digestible. In the less civilized states, a favourite mode of dressing wheat grain has been, by first roasting and then grinding it. On the borders of the Mediterranean it is prepared in the form of maccaroni and vermicelli, while in the East it is made into hard thin cakes for the more delicate, and for the hardworking and robust into thicker and more dense masses of baked flour and water. Even in our own nurseries wheaten flour is baked before it is prepared with milk for infants' food. The necessity of subjecting wheaten grain to these manipulations arises from its richness in gluten, and from the peculiar properties of that gluten. If a few wheaten grains are taken whole and thoroughly masticated, the starchy portions will be easily separated, mixed with the saliva and swallowed, whilst nearly the whole of the gluten will remain in the mouth in the form of a tough tenaceous pellet, on which scarcely any impression can be made. A similar state of things will follow the mastication of flour. In this condition, the gluten is extremely indigestible, since it cannot be penetrated by the digestive solvents, and they can only act upon its small external surface; hence the necessity to prepare food from wheat in such a manner as shall counteract this tendency to cohere and form tenacious masses. This is the object of baking the grain and the flour as before mentioned, of making it into maccaroni, and of raising it into soft spongy bread; by which latter means the gluten assumes a form somewhat analogous to the texture of the lungs, so that an enormous surface is secured for the action of the digestive juices; and this I believe is the sole object to be sought in the preparation of bread from wheaten flour.

Wheat is said to be the type of adult human food. It supplies, in just proportions, every element essential to the perfect nutrition of the human organism. And yet in practice we find that the food which we prepare from it, and furnish to the inhabitants of our large towns and cities, is quite incapable alone of sustaining the health and strength of any individual. This is the more remarkable, since in Scotland we find that the food prepared from the oat, a grain possessing the same elements of nutrition as wheat, though in a coarser form,—furnishes almost the exclusive diet of a very large number of the hardiest and finest portion of the population.

In the large towns of France wheaten bread certainly forms a very large proportion of the diet of the labouring classes, but not so large as oatmeal does in Scotland. And yet it has been remarked by contractors for public works on the Continent, that the chief reason why the Englishman is capable of accomplishing double the work of a Frenchman is, that the one consumes a very large proportion of meat, while the diet of the other is chiefly bread. In Scotland, however, the labouring man is capable of sustaining immense fatigue upon the nourishment afforded by oatmeal porridge.

The deficiency of wheaten bread in affording the nourishment due to the constituents of the grain, is to be attributed solely to the mode of preparing the flour, and the process followed for making that flour into porous bread.

The great object sought after both by the miller and the baker, is the production of a white and a light loaf. Experience has taught the miller that the flour which makes the whitest loaf is obtained from the centre of the grain; but that the flour which is the most economical, and contains the largest proportion of sound gluten, is that which is obtained from the external portions of the grain. But while he endeavours to secure both these portions for his flour, he takes the greatest care to avoid as much as possible, by fine dressing, etc. the mixture with them of any part of the true external coat which forms the bran, knowing that it will cause a most serious deficiency in the colour of the bread after fermentation.

It is generally supposed that the dark colour of brown bread—that is of bread made from whole wheaten meal—is attributable to the coloured particles of the husk or outer covering of the grain. But such is not really the case. The coloured particles of the bran are of themselves only capable of imparting a somewhat orange colour to bread, which is shown to be the fact when whole wheaten meal is made into bread by a process where no fermentation or any chemical changes whatever are allowed to take place. Some few years since a process was invented in America for removing the outer seed coat of the wheat grain without injuring the grain itself, by which it was proposed to save that highly nutritious portion which is torn away, adhering to the bran in the ordinary process of grinding, and lost to human consumption. The invention was brought under the notice of the French Emperor, who caused some experiments to be made in one of the Government bakeries to test its value. The experiments were perfectly satifactory so far as the making of an extra quantity of white flour was concerned, but when this flour was subjected to the ordinary process of fermentation and made into bread, much to the astonishment of the parties conducting the experiments, and of the inventor himself, the bread was brown instead of white. The consequence, of course, has been that the invention has never been brought into practical operation.

It has been estimated that as much as ten or twelve per cent. of nutritious matter is separated adhering to the bran, which is torn away in the process of grinding, and until very lately this matter has been considered by chemists to be gluten. It has, however, been shown by M. Mège Mouriès to be chiefly a vegetable ferment, or metamorphic nitrogenous body, which he has named Cerealin, and another body, vegetable Caseine.

Cerealin is soluble in water, and insoluble in alcohol. It may be obtained by washing bran, as procured from the miller, with cold water, in which it dissolves, and it may be precipitated from the aqueous solution by means of alcohol; but, like pepsine, when thus precipitated it loses its activity as a solvent or ferment.

In its native state or in aqueous solution, it acts as the most energetic ferment on starch, dextrine, and glucose, producing the lactic and even the butyric changes, but not the alcoholic.

It acts remarkably on gluten, especially when in presence of starch, dextrine, or glucose. The gluten is slightly decomposed at first, giving ammonia, a brown matter, and another production which causes the lactic acid change to take place in the starch and glucose. The lactic acid thus produced immediately combines its activity with that of the cerealin and the gluten is rapidly reduced to solution.

The activity of the cerealin is destroyed at a temperature of 140° Fah., according to M. Mouriès, but my own experiments show that it is simply suspended even by the heat required to cook bread thoroughly; thus bread made without fermentation, of whole wheaten meal, or of flour in which there is a large proportion of cerealin, will, if kept at a temperature of about 75° to 85° Fah., pass rapidly into a state of solution, if the smallest exciting cause be present, such as ptyaline or pepsin, or even that very small amount of organic matter which is found in impure water—while the same material, when it has been subjected to the alcoholic fermentation, will not be affected in a like manner.

The activity of cerealin is very easily destroyed by most acids, also by the presence of alum; and while it is the most active agent known in producing the earlier changes in the constituents of the flour, it cannot produce the alcoholic, but so soon as the alcoholic is superinduced the cerealin becomes neutralised and ceases to act any longer as a solvent. M. Mouriès, taking advantage of this effect of the alcoholic fermentation, has adopted a process by which he is enabled to separate from the bran all the cerealin and caseine which are attached to it. He subjects the bran to active alcoholic fermentation, which neutralises the activity of the cerealin, and at the same time separates the nutritious matter; and then having strained this through a fine sieve, he adds it to the white flour in the preparation of white bread, by which an economy of ten per cent. is effected, and the colour of the bread is not injured.

The peculiar action of cerealin as a special digestive solvent of the constituents of the flour—gluten, and starch—has been practically tested by Mr. Stephen Darby, of Leadenhall-street, in a series of careful experiments. He found that when two grains of dry cerealin were added to 500 grains of white flour, and the whole digested in half-an-ounce of water at a temperature of 90° for several hours, ten per cent. more of the gluten, and about five per cent. more of the starch, were dissolved than when the same quantity of flour was subjected to digestion without the addition of the cerealin, but in which of course there was the small amount of cerealin that is present in all flours. The action of cerealin upon the gluten of wheat is precisely similar to that of pepsin on the fibrine of meat. Pepsine acting alone on fibrine dissolves it, but very slowly, but if lactic acid be added solution takes place very rapidly. In like manner the starch present with the gluten of wheat is acted upon by the cerealin, and produces the necessary lactic acid to assist in the solution of the gluten by cerealin.

With the knowledge thus obtained of the properties of this substance cerealin, it is not difficult to understand why the administration of bran-tea with the food of badly-nourished children, produces the remarkable results attributed to it by men both experienced and eminent in the Medical profession; and why, also, bread made from whole wheaten meal, which contains all the cerealin of the grain, should prove so beneficial in some forms of mal-assimilation, notwithstanding the presence of the peculiarly indigestible and irritating substance forming the outer covering of the grain.

It will be seen that in all the methods of bread-making hitherto adopted, the peculiar solvent properties of this body, cerealin, has been sought to be neutralised simply because it destroys the white colour of the bread during the earlier stages of panary fermentation. It is by thus destroying the activity of the special digestive ferment which Nature has supplied for the due assimilation by the economy of the constituents of the wheaten grain, that wheaten bread is rendered incapable of affording that sustenance to the labouring man which the Scotchman obtains from his oatmeal porridge. Although the new bread has been as yet but little more than experimentally introduced to public consumption, I have already received from members of my own Profession, who have recommended it in their practice, as well as from non-professional persons, accounts of the really astonishing results that have followed its use in cases of deranged digestion and assimilation. Private gentlemen have sought interviews with me to record the history of their recovery to health, after years of suffering and misery, by the simple use of the bread as a diet. Children that have been liable to convulsive attacks from an irritable condition of the alimentary canal and nervous system, have been perfectly free from them immediately the new bread was substituted for fermented bread. And cases are now numerous that have been communicated to me by Medical men of position, in which certain distressing forms of dyspepsia, which had remained intractable under every kind of treatment, have yielded as if by magic almost immediately after adopting the use of the aërated bread.

The delicate flavour of the new bread renders it peculiarly grateful to the stomachs of invalids and children, as well as of those whose tastes have not become vitiated by the habitual use of baker's bread, which is slightly sour, and tastes of yeast. The new bread was supplied to two wards in Guy's Hospital in place of the ordinary bread (which is of a very fine quality, made on the premises,) for two months, and in no case were there any pieces left in the wards unconsumed, while of the fermented bread large quantities of scraps are collected daily, for the consumption of which the appetites of the patients have been deficient.

That persons who have been long used to the strong yeasty-flavoured bakers' bread should consider the new bread tasteless at first is not to be wondered at, since the delicate sense of taste is of all other senses the most easily lost by rough usage. Hence the argument put forth in defence of adulteration by some London tradesmen, especially the beer sellers, that the public will not buy the pure article, as it is wanting in the flavour to which they have been accustomed; and hence, also, the dislike of the Viennese of the fresh oysters supplied to them when the railway was completed, as they deemed them insipid, after the habitual use of oysters slightly decomposed, with which they had been supplied when it required a lengthened period to transport them from the sea.

I am disposed to attribute the beneficial effects of the new bread to two causes. The one to the *absence* of the prejudicial matters imparted to ordinary bread by the process of fermentation, and the other to the *presence* in the bread, unchanged, of that most essential agent of digestion and assimilation, cerealin.

I believe the prejudicial matters imparted to bread by fermentation to be chiefly two—acetic acid and the yeast-plant. The first is produced in large quantities, especially in hot weather, by the oxydation, by atmospheric contact, of the alcohol produced. The second is added when the baker forms his sponge, and is also rapidly propagated during the alcoholic fermentation, and cannot of course be afterwards separated from the other materials in the manner that the yeast and the other *débris* of fermentation separate themselves from wine and beer by precipitation in the process of fining. Nor is the life of the yeast-plant generally destroyed in baking, because it requires to be retained at the boiling point for some time before it is thoroughly destroyed; and bread is generally withdrawn from the oven, for economical reasons, even before the centre of the loaf has reached the temperature of 212°. It is not difficult to understand how the most painful and distressing symptoms and derangements may follow the use of bread in which the yeast-plant is not thoroughly destroyed previous to ingestion, in those cases of impaired function in which the peculiar antiseptic influence of the stomachal secretions is deficient, and is incapable of preventing the development of the yeast-plant in the stomach, and the setting up of the alcoholic fermentation to derange the whole process of digestion and assimilation.

The presence of cerealin in bread is as beneficial as that of acetic acid and the yeast-plant is prejudicial. Digestion, or the reduction of food, is evidently essentially dependent on the action of a class of substances which chemists, for want of a better term, have called ferments,—to these substances belong pepsine, ptyaline, emulsion, diastase, and cerealin; these are evidently types of a very numerous class, which act by producing those molecular changes in organic substances in which digestion consists; and since the purpose of digestion or solution is to prepare from heterogeneous substances taken as food a chyle, which shall not only when absorbed present all the elements of healthy blood, but shall previous to absorption, possess the properties which will constitute it the proper stimulus to the functional activity of the lacteals, it would appear to be necessary that each distinct substance taken as food should be furnished, not with its simple chemical

solvent, but with that peculiar form of solvent or ferment which alone can carry it through those molecular changes which shall terminate in the production of healthy chyle. Hence we should infer that a substance is digestible or indigestible just in proportion to the provision that is made for its reduction to the standard of healthy chyle, and that substances which have hitherto been incapable of affording any nutrition whatever, may at some future day be rendered highly nutritious, simply by adding to them suitable ferments, artificially obtained or otherwise, that shall secure their passing through the proper molecular changes. Indeed, I think this subject opens up to us that very wide field of inquiry, as to whether the cause and prevention of disease, and the beneficial administration of remedies may not, for the most part, if not entirely, be dependent on the action of substances analogous to such bodies as ptyaline, pepsine, cerealin, etc., acting in concord with, or retarding and opposing the vital functions of tissues; and that by more profound inquiry in this field of research, the physiologist and the pathologist may not at a future day lay the foundation of true scientifie Medicine.

Tunbridge Wells.

ACUTE INFLAMMATION AND ABSCESS OF THE BREAST.

By THOMAS W. NUNN,
Assistant-Surgeon to the Middlesex Hospital.

The general statement current in surgical treatises regarding the history of acute inflammation of the breast, is to the effect that the disorder belongs especially to the early periods of lactation. Mr. Erichsen, for example, says (a) that inflammation of the breast "is commonly met with during the first month or two after the birth of the child, and seldom occurs during weaning." In the French translation of Scanzoni's "Practical Treatise," (b) the same statement is to be found as follows:—"The disorder shows itself most frequently during the first days which succeed accouchement; more rarely at the period of weaning, or during pregnancy." This statement is correct as far as it goes, but it leaves unrecognised another epoch of proclivity to acute mammitis.

The following nineteen cases, which have occurred in my public practice at the Middlesex Hospital, will show when this period of liability to inflammation commences. They are arranged in a table for the convenience of illustrating certain other details, to which I shall presently refer:—

Number.	Name.	Age.	Duration of Lactation.	Pregnancy.	Right or Left Gland.	Upper or Lower Lobes of Gland.
1	Sullivan ..	30	4 weeks	..	(?)	(?)
2	North	29	5 weeks	..	Right	Both.
3	Eversfield ..	37	17 months	..	Right	Upper.
4	White	23	..	3 months	Left	Lower.
5	Fletcher....	40	15 months	..	Right	Lower.
6	Dickinson ..	29	16 weeks	..	Right	Lower.
7	Woodward..	39	10 months	..	Left	Lower.
8	Stephen	23	2 weeks	..	Left	Lower.
9	Bott	27	Neither pregnant nor suckling	..	(?)	Upper.
10	Osborn	38	10 months	..	Left	Upper.
11	Park	22	11 months	..	(?)	(?)
12	Eustace	24	3 weeks	..	Right	Lower.
13	Truss	28	2 weeks	..	Left	Upper.
14	Morris	25	..	4 months	Right	Lower.
15	Rickett	24	4 weeks	..	Left	Lower.
16	Cole	21	7 weeks	..	Right	Lower.
17	Hart	26	5 weeks	..	Left	Upper.
18	Kilgate	23	1 week	..	Left	Lower.
19	Joyce	25	..	2 months	Right	Lower.

Cases belonging to the 1st and 2nd months of lactation	9	
,, ,, 4th ,, ,,	1	
,, beyond the 10th ,, ,,	5	
Total during lactation		—15
Cases belonging to the 2nd month of pregnancy	1	
,, ,, 3rd ,, ,, ...	1	
,, ,, 4th ,, ,, ...	1	
Total during pregnancy		— 3
In patient neither pregnant nor suckling		1
Total		19

(a) "Art and Science of Surgery," First Edition, p. 710.

(b) "Traité pratique des Maladies des Organes Sexuels de la Femme," par F. W. de Scanzoni, traduit par les Docteurs H. Dor et A. Socin, p. 528.

In an essay on "Inflammation of the Breast and Milk Abscess" published some time since (c), I showed that of 44 cases observed by myself, 37 were the result of lactation; and that out of this number 8 belonged to the period after the tenth month, equivalent to between 21 and 22 per cent.

If the 15 cases of the same class from the above table be now added to the 37 recorded in the essay, there will be a total of 52 cases, having 13 belonging to beyond the tenth month of lactation, a proportion equivalent to 25 per cent.

The two sets of cases thus added together having been collected from two different districts of London, and with a considerable lapse of time between their occurrence, and in no way selected beyond their being taken from the patients of public institutions—*i.e.* the poorer classes of persons may, therefore, be presumed as approximatively representing the average per-centage of attacks after the tenth month of lactation, taking into consideration this circumstance, namely, that but a certain proportion of females suckle their offspring during ten months.

There is another current general statement regarding acute inflammation of the breast to which I shall take this opportunity of referring; it may be found in a well-known modern work on Surgery, and is this—"Acute mastitis . . . . may occur at any period during lactation."

In analysing the 44 cases given in my essay, I had to say that "If the cases be arranged in groups according to the distance in months from the date of delivery it will be found, that of the first 37 cases, 12 occurred during the first month, 10 during the second, 3 during the third, 8 beyond the eleventh month, leaving only 4 cases to spread over the intermediate months." The remaining 7 cases comprised 4 neither pregnant nor suckling, 2 six months, and 1 four months pregnant.

Thus, from the two sets of lactating cases in all 52 (37+15) taking those belonging to the first two months of lactation we get 31, or nearly 60 per cent.; therefore, having 60 per cent. due to the two first months, and 25 per cent. belonging to beyond the tenth month as just shown, there remain but 15 per cent. for the intervening eight months.

Further, adding the 44 cases from the essay to the 19 of the above table, there is a total of 63 cases of which 6 occurred during pregnancy—equivalent to between 9 and 10 per cent. and 4, the patient being neither pregnant nor suckling, about 6 per cent.; so that of the gross number, as large a per-centage was met with in patients who were not suckling as in those who were suckling during the period between the second and tenth months after delivery.

I have purposely dealt only with cases that have occurred in my public practice, and among patients of a special class; in the other classes lactation is seldom prolonged to the same extent, and the ready aid of the Medical attendant is summoned on the first threatenings of inflammatory action: yet, nevertheless, abscess of the breast is unfortunately by no means a rare disorder.

In the table above given note has been made in sixteen instances as to whether the breast of the right or the left side became inflamed, and in seventeen instances, whether the upper or lower lobes of the gland contained the focus, if one may use the term, of the inflammation. It will be seen that the right and left breast equally participated in the liability to inflammation, but that the lower lobes contained the purulent collection in eleven, the upper lobes in five, and both the upper and lower lobes in one, the lower thus appearing to have been more than twice as often the seat of the severest inflammation (d).

Is not a debilitated condition of the general system the predisposing cause of the inflammation in both the early and the late series of attacks—eliminating the very earliest from the question? In some few instances I have had the opportunity of observing the disorder in patients suffering from debilitating constitutional disease, and in such the inflammatory action was the most intense and destructive. Now, since the few first weeks subsequent to accouchement, and the period of lactation after the ten months, resemble each other in respect of the feeble state of the woman's health, and in both

(c) "Inflammation of the Breast and Milk Abscess." By Thomas William Nunn. London: Renshaw.

(d) An expeditious method of registering these particulars is very desirable in out-patient practice. I have adopted the following:—A circle with a dot in the centre represents the breast and nipple; a * in the area, placed according to the circumstances of the case, the point of suppuration; the letters R or L respectively the right or left organ.

being periods of proclivity to acute inflammation, one may reasonably suspect debility and inflammation in this particular disorder to stand in the relation of cause and effect—especially since the period between the second and tenth months, which has been shown to enjoy comparative immunity from danger, coincides with re-established health and strength.

There is a very ready explanation of the greater proneness of the lower lobes to become the seat of suppuration. Their simple position subjects them to infiltration, in whatever part of the breast vascular engorgment may commence. The œdema of gravitation, added to inflammatory exudation, must tend to prevent resolution.

Two general practical rules, it appears to me, receive confirmation from the facts to which I have herein drawn attention:—1st, To avoid all debilitating measures; and 2nd, To insist, where it is possible, on the recumbent position being maintained.

To particularise in a single instance: One so frequently finds continuous poulticing either ordered or tacitly permitted, that it deserves especial notice. I quote Professor Pirrie's opinion on this point, as it exactly expresses what I believe to be the truth; it is as follows:—"Warm fomentations and tepid water dressings, or small poultices, are necessary for a short time; but all relaxing applications should be laid aside as early as possible. . . . . for in this as in many other affections, recovery is sure to be delayed by the long continuance of relaxing applications."—P. 936 (e).

There is another practical rule to which I would draw attention, namely, To wait no longer than is absolutely requisite to make sure of the existence of the abscess, before using the bistoury for the evacuation of its contents. It is not a good plan to depend upon manipulation "to detect fluctuation." The process of ascertaining the presence of matter by the finger in the ordinary mode, when applied to the inflamed breast, gives rise to greater pain than an incision. It is better to trust the sight than touch. If the inflamed organ be divested of all dressings and other covering, there is no difficulty for even a but moderately practised eye in discovering the existence of matter, or the point at which it should be liberated; the distinctive colour tension, glazed surface, and protuberance, will almost infallibly guide aright.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1859.

The subjoined Report comprises the cases supplied by the following Hospitals (a):—

Addenbrooke's (Cambridge), the Carlisle Infirmary, the Derby Infirmary, the Cheltenham, the Dorset County, the Gloucester, the Hull, the Leicester, the Leeds, the Liverpool Northern, the Norfolk and Norwich, the Nottingham, the North Stafford, the Sheffield, the Sussex County, and the York County.

EXCISIONS OF THE TESTIS.

Case 1.—The Leeds Infirmary: Mr. Hey.—A man, aged 32, the subject of encephaloid disease of the testis of about a year's duration. The gland was removed, and he made a quick recovery, but at the time of report the disease was returning in the inguinal canal. *Case* 2.—The Derby Infirmary: Mr. Fearn.—A labourer, aged 30, was admitted on account of an enlargement of the left testis, which had followed a blow received several months before. The gland was as large as a good-sized orange, dense, and firm to the touch. Mercurial treatment was adopted, and persevered in for a month. At the end of that time the testis had attained a very much larger size, and it was determined not to delay the operation. After excision, the disease proved to be a remarkably good example of cystic sarcoma. The man recovered well. *Case* 3.—The Hull Infirmary: Dr. Lunn.—A man, aged 25, the subject of scrofulous disease of the testis, following an injury. There was a large fungus protruding through unhealthy integument. The gland was excised. The treatment both constitutional and local, which had been patiently tried, was not attended with good results. Free hæmorrhage occurred after the operation, requiring the reopening of the wound. Recovery. On section of the removed gland, only the outer part appeared to be diseased. *Case* 4.—Addenbrooke's Hospital (Cambridge): Mr. Lestourgeon.—A delicate-looking man, aged 40, had had disease of the right testicle ever since he was twenty years old, which had slowly got worse. There were several sinuses about it, and several soft places here and there on its surface. Excision. The vas deferens was not enlarged. Scattered about the mass were cavities containing cheesy scrofulous matter. Recovery. *Case* 5.—The Carlisle Infirmary: Mr. Page.—A man, aged 39, the subject of strumous disease of the testicle, of eighteen months' duration. He was in good general health. The diseased gland was excised and the parts healed quickly. *Case* 6.—The Carlisle Infirmary: Mr. Page.—A man, aged 40, the subject of strumous disease of the testis of three months' duration. Excision of the gland. Recovery. *Case* 7.—The Carlisle Infirmary: Mr. Page.—A man, aged 44, somewhat cachectic, had been the subject of disease of one testicle for upwards of two years and a-half. The diseased gland was excised on September 10, and weighed after removal eighteen ounces. The lower part of the diseased mass was hard and cartilaginous, but the upper was much softer, and in some parts exuded a juice, which, on being placed under the microscope, showed well-developed cancer-cells. The man left the Hospital with the wound not quite healed. After his return home, the lumbar glands became affected, and he died of the disease within four months of the operation.

AMPUTATIONS OF THE PENIS.

Case 1.—The South Stafford Infirmary: Mr. Coleman.—A man, aged 66, the subject of epithelial cancer of the penis. The organ was removed by the écraseur. No bleeding occurred at the time, but four hours afterwards there was profuse hæmorrhage. The man recovered. *Case* 2.—The Leeds Infirmary: Mr. Smith.—A man, aged 61. Amputation close to the root. Recovery. Return of the disease before he left the Hospital. *Case* 3.—The Norwich Hospital: Mr. Cadge.—A man, aged 47, the whole of whose penis was affected with malignant deposit, and enormously enlarged. The skin was divided by a scalpel close to the pubes, and the diseased mass then removed by the écraseur. There was no hæmorrhage. The man recovered, and was made an out-patient, but the disease was returning before he left the Hospital. *Case* 4.—The Leeds Infirmary: Mr. Teale.—A healthy-looking man, aged 60, the subject of epithelial cancer of the penis. The whole of the penis was removed. Recovery. *Case* 5.—The Leeds Infirmary: Mr. Teale.—A man, aged 34. Amputation of the penis for epithelial cancer. Recovery. *Case* 6.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A healthy man, aged 68, who had many times had syphilis, and who for three months had suffered from neglected paraphymosis. He was now admitted with a warty growth encircling the penis just below the corona glandis. Dr. Humphry excised the diseased part, cutting away nearly the whole thickness of the corpora cavernosa, and part of the glans, but leaving the urethra intact. The microscope showed the disease to be epithelial cancer. The parts healed well.

EXCISION OF THE UPPER JAW.

The Derby Infirmary: Mr. Fearn.—A woman, aged 44, was admitted with a large osteo-sarcomatous tumour, involving the left upper maxilla and hard palate. The disease was of two years' duration, and latterly the growth had been rapid. Mr. Fearn dissected up the cheek by two incisions, one from the inner angle of the eye, through the upper lip, and one from the angle of the mouth to the malar bone. The whole of the upper maxilla, together with the palate bone, as well as part of the malar bone was removed. Only two ligatures were required. The wound was united by three twisted, and three interrupted sutures, and union by the first intention followed. The operation was per-

(c) "The Principles and Practice of Surgery." By William Pirrie, F.R.S.E. London: Churchill.

(a) Two or three other Institutions also furnish a few cases which had been omitted in previous reports, and are now inserted in order to completeness, although the Hospitals referred to do not supply us with their cases operated upon during 1859.

formed on March 8. On April 2 the patient left the Hospital well. On February 18, 1860, it was ascertained that the patient still remained well and without any return of the disease.

OPERATIONS FOR STRICTURE OF THE URETHRA.

Case 1.—The Brighton Hospital: Mr. Furner.—A man, aged 39, for thirty years the subject of stricture; five days before admission extravasation of urine had occurred. Mr. Furner performed perineal section and passed a catheter into the bladder, which was retained. The man recovered. *Case* 2.—The Cheltenham Hospital: Mr. Eves.—A man, aged 40, who had been the subject of stricture of the urethra for several years, was brought to the Hospital on the 30th of December with extensive extravasation of urine, extending nearly as high as the umbilicus. Mr. Eves made a free incision into the perineum, and gave exit to some very offensive urine. Incisions were also made into the cellular tissue of the abdominal parietes, scrotum, etc., and considerable sloughing followed. The man ultimately recovered, but at the date of the report he still passed most of his urine by the perineal wound. *Case* 3.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A healthy man, aged 27. Just behind the glans penis were three or four fistulous openings, through which nearly the whole of his urine passed. There was great induration round the fistulæ. The orifice of the urethra was contracted, so that it would scarcely admit a small probe, the contractions having resulted from the healing of a phagedenic chancre. Dr. Humphry passed a director through the strictured part and freely divided it. A No. 8 catheter was afterwards retained. On a subsequent occasion, three weeks later, the edge of the fistulæ were pared, and a flap of skin from the prepuce transplanted so as to cover the wound. The flap was retained by wire sutures. A staff was next introduced into the bladder, and in it an incision was made into the urethra in the perineum, and a lithotomy canula introduced and retained. In spite of this, however, some urine found its way along the urethra, and the transplanted flap, although it retained its vitality, did not heal. On a subsequent occasion, therefore, its edges were again refreshed, and secured by hare-lip pins. This time the wounds quickly healed. The man was discharged quite well, being directed to pass a catheter to keep the stricture at the glans from closing.

PLASTIC OPERATIONS.

For Vesico-vaginal Fistula.—Case 1.—The Leeds Infirmary: Mr. Smith.—A woman, aged 40, was admitted with a fistula which would admit the tips of two fingers. Mr. Smith operated according to Dr. Simpson's plan, and the cure was so complete that sixteen days afterwards the bladder would retain sixteen ounces of urine at once. *Case* 2.—The Nottingham Hospital: Mr. Thomas Wright.—A married woman, aged 26, was admitted in January, 1859, having been confined for the first time one month before. She stated that she had a difficult labour, and found that a week after she was unable to retain her urine. Her general health was good. On examination, an opening into the bladder was found about half-an-inch below the os uteri, and large enough to admit two fingers. Its longest diameter was in an oblique direction; the vagina was very narrow, and was much excoriated. Mr. Wright pared the edges of the fistula, and united them by fine iron-wire sutures upon a wire splint. The fistula was then closed. A catheter was retained, but a little urine escaped at the lower end of the wound. On the eleventh day after the operation the sutures were removed, and a small quantity of urine was seen to escape. Six weeks later the fistula was ascertained to be large enough to admit the tip of the finger. A second operation was then performed, and the third day afterwerds she was attacked by scarlet fever. On the tenth day some urine escaped per vaginam, and subsequently on removal of the sutures the wound was found to be wholly unhealed. She was now made an out-patient. *Case* 3.—The Nottingham Hospital: Mr. Thomas Wright.—A woman, aged 28, in good health, the subject of vesico-vaginal fistula. The edges of the fistula were pared and united by wire sutures on a wire splint. Perfect union followed, and she left the Hospital well.

For Cleft Palate.—This operation was performed in one case, the patient being a girl, aged 16; the cleft not involving the hard palate: the case was not successful.

For Prolapse of the Uterus.—Case 1.—The Derby Infirmary: Mr. Fearn.—A woman, aged 42, the subject of procidentia uteri of five years' standing. Portions of mucous membrane on each side of the vagina were removed, and the parts closed by deep sutures. The sutures were removed on the seventh day, and the parts were found to be healed. She was discharged cured three weeks after the operation, and a year subsequently was ascertained to be wholly relieved of her disease. *Case* 2.—The Leeds Infirmary: Mr. Teale.—An unmarried woman, who had never had children, was the subject of large protrusion of the uterus on slight exertion. The usual plastic operation was performed and good union was obtained. The relief procured was, however, incomplete, and she still required a perineal compress to keep the parts in apposition.

For Ectropion.—In this case a lad, aged 17, was operated on for the deformity resulting from necrosis of the outer part of the left orbit. A flap of skin was transplanted from the temple to supply the place of that which had been everted, but the result was incomplete.

For Cicatrices of Burns.—Case 1.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A sallow unhealthy-looking man, aged 46, was admitted, having over the back of his left elbow a mss of elevated warts covering a surface of about six inches in length and four in diameter. The disease occupied the scar of a burn which had been received in childhood. The surrounding integuments were much indurated. The morbid growth in the cicatrix first commenced about four years ago after a bruise, and had been treated in another Hospital by the free application of escharotics. The diseased mass was ulcerated and frequently bled. It adhered to the olecranon process and had latterly grown rapidly. Dr. Humphry advised amputation of the arm, but this the man refused to consent to. A plastic operation (Taliacotian) was performed, which consisted in removing the whole of the diseased cicatrix, together with the extremity of the olecranon and filling up the wound by means of a large flap of skin dissected from the side and front of the abdomen. The arm was bandaged to the body, and the flap remained attached to the side of the body, and was not divided until the end of the third week, at which time it had firmly united itself to the arm. Although the man had been very ill after the operation, yet the healing process had gone on well. He had at one time much constitutional disturbance, a dry brown tongue, aphthous state of mouth, and sleepless nights. He had also suffered much from an asthmatic cough. A year after he remained quite well. *Case* 2.—The Nottingham Infirmary: Mr. Thompson.—A boy, aged 3, admitted on account of a contracted cicatrix which bound the arm to the side. The cicatrix was freely divided, and by careful subsequent treatment a much better state of things was obtained.

EXCISION OF TARSAL BONES.

Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A boy, aged 6, light-haired, and of strumous aspect; had been for two years the subject of disease about the left ankle, although the motions of the joint itself were quite painless. On examination under chloroform, it was found that the tarsal bones were carious. Dr. Humphry made an incision across the dorsum of the foot through the tendons, and removed the scaphoid and a considerable portion of the cuboid bone. The wound was closed by sutures, and the foot placed on a splint. The child's health improved greatly, and the wound gradually healed. The operation was performed in April, 1859, and the child left the Hospital cured on August 3, able to walk upon the limb without difficulty. There was some stiffness of the ankle.

OPERATIONS FOR CANCER OF THE TONGUE.

Case 1.—The Sussex County Hospital: Mr. Blaker.—A man, aged 48, the subject of epithelial cancer of the side and base of the tongue. The diseased portion was removed, under chloroform, by the écraseur. The perchloride of iron was applied as a styptic, and there was very little hæmorrhage. Death from pyæma occurred seven weeks afterwards. The operation was only performed at the man's urgent request, as there were enlarged glands at the time. *Case* 2.—The Norwich Hospital: Mr. Cadge.—A woman, aged 64, the subject of disease of somewhat doubtful nature on the tongue. The growth was accustomed to bleed freely at times. It was removed by means of a ligature, and the part healed well. *Case* 3.—The Sheffield Infirmary: Mr. Favell.—A man, aged

64, the subject of epithelial cancer of the tongue. The anterior half of the tongue was removed by the écraseur on March 31. After the operation the man was kept up by beef-tea, wine, etc.; but his difficulty of swallowing prevented him from taking much support, and he sank from exhaustion on April 29.

EXCISION OF EXOSTOSIS.

The Nottingham Hospital: Mr. Thompson.—A man, aged 35, was admitted with an exostosis on the front and inner side of the thigh. It was removed by means of a longitudinal incision through part of the rectus muscle. He recovered well.

OBLITERATION OF VARICOSE VEINS.

Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A man, aged 39, a farm-labourer, for years the subject of varicose veins of both legs. On the left leg the veins were very large, and he had an ulcer over the course of the saphena vein, about five inches above the inner malleolus. Two days before admission the vein had burst and bled freely. The vein was tied in two places on needles passed behind it. The needles were allowed to remain in nearly a month, during which time the vein had disappeared, and the ulcer was nearly healed.

OPERATIONS FOR THE REMOVAL OF TUMOUR IN THE BREAST.

Case 1.—The Leeds Infirmary: Mr. Smith.—A woman, aged 40, the subject of a small scirrhus in the breast. Excision. Recovery. *Case* 2.—The Leeds Infirmary: Mr. Teale.—A woman, aged 38, the subject of scirrhus of the breast. Excision. Recovery. *Case* 3.—The Leeds Infirmary: Mr. Teale.—A woman, aged 35, the subject of cancer of the breast. Excision. Recovery. *Case* 4.—The South Staffordshire General Hospital: Mr. Coleman.—A woman, aged 45, the subject of scirrhus of the breast. Excision. Recovery. This patient died four months afterwards, at her own home, of disease within the thorax. No autopsy. *Case* 5.—The Leeds Infirmary: Mr. Hey.—A woman, aged 46, the subject of infiltrated cancer of the breast. The gland was removed, and the wound quickly healed, but the disease returned in the cicatrix within three months. *Case* 6.—The Cheltenham General Hospital: Mr. Wright.—A woman, aged 44, the subject of a large scirrhous tumour in the breast, with enlarged glands in the axilla. The breast and the glands were excised at the same operation, on April 27. The wound healed, and she was discharged on July 4. Afterwards, however, the cicatrix ulcerated, and became carcinomatous. *Case* 7.—The Norwich Hospital: Mr. Firth.—A woman, aged 30, the subject of scirrhus of the breast. Excision. Recovery. The patient died six months after the operation, at her own home, from return of cancer in various parts of the body. *Case* 8.—The Norwich Hospital: Mr. Cadge.—A woman, aged 32, from whose breast a tumour, supposed to have been of an innocent nature, was removed two years before. She now came under care with scirrhous induration of the cicatrix, and a circumscribed lump of induration in the gland. The cicatrix and the remains of the mammary gland were removed, and the disease proved to be scirrhus. The wound healed, but she returned about six months after her discharge from the Hospital, with a tumour in the other breast of indefinite character, for which at some future time she will be probably again under treatment. *Case* 9.—The Norwich Hospital: Mr. Nicholls.—A woman, aged 45, the subject of scirrhus of the breast. Excision. Recovery. *Case* 10.—The Norwich Hospital: Mr. Cadge.—A married, but childless woman, aged 67. The disease was of six months' duration. The tumour was the size of a hen's egg; there was also an enlarged gland in the axilla. The breast was excised, as also the gland from the axilla. The woman never did very well after the operation, and death occurred somewhat suddenly on the eighth day. At the autopsy fatty degeneration of the heart was found; all the other organs were healthy. *Case* 11.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—Encephaloid cancer of the breast, in a very old but healthy-looking woman. Excision. The wound healed by the first intention. *Case* 12.—The Norwich Hospital: Mr Crosse.—A woman, aged 25, married, but childless, was admitted with a chronic mammary tumour of the right breast. The tumour was excised, and the wound healed well. *Case* 13.—The Norwich Hospital: Mr. Firth.—A girl, aged 19, was admitted with a chronic mammary tumour in the left breast, the size of a filbert. Excision. Recovery. *Case* 14.—The Dorset County Hospital: Mr. Tapp.—A woman, aged 45, from whose breast a scirrhous tumour had been removed about a year before, was re-admitted with a return of the disease. A second operation was performed, and the wound healed well. A month later, however, the disease was again appearing. She was now discharged. *Case* 15.—The Dorset County Hospital: Mr. Tapp.—A washerwoman, aged 38, unmarried, was admitted with a tumour in the left breast, the size of a fœtal head. It had existed for about nine months, and had caused much pain, but she was in good health, and there was no glandular complication. During the operation, apparent death from chloroform took place, but artificial respiration being immediately resorted to, the vital functions were resumed after a few minutes' entire cessation. The operation was then completed. The wound healed rapidly. The woman left the Hospital about two months afterwards, and went to a union workhouse, where death took place six months afterwards, from anasarca and ascites. At the autopsy, the heart, liver, and kidneys were found to be in a state of fatty degeneration. No internal malignant disease was discovered. The fatty condition of the heart accounted for the chloroform accident. *Case* 16.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A woman, aged 50. Scirrhus of the right breast; noticed by the patient for one year. Removal. Recovery. *Case* 17.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A healthy-looking woman, aged 60. Scirrhus of the left breast, ulcerated. Removal. Recovery. *Case* 18.—The Dorset County Hospital: Mr. Tapp.—A woman, aged 50. Scirrhus of the left breast. Duration, twelve months. It had been increasing rapidly for the last six months. On admission, it was as large as a man's fist, and was very painful. She was much reduced in strength by the want of sleep, and from the great pain. Excision. There was considerable hæmorrhage, and seven vessels were tied. She, however, rapidly recovered. *Case* 19.—The Dorset County Hospital: Mr. Tapp.—A woman, aged 46. A malignant tumour in the right breast for thirteen months. On admission it was as large as a fist. No affection of glands apparent. Removed. The wound healed quickly, and she was about to be discharged, when she noticed a small pea-like swelling at the upper end of the cicatrix. In less than a week two others appeared, and she became cachectic, and affection of the axillary glands now appeared. She was discharged at her own request. In May following she died. No autopsy allowed. Cause of death—cancerous cachexia. *Case* 20.—The Leeds Infirmary: Mr. Teale.—A woman, aged 36. An adenocele, the size of a cocoa-nut, in the left breast. Removal. Recovery. *Case* 21.—The York County Hospital: Mr. Hey.—A woman, aged 60. Scirrhus of mamma. Excision. Recovery. *Case* 22.—The Nottingham Hospital: Mr. T. Wright.—A woman, aged 54. Scirrhus of the right breast. Removal by an elliptical incision. Considerable induration of a malignant character remained, but she left the Hospital without further operation. *Case* 23.—A woman, aged 43. Cancer of breast. Removal. Erysipelas and pyæmic symptoms followed. Death on the twenty-third day. No autopsy. *Case* 24.—The York County Hospital: Mr. Husband.—Recurrence of scirrhus in the scar of previous excision. Recovery. *Case* 25.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A healthy woman, aged 25. Mammary tumour of the glandular variety. Removal. Recovery. *Case* 26.—The Sheffield General Infirmary: Mr. Jackson.—A woman, aged 35. Scirrhus of the right breast. Removal. Recovery. *Case* 27.—The Sheffield General Infirmary: Mr. Favell.—A florid, healthy-looking woman. Encephaloid cancer of twelve months' duration, increasing rapidly. The mass was removed, but the disease soon returned in the cicatrix. Chloride of zinc was now used, but it failed to check the progress of the cancer. She was discharged, and died about nine months after the operation.

Operations for Caries of the Os Calcis.—(Additional Cases.)

Case 2.—The Derby Infirmary: Mr. Fearn.—A man, aged 21, the subject of diseased os calcis. Some portion of the bone had been removed some months before, but only temporary benefit had been obtained. Mr. Fearn now excised the entire bone except its articulating surfaces, cutting

through it by means of a metacarpal saw. The operation was performed on September 13, and the man was made an out-patient on October 2. In March, 1860, the wound was soundly healed, and he was able to walk on the foot. *Case* 3.—The Derby Infirmary: Mr. Gisborne.—A lad, aged 18. Excision of a portion of the os calcis about the size of a walnut from its inner aspect. The wound healed by granulations, and the foot remained sound. *Case* 4.—The Carlisle Infirmary: Mr. Page.—A boy, the subject of strumous caries of the os calcis, on whom a previous operation had been performed. On the second occasion the whole of the bone, with the exception of a mere shell, was removed. Under treatment.

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Medical Times and Gazette.

SATURDAY, MAY 12.

FRENCH VIEWS OF ENGLISH SURGERY.

We lately met with a gentleman who had resided all his life in France though born of English parents; and he informed us that until he put foot in England a few weeks ago, he had not heard a syllable whispered in France about the English Rifle Corps movement. If it were not a misfortune, it would be ludicrous indeed, to observe how remarkably ignorant the Frenchman usually is of the Englishman, his ways and doings. The cause of the unfortunate fact is, no doubt, to be chiefly attributed to the circumstance, that the Frenchman either cannot or will not learn to speak English. That our knowledge of the Frenchman and his proceedings is a hundred times more accurate than is his of ours is certain, and that because we speak French. We are accurately acquainted with French Medical and Surgical Practice, and with indeed the Medical and Surgical Practice of every French celebrity; but our neighbours appear lamentably ignorant of the state of the Practice of the Medical Art as carried on by us. Either they think we can teach them nothing, or they will not take the trouble to learn a lesson at our hands.

Only a few weeks ago we noticed the fact that a well-known Physician was busy informing his countrymen that they should treat typhoid fever with aliments, that even soup and wine might be safely administered to the patient; and hereon a French Journalist claimed for France the merit of having discovered this grand idea, which has been in every-day use with us for the fourth of a century at least.

That some useful lessons may be learnt from us has been at last discovered by Dr. Paul Topinard, who has made use of his holidays to visit English, and especially London, Hospitals. We must do him the justice to say, that he has given in his *Quelques Aperçus* a very correct account of many of our public Medical Institutions, whose details he has evidently carefully studied and faithfully recorded. He came to London, as he says, "imbued with the idea of the superiority of our practice, and little thinking that I could gather anything new. My ideas have been rapidly changed. The English, less advanced than the French in science and theory, appear to me equally good Practitioners: their studies, and efforts, and aim being incessantly directed to the positive application of the art. I have discovered facts unknown in France, which deserve examination and importation."

Dr. Topinard, after a careful investigation into the state of our operation statistics, deliberately comes to the conclusions: That the mortality attending serious operations in general, is much greater in Paris than in London; That the mortality in amputation of limbs is considerably greater in Paris; That pyæmia is more frequent, and that the operation of Teale, and the subsequent simplicity of treatment practised in England, diminish the mortality attending amputations. He attributes this larger mortality to the method of dressing wounds adopted in his country; to the want of purity of air in the wards of French Hospitals, and defective dietary. With regard to the dressing of wounds, Dr. Topinard says that everywhere in England the simplicity taught by Liston is practised; "but how different is it with us! Each morning the Surgeon, attended by his three or four necessary assistants, lingers an indefinite time at the bedside. He is forced to detach, one by one, with his forceps, the pieces of the dressing, losing more than a quarter-of-an-hour in cleaning a stump; then placing in the bottom of the wound, on its surface, above, below, and all around it, enormous masses of charpie; then laying on compresses and bandages; raising up, dragging about, and torturing the patient until he is exhausted. The very sight of these dressings, and the air of the wards, are trials which the young student can rarely bear."

"In the London Hospitals things go on very differently; the visitor may walk freely about in the wards without suffering the slightest inconvenience; there is nothing either to shock his sight or his feelings: he meets with no fetid and extensive suppurations; there are no dressings painful to the patient, the Surgeon, and the assistants; he hears no unanimous cry of dread of the hour of visit; he might fancy himself in the dormitory of a model college."

Dr. Topinard also was struck by the few patients in our wards, the comfort of the ward-*annexes*, the number of nurses, the small size of the beds, and the absence of those abominable curtains which the French Surgeons seem so much to admire. In all these facts, and in our large fire-places, and natural mode of ventilation—in a perfect system of hygiene—he sees the cause of the lesser mortality in English Hospitals; and also in our free administration of food, in our water-dressings, in our rejection of charpie, and in our attempts at union by the first intention.

We call the attention of our readers to this well-written *brochure*, because we are certain they will read the criticisms of so candid and correct an observer with pleasure. It will, however, be of much greater service to his own countrymen, if they will only listen to its truthful details, and strive to overcome their prejudices and convictions. Most of us have spent one season in Paris, and therefore this volume only brings before us again those facts which have been too plainly demonstrated to us in the Parisian Hospitals. We may be within twelve hours' distance of our Parisian brethren; but notwithstanding railroads and telegraphs, it is certain that we are twenty years apart in the matter of dressing wounds. Let us hope that Dr. Topinard may somewhat diminish the number of those years. Many of his countrymen may advantageously take a leaf out of his book:—"I came to London with the national belief that Paris was the concentration of progress and civilisation—a belief which has been infiltrated into the domain of Medicine; and I have returned with opinions *un peu modifiées*."

We must only regret that the Doctor neglected to point out the nature of what he calls the "numerous points in which English Practice is inferior to ours;" and that he should have confined himself solely to describing what he thought was most remarkable in it. Anyway we may rest satisfied. If Paris be the "Metropolis of Science;" and if "everything

in the Science of Medicine and Surgery has to undergo the veto or the sanction of our Academies," still we have the satisfaction of knowing, as it here appears, that we cure more patients than are cured at the aforesaid head-quarters of Science; and as the end and aim of Medicine in our way of thinking is not the promulgation of an *idea*, but the positive cure of disease, we certainly may boast that our work goes on satisfactorily, reasoning by way of comparison.

M. Topinard also does full justice to the attentions he met with from his brethren in England. "English Medical men," he says, "under an apparent coldness of manner, which often misleads people, have the sentiment of professional fraternity. I everywhere met with cordiality and kindness from the *chefs*, the *internes*, and the *élèves* of Hospitals."

It is really pleasing to meet with such acknowledgments of kindness; and we mention it as another proof of the Doctor's good feeling.

THE WEEK.

We lay the following letter from the President of the Medical Council before our readers, without note or comment at present. It was written in answer to complaints that had been addressed to him respecting the admission of certain persons as Members of the Royal College of Surgeons, who had not gone through the course of Professional study required of ordinary candidates.

"14, Savile-row, W., April 30, 1860.

"Sir,—I have to acknowledge the receipt of your letter dated respecting the admission of certain persons as Members of the Royal College of Surgeons, who have not gone through the course of Professional study which is required of ordinary candidates.

"Not having been for many years a Member of the Court of Examiners, and having been prevented by other public duties for some time past from attending the meetings of the Council, I have no knowledge of the particular cases to which you have referred.

"But as to the general question, I will call your attention to the following circumstances. When the Apothecaries' Act of 1815 was passed, it was thought right that the operation of it should be in no way retrospective, and it was therefore provided that all those who had been engaged in practice as Apothecaries previously to the year 1815 should have the same privileges as those who were to be licensed, after due examination afterwards. In the Medical Act the same attention has not been paid to the preservation of vested interest as in the instance of the Apothecaries' Act.

"Previously to the year 1858 it was not necessary that any one who practised as a Surgeon, or who called himself a Surgeon, should be provided with a licence or diploma from any of the Medical corporations. He had as much right to do so, and to place the title of Surgeon on his door, as another man has to call himself a painter or an engineer. And I can remember the time when some of the leading provincial Surgeons were in this predicament, for example, Mr. Ingham and Mr. Moore, of Newcastle, and Mr. Richard Smith, of Bristol.

"Of late years such instances have been rare, and it was only a few obscure persons who ventured to offer themselves to the public as Surgeons without any other evidence as to their qualification than their own word. Still they did nothing more than the law allowed; and it seems not unreasonable that when they have conducted themselves decently and respectably, some such favour should be conceded to them as had been conceded to the Apothecaries formerly. If the College of Surgeons has done no more than to admit such persons as Members after examination, without inquiring very minutely into their early Professional studies, I conceive that they have not acted contrary to the spirit of the Medical Act, nor to the intentions of those by whom it was framed. I am, &c.

(Signed) "B. C. Brodie."

Strong opposition has been made to the Poor-law Medical Relief Bill, and Mr. Pigott has withdrawn it. But those who read our report of the Students' meeting on Tuesday will see that he promises to introduce another Bill. Some objectionable clauses must be removed, but even then great opposition must be expected, and must be overcome. Poor-law Guardians do not admire the prospective increase of Medical salaries, and will, we may be sure, do all in their power to prevent anything approaching to justice to be done to those of our brethren who are fortunate or unfortunate enough to be their salaried officers. Every member of our Profession, therefore, should use all the influence which he may possess, towards the carrying out of some good measure. Taking a broader view of this subject, for a moment, we cannot but lament that our Profession should be in such a state as to require that Government should interfere in order to obtain bare meagre justice for any of its members. If we were only true to ourselves, this condition of things to which we are come could never exist. We all know well enough what it is which is at the bottom of the mischief. It is the too eager spirit of competition, which leads men to accept the performance of duties for a nominal payment, in order that they may be enabled to mount indirectly to private practice; and it is that abominable system of gratuitous Medical services which leads Boards of Guardians, and all classes of laymen, to regard the services of Medical men, when rendered to the poor, as services which are always to be had dirt cheap. "It is capital practice," they say, "for a young man, and will teach him to get his hand in." If Medical men, like all other labourers in this hive of industry, would only demand a fair day's wage for a fair day's work, and stand by each other in their determination of obtaining it, we should not have to go begging to Parliament for help and pity. The truth is, that the present salaries of the Poor-law Doctors of this country would not honestly pay their working expenses—their drugs and their horse-hire, and general wear and tear. What a reflection this upon our Profession! What an indication of the want of that union which is a pillar of strength!

Our readers will be sorry to hear that Mr. Kesteven's attempt to secure something like adequate payment for Medical services, and to resist the imposition of services by a Board of Guardians on their own terms, has not succeeded. He has received notice that his appointment will terminate at Midsummer, and professional *brethren* are not wanting to apply for the place he vacates. This is how Guardians, and Vestries, and everybody else who want Doctors to work for nothing, triumph. We trace here the evil lesson, so widely spread, and taught by authority as it were, of gratuitous Medical advice, so universally given and so thanklessly received. We see no remedy for this monster evil, but a total abandonment of it. The system of gratuitous Medical advice is, after all, founded on the hope of obtaining private practice. And the public well know it; and they treat our services accordingly. It may be proved beyond all cavil, that the man who works gratuitously in our Profession, does it directly to the injury of his professional brethren, and indirectly to his own injury. Such work, it is true, may answer the purposes of a few; but it is the bane of the Profession. It injures us not in one way alone,—its evil influence meets us in every phase of professional life.

All our readers must have seen the details of the disgusting and horrible case of manslaughter (so decreed by coroner's jury) which occurred last week at Eastbourne. We refer to it because it is possible that some interesting points in Medical jurisprudence may be mooted at the trial. What was the cause of the lad's death? From the account given of the case in the papers, this does not appear very clear; nor does the post-mortem examination enlighten us upon the

subject. The blood was fluid, but all the internal organs of the body were said to be perfectly healthy, with the exception of some old peritoneal and pleural adhesions. Wounds, however, were found on the leg, and one penetrating down to the bone,—we suppose the tibia is meant. Now it does not appear that these wounds were carefully examined, in order to ascertain if any blood-vessel had been opened. A great deal of blood seems to have been lost; and we naturally ask, Where did it come from? Much mystery still hangs over the case.

A correspondent wishes to know what the College of Physicians is doing in reference to the creation of a third class of Licentiates. He writes:—

"I, like many hundred others, am anxiously expecting and waiting for the promulgation of the Regulations under which this new order is to be formed; and yet it seems as if suddenly everyone had gone to sleep on the question. I understood that the College had carried the question by a very large majority; and that, therefore, the justice and propriety of the principle were fully acceded; and I likewise heard that the Censors were ready to proceed to work at once. The measure, it was said, was no new measure, but had been in contemplation for nearly eighteen months; and I have been told that all the details of the Regulations (as proposed by the Censors) have been actually a long time in print, and in the hands of the Fellows of the College. Whence then comes this extraordinary delay in satisfying the anxiety of the General Practitioners, who are most especially interested in the measure? Is it possible, that after all this long concoction of the scheme, some legal hitch or difficulty may have turned up at the very last moment? I must confess that I do not like this long silence—this sort of hesitation in carrying out into practice what they have so freely admitted in principle. Can you, Sir, throw any light upon the subject? Up to the time of the passing of the resolution itself, your Journal gave us, almost weekly, some information on what interests so many of us; but latterly you have told us nothing, except that the Censors would now be bringing before the College their regulations for carrying out the resolution."

We, like our correspondent, are surprised at the delay of the College, and equally with him ignorant of the cause of that delay. All we know is that no meeting of the Fellows has been summoned since the day on which the resolution was passed. Our correspondent is quite right in his supposition that the proposed regulations have been long in print, and were, as we imagined, ready for immediate issue. We have made inquiries on the subject, but beyond a few conjectures have obtained no information. We sincerely trust that the law is not the obstacle.

We are glad to find that private Lunatic Asylums are beginning to carry out the purport of the resolution passed at Liverpool last year at the annual meeting of the Association of Medical Officers of Asylums and Hospitals—viz. the publication of statistical accounts of their doings. The last year's Report of Dr. Prichard, of Abington Abbey, now lies before us; and we mention it because Dr. Prichard has steadily gone on, for many years past, issuing minute and carefully-drawn-up Reports of his Asylum. We are quite ready to believe his remark, that if these Reports were more generally issued from Private Asylums, we should soon have an end of those absurd outcries which periodically agitate the public in reference to Private Lunatic Establishments. Dr. Prichard also well observes, that the smallness of the statistics of any one Asylum ought not to deter their superintendents from issuing Reports, because it is clear that it is only from the aggregate of such Reports that any satisfactory conclusions can be obtained concerning the statistics of Lunacy among the upper and middle classes of society. We therefore strongly recommend this Report as a model for general adoption by the Superintendents of Lunatic Asylums.

The Statute respecting Oxford Medical Degrees, to which we alluded last week, has only been partly carried. It was submitted in four votes:—Vote 1, establishing two examinations for the degree of Bachelor of Medicine, was passed unanimously. Vote 2, excusing those who obtain first or second classes in the Physical Science School from a portion of the first examination, and allowing them to pass that examination immediately after taking the B.A. degree, was carried by a majority of nine, the "Placets" being 62, and the "Non-placets" 53. Vote 3, on a mere technical point, was rejected by 78 votes to 27; majority, 51. Vote 4, involving the question of a Dissertation to be written by candidates for the degree of Doctor of Medicine, such dissertation to be judged by the Regius Professor alone, and to be adjudged by him worthy of being printed, in order to entitle the candidate to his degree, was also rejected by a large majority, the numbers being "Placets," 36; "Non-placets," 87. The effect of the voting is to leave the Doctorate open at present to all Bachelors of Medicine of three years' standing, without the requirement of any exercise or dissertation whatever. It seems to have been felt that the effect of carrying the fourth vote would have been to give to one man the sole power of granting or refusing the Degrees; and this feeling led to the large adverse majority.

In the last report issued by the Bradford Eye and Ear Infirmary we find the following very sensible rule, which we recommend to the Governors of all similar Institutions:—"Patients who are not able to pay the regular Medical fee, but who can, nevertheless, contribute something towards the benefit of the Charity, shall be attended to at the Eye and Ear Infirmary, on payment of One Shilling for the first attendance, and Sixpence for every subsequent one; and in-door patients of the same description shall find their own board."

The following notice appeared in the *Times* of Wednesday, appended to the usual official list of gentlemen who had obtained the diploma of the College of Surgeons. Our readers will probably doubt the wisdom of making the occasional faults of the not over-praised "Medical Student" the subject of such public animadversion:—

"At a recent examination for the diploma of this College, two candidates were rejected, the one for having copied the answers of another student, and the other for having had recourse to a text-book; and not only were these gentlemen rejected, but by a resolution of the Court they will not be allowed to present themselves for re-examination until the expiration of six months. This caution is given, as from the admirable arrangements adopted by the authorities, detection and disgrace would be sure to follow any attempt to obtain the College diploma by such dishonourable means."

The extraordinarily successful result of the late London Hospital dinner has called forth the following short leader in the *Times*, which we publish entire:—

"The facility with which money can be raised in this country for charitable purposes is very gratifying. A very short time back it was announced that the London Hospital had lost about £1500 a-year by the falling in of the Annuities which ceased this year. It was therefore necessary, if the Hospital was to distribute its benevolence to the same extent as heretofore, that a capital sum producing this amount should be collected from the public. We are almost afraid to mention the brief period over which the collection has extended, but the fact is that in an incredibly short time a sum exceeding in amount £24,000 has been subscribed. Now, the London Hospital is not a fashionable institution

nor is it situated in a quarter of the town easily accessible to the sympathies and sensibilities of the upper classes. For upwards of a century, however, it has annually relieved a vast amount of human misery. Whatever doubts may be entertained as to the sound policy of this or that particular form of charity or proselytism, all men must agree that the action of the Hospital is exclusively for good. It must always be right, and never can be wrong, to relieve the bodily agony and infirmities of our fellow-creatures. The public seem to have been convinced of this fact, and to have fully understood that the London Hospital has nobly carried out the intention of its founders. Still one is surprised at the amount of the sum actually collected, and curious to observe the machinery by which the result has been attained. It would appear that some thirty or forty gentlemen, calling themselves, for the purpose of this collection, 'Stewards,' have used their influence to procure donations, and so successfully that they have obtained this enormous sum. It is true that the 'Stewards' were persons of great influence among the grandees of commerce. It is also true that the object they had in view was most praiseworthy, and would stand the test of the most stringent inquiry. It is therefore intelligible, when the machinery employed is carefully examined, that even so considerable a sum as the one named should have been collected even at so short a notice. Still, how wonderful is the country where such things can be done, and where men have not only so much wealth, but the heart to employ it for such excellent purposes!"

A letter from Sir Charles Locock to Mr. Fowler has been printed which will, we trust, lead the Medical Graduates to look upon him as a "neutral" in mere politics, and join in the effort which members of our Profession of all shades of party feeling are called upon to make to increase the influence of Medicine in the State. Sir Charles announces his "views with reference to the duties of the representative of a learned and influential constituency," and says:—

"I consider that as the University was founded for the express purpose of conferring honours independently of religious tests, your representative ought to be a supporter of full liberty of conscience."

He adds,—

"It seems to me that your representative, without being an extreme party man, might, with propriety, direct much of his attention to questions of public moment connected with education, science, literature, and health. I should, therefore, hold myself free to give an independent support to the good and practical measures of any Government, and equally to abstain from factious votes to displace a Ministry."

And concludes thus,—

"As there are many questions of public importance in which a Medical man may be of great service in Parliament, both in protecting the interests of his own Profession and in assisting in legislation for the health of the community at large, I feel less difficulty in coming forward on the present occasion from having been, for so many years, an active member of that Profession, and having now full leisure to devote myself to other matters."

There are Medical Graduates of "liberal" politics who, regarding Sir Charles Locock as "neutral," feel it their duty to support him purely on Professional grounds, and we trust that this feeling will become general.

The election to the Senate of the University of London has terminated as we anticipated. The number of votes were—Dr. Quain, 132; Mr. Jessel, M.A, 57; and Dr. Miller, 52. The utmost credit is due to the Graduates in Medicine, for the zeal and unanimity with which they supported the object on which they had resolved. At the same time praise must be given to a large proportion of the graduates in Arts and Laws, who, appreciating the reasonableness of the views of their fellow-Graduates in Medicine, resolved to aid in maintaining them. We congratulate them on the result, believing that it will be attended with the best effects. It will show that the Medical Graduates have rights, and are determined to maintain them, while it will show also that the Graduates in the other Faculties recognise and appreciate those rights. This good understanding will lead to firmer friendship, and assist in maintaining the position of the University.

Lord Granville made the following allusion to our Profession in his address on Wednesday at the Presentation for Degrees of the University of London:—

"They all knew how noble the Medical Profession was; in hours of peace how instructing and agreeable the conversation of a Medical man was; and in hours of sorrow (here the noble lord became much affected, and paused for a few moments) how consoling the conversation of a man of cultivated mind. (Cheers.) It was, therefore of the utmost importance that the Medical man should be a person of general education. When he considered what industry, intelligence, perseverance, and logical power were necessary to qualify a man for this Profession, he was disposed to place it above that of the law. It was therefore important to observe that those who intended to devote themselves to the Medical Profession should have, as a groundwork, a general education. (Hear, hear.) For this purpose the Committee of the Senate had prepared a more severe and perfect curriculum."

The *Pharmaceutical Journal* makes the following observations on the changes recently proposed in the College of Physicians:—

"It may be asked, How will this arrangement be likely to affect the practice of pharmacy as a distinct profession? We think it will do so by giving to the General Practitioner (the proposed Licentiate of the College of Physicians) a higher professional position than he occupies as an Apothecary; for, although the Licentiate will be distinguished from those members of his College who will rank above him by the power to exercise pharmacy in connexion with the practice of Medicine, the new regulation will no doubt tend to induce a greater separation than at present exists, of the practice of pharmacy from the prescribing of medicines. There has been a tendency in this direction for many years past, and every improvement which has been effected in the qualification and position of the General Practitioners, for which so much credit is due to the Apothecaries, has contributed to promote such a separation."

FUTURE EDUCATION OF GENERAL PRACTITIONERS.

(Communicated by a Correspondent.)

Much surprise has been expressed in several quarters at the resolution recently passed by the Fellows of the College of Physicians, proposing to institute a new grade of Medical Practitioners, under the designation of "Licentiates in Medicine of the Royal College of Physicians," with permission to compound and dispense their medicines.

It is contended that this resolution has been passed on the assumption that the College of Physicians possesses a power of licensing General Practitioners, which, even if it ever existed, was officially abandoned by the College in 1815, and which remained unclaimed and unasserted during the long and anxious discussions which preceded the passing of the Medical Act of 1858. It is also argued that, in consequence of the well-known fact that the College of Physicians declined to take upon itself the duty and responsibility of regulating the education and examination of General Practitioners, the interference of the Legislature became imperative, and the Act of 1815 was passed, by which those duties were confided to the Society of Apothecaries of London; and that by virtue of the powers so conferred, a duly-qualified Court of Examiners has been appointed annually to carry into effect the intentions of the Act of Parliament; and further, that during a period of forty-five years, the standard of Medical education and examination has been gradually raised by them to its present high position; the advantages so conferred upon

the Medical Profession and the public having been universally and repeatedly recognised.

In reply to the objections that have been expressed from time to time as to the unfitness of a trading company to issue and control the curriculum for the education of Medical Practitioners, it is urged that the regulation of all matters connected with the course of study and the examination of candidates at Apothecaries' Hall originates with the Court of Examiners, who, though elected by the Society, are not only in no way connected with trade, but have many of them held responsible positions in the Profession as teachers of different branches of Medical science, and as otherwise connected with Medical literature.

Referring, also, to the more feasible objection so often made to the title conferred by the Society of Apothecaries upon its Licentiates, it is admitted that the term "Apothecary" has long been regarded as an evident misnomer when applied to the position and duties which are fulfilled by the Licentiates of the Hall; but it is suggested that a far more simple and equitable proceeding would obviate that difficulty without resorting to what has been considered the manifest injustice of invading the privileges and powers of a public body who have so long and so worthily exercised the same; and of transferring those privileges to others, who by a simple vote of their own have proposed a measure in which they are themselves chiefly interested, and which is calculated practically, though not expressly, to abrogate an Act of Parliament called into existence entirely by their own refusal to take upon themselves an important public duty.

It has also been intimated, that the changes which have gradually ensued in the position of General Practitioners in Medicine, in accordance with the advancing intelligence of the times, will no doubt necessitate the adoption, by the Court of Examiners at the Hall, of further modifications in the present system of Medical education and examination; and that a ready coöperation will be given in any exertions authorised by the Medical Council for the general good of the Profession.

[We give insertion to these views, not as representing our own opinions, but in order to present to our readers both sides of the question. It may not be quite impossible, perhaps, that some coöperation or combination may be effected, such as is provided for in Section xix. of the Medical Act, which may secure the true interests and dignity of the large and influential class of General Practitioners, without injury or injustice to those who, it must be admitted, have deserved well from all classes of the Profession.—*Ed.*]

POOR-LAW MEDICAL REFORM ASSOCIATION.

A general meeting of Medical Students was held on Tuesday last, at St. Martin's-hall, to take into consideration the subject of Poor-law Medical Reform.

Mr. Potts, M.P., in the absence of Mr. F. Pigott, M.P., occupied the chair. In opening the proceedings, he said the subject of Poor-law Medical Reform was one of deep interest, and the object for which the meeting was convened had his most cordial sympathy. The House of Commons was always ready to attend to applications for the redress of any grievance. He had no doubt that a unanimous application from the members of the profession would induce Parliament to accede to their request. The remuneration received by Poor-law Medical officers was in many cases totally inadequate to the services rendered, and to the high character of the Medical profession; and some change in the system was obviously needed. Although not so well acquainted with the details of the subject as his friend Mr. Pigott, yet he should be always happy to do all in his power to aid the movement for the promotion of which the meeting had been convened.

The Secretary read a brief report of the proceedings of the Students' Branch of the Society.

Mr. Ernest Hart, the Chairman of the Students' Committee, proposed the first resolution—"That the existing system of Poor-law Medical relief is fraught with dangers which call for immediate relief." These dangers, he said, were felt by the poor and those who supported the poor. Medical officers were frequently called on to treat cases of the gravest importance, in every branch of their profession; they had to attend their patients, often at long distances, and in all weathers and under the most disadvantageous circumstances; they were expected to show the utmost zeal and alacrity in their labours, which were scrutinized by the guardians with the greatest jealousy, and often interfered with in the most unwarrantable manner. The remuneration they asked for, far from being extravagant, was very moderate. It had been affirmed that they were satisfied with their pay; but that statement was false; and now that the falsehood had been demonstrated, the Guardians were organising an opposition to the claim which had been advanced. The movement on behalf of the profession was, however, progressing favourably, and he felt satisfied that it would be ultimately successful.

Mr. Griffin, of Weymouth, who was received with loud cheers, seconded the resolution. In reference to the withdrawal of the Bill by Mr. Pigott, in consequence of the unexpected opposition of the Guardians, he remarked that it was that gentleman's intention to bring in another Bill, which he had every reason to believe, would be supported in high quarters. The Cambridge Board of Guardians were the originators of the opposition to the present movement, and they had recently summoned one of their officers before them for neglect of duty. The great fear of these bodies seemed to be that the poor should be too well cared for, and that they should have a little meat ordered for them by the Medical officers. The remuneration was so paltry that it was morally impossible that the poor could be properly attended to. He himself received on an average no more than 1s. 4½d. a case during his four years' official service. ("Shame.") And how could it be expected that in a severe case of inflammation he should apply twelve or twenty leeches which cost sixpence each? (Hear, hear.)

Mr. Holmes Coote supported the resolution. He said there was no measure of public reform more needed than the one in which they were at present engaged. The opposition of the Guardians would do no injury to so just a cause, but would rather advance it. What had been effected in the army, might, by a vigorous effort on the part of the Profession and the public, be achieved in behalf of the Poor-law Medical officers; and without some complete reform, the sanitary measures of the present day could not be carried out.

Mr. Fagge, of Guy's Hospital, proposed:—"That the present system grievously injures the efficiency of the relief afforded, by crippling the resources, limiting the powers, and lowering the standard of skill among the administrators of that relief, and the remuneration afforded is inadequate to the labours which are demanded of them, the skill which they should possess, and the expenses incidental to their position." The pay received by the Poor-law Medical Officers was not, he contended, sufficient to supply the medicines required by the poor Their duties were of the most laborious nature, and it was often, only by the consciousness of the good they did to their fellow-creatures, that they were saved from utter despair. It was said that the position gained by Medical men from their connexion with a Union tended to advance them in their professional practice; even if this were so, which he did not admit, was it a sufficient reason for an inadequate remuneration?

Mr. Sutton, of the Middlesex Hospital, seconded the resolution.

Dr. Pavy, in supporting the resolution, remarked that formerly the offices of barber and Surgeon were combined; and now that they were disconnected the barber was the better paid of the two; for while he received 6d. for taking away our superfluous epidermic tissue, the Surgeon, after deducting the expense of medicines, received 5¾d. for 22 visits. (Laughter.)

Mr. W. F. Teevan proposed the next resolution:—"That as the grievances set forth also injuriously affect the Medical care and well-being of all the poor throughout the kingdom, they are well deserving the attention of Parliament." He said, the system adopted by the Guardians inflicted hardships both on Medical men and the poor. With regard to children in the Unions, the policy pursued was, to treat them in such a manner as to cause early death, and thus relieve the parish of the burden thrown upon it.

Mr. Wm. Brett, of Westminster Hospital, seconded the resolution, and in an amusing speech commented on the

inconsistency of Sir E. Bulwer Lytton presenting petitions to the House of Commons from the Guardians, in opposition to Poor-law Medical Reform. He referred to the claims of Medical men, who had done more for the poor than the members of any other learned profession; and besought the meeting to do everything in its power to forward the object it had in view.

Mr. M. C. Ward, of St. George's Hospital moved—"That this meeting urgently calls upon the House of Commons to take the case of the Poor-law Medieal Offieers into their serious consideration, and pass such measures as are calculated to meet the evils complained of, and thereby obtain more efficient relief to the siek poor." He felt sure that the Bill proposed by Mr. Pigott would have been highly beneficial to the poor, to the rate-payers, and to the Medical profession. He referred to the importance of unanimity in all future efforts, and recommended the friends of the movement to forego their opinions in reference to more minute details, so as to unite together to promote the common object they had in view.

Mr. Walton, of King's College, in seeonding the resolution, urged the students of this country to imitate the example of continental students, enforeing upon them the necessity of combining in furtheranee of the just claims of Poor-law Medical Officers.

Mr. W. Farrington, of St. Bartholomew's Hospital, proposed the adoption of a petition to the House of Commons, praying, that the Medical Poor-law Officers might receive a more adequate recompense for their labour. He thought that a Parliamentary enactment was the only thing to remedy the present scandalous system; and he then ealled upon the students to sign the petition as numerously as possible.

The resolution was seeonded by Mr. T. S. Felce, of St. Mary's, who expressed a hope that the movement would be prosecuted with energy, and without party feeling.

Mr. Nunn supported the resolution, and advocated the eontinuous petitioning of Parliament. He doubted whether the applieation would be granted during the present year, but success would be sure to attend a persevering agitation of the subjeet.

Mr. J. Hooper, of St. Thomas's Hospital, in proposing a vote of thanks to the Chairman, said he felt grateful to the Medical students for the aid they had afforded to the cause, and the manner in which they had supported the promoters of the movement. He expected that they would have a long and up-hill fight, but he had no doubt as to the result, especially since the Guardians had found it necessary to assume a hostile attitude. The question was one that affected the poor more than the Medical profession, and was one imperatively demanding the public sympathy and co-operation.

The motion was earried by acclamation, and the Chairman having aeknowledged the vote of thanks, the meeting separated.

The petition to Parliament was numerously signed by the students present.

A bonne bouche for the Homœoquacks.—Small Doses.—"Every day," says M. Velpeau, "we witness extraordinary results from exeeedingly small doses of our remedies. Thus, for instance, in inflammation of the conjunctiva, I have employed for thirty years a lotion of nitrate of silver containing 0.05 of the salt in 30 grammes of water (about ¾ gr. of nitrate of silver in ʒj. of water). How much nitrate of silver does one drop of this contain? Yet it suffices, when used for five or six days, to produce the effect required. A single drop of acid nitrate of mercury, plaeed on a wound, may cause salivation. Has not M. Mialhe shown that ptyalism is most readily produced by very small doses of calomel? It is well to remember that some medicines are as energetic, if not more so, when given in small than when given in large doses. But," he adds, "this is a very different thing from homœopathic doses; we have not yet reached that length."

A Meeting of the Medieal men praetising in the Island of Jersey was held on Wednesday, May 2, in the Committee-room of the States, when the following gentlemen were elected, by ballot, to form a Medical Council:—Dr. Joseph Dickson, President; Dr. Jones; Dr. Blood; Dr. Bull; Dr. Vaudin, Secretary; Dr. Marrett, Treasurer; Dr. John Fixott; Dr. Godfray; and Dr. Lowe.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

THE EPIDEMIC OF SMALL-POX AT BERLIN IN THE YEARS 1857-59.

This epidemic commenced in the year 1857, during which there occurred 596 cases of variola, with 54 deaths, reached its height in 1858, there occurring then 4534 cases, with 406 deaths; and constantly diminished during 1859, when there were but 504 cases, with 39 deaths. The total number of cases which occurred during the three years amounted to 5634, and the deaths to 499, or 8 8 per cent. Compared with the number of inhabitants, a case of variola occurred in every 80, and a death from variola in every 911. The mortality from variola constituted 1·2 per cent. of the whole number of deaths occurring during this period. The affection manifested a regular increase during the first 17 months of the epidemic, until May, 1858 (during which month 950 cases and 86 deaths occurred), and underwent a constant decrease during the 19 following months. Of the 5634 cases, 2784 occurred in males and 2850 in females, *i. e.* 49·4 per cent. of males and 50·6 per cent. females—a proportion closely agreeing with that of the sexes of the Berlin population. The proportionate mortality was, however, somewhat different, this being 264 for the males and 235 for the females, or 9·4 per cent. in the former to 8·2 per cent. in the latter. Of the 5634 cases, 820 occurred in children under 5 years of age, and 193 in those from 5 to 10. Between 10 and 15 the cases amounted to 221; between 15 and 20, to 407; between 20 and 25, to 726; between 25 and 30, to 762; between 30 and 35, to 663; between 35 and 40, to 574; between 40 and 45, to 541; between 45 and 50, to 333; between 50 and 55, to 200. There were also 120 cases above the age of 55, and in 64 instances the age was not ascertainable. The greatest number of eases, therefore, occurred to children under 5 years of age, and especially during the two first years of life, owing to the great number of these who were unvaccinated The number of cases then declined, to rise again gradually after the 10th year, and to reach their maximum between the 25th and 30th year; after which period the decline in numbers again occurs. The proportionate *mortality* is shown in the following table:—

Ages.	Deaths.	Of 100 cases, there died	Of 100 deaths, there occurred
Under 5 years	271	33·0	54·3
Between 5 and 10	3	1·5	0·6
,, 10 ,, 15	4	1·8	0·8
,, 15 ,, 20	—	—	—
,, 20 ,, 25	17	2·3	3·4
,, 25 ,, 30	23	3·0	4·6
,, 30 ,, 35	31	4·6	6·2
,, 35 ,, 40	36	6·2	7·2
,, 40 ,, 45	43	7·9	8·6
,, 45 ,, 50	34	10·2	6·8
,, 50 ,, 55	20	10·0	4·0
,, 55 ,, 60	12	13·0	2·4
,, 60 ,, 65	5	31·2	1·0
	499	8·8	100·0

The great mortality oeeurred, therefore, in children under 5 years of age, and especially during the first year of life. From that period until the 20th year it was almost *nil*, but from the 20th year it gradually increased again.

With respect to the influence of *Vaccination*, the following results are stated:—Of the 5634 cases, 4672 had been vaccinated, 585 were unvaccinated, and in 377 the fact is not indicated. Of the 499 fatal cases, 242 had been vaccinated, 201 had not been vaccinated, and of 56 no aecount can be given. While the mortality of the entire number of cases was 8.8 per cent., that of the vaccinated was 5.2 per cent.; of the non-vaccinated, 34.3 per cent., and of the non-specified, 14.8 per cent. These last unspecified cases being left out of the caleulation (and, in faet, they were nearly divided among the vaccinated and the unvaccinated), it follows that the mortality of the unvaccinated was almost five times greater than that of the vaecinated. For the complete appreciation of the proteetive power of vaccination it is, however, necessary that its

influence should be exhibited in relation to the respective ages of the patients. This can only be done with exactitude for the years 1858 and 1859, which furnish the results stated in the following table:—

Ages.	Number of Vaccinated.	Deaths of Vaccinated.	Per Centage.	Number of Non-Vaccinated.	Deaths of Non-Vaccinated.	Per Centage.
Under 5 years	250	51	20·4	449	177	39·4
Between 5 and 10	128	—	—	38	2	5·1
,, 10 ,, 15	186	2	1·0	4	1	25·0
,, 15 ,, 20	354	—	—	—	—	—
,, 20 ,, 25	621	12	1·9	4	—	—
,, 25 ,, 30	651	14	2·1	3	1	33·3
,, 30 ,, 35	582	24	4·1	2	—	—
,, 35 ,, 40	490	28	5·7	2	1	50·0
,, 40 ,, 45	469	36	7·6	4	2	50·0
,, 45 ,, 50	286	25	8.7	4	—	—
,, 50 ,, 55	173	18	10·4	1	—	—
,, 55 ,, 60	84	11	13·0	—	—	—
,, 60 ,, 65	12	4	33·3	3	1	33·3
,, 65 ,, 70	4	—	—	—	—	—
,, 70 ,, 75	5	—	—	—	—	—
,, 75 ,, 80	1	—	—	—	—	—
,, 80 ,, 85	1	—	—	—	—	—
	4297	225	5·2	514	185	35·9

It is obvious that these figures testify to the value of vaccination; showing as they do, that the great number of cases of, and deaths from variola which occur during the first five years, and especially during the first year of life, is owing to the existence of a number of non-vaccinated individuals. After the fifth year, and still more after the tenth, when the whole population, with few exceptions, has undergone vaccination, the cases become seldomer, and occur, of course, almost exclusively among the vaccinated. With the increase of the period since vaccination from the 15th, and still more from the 20th year, the number of cases again augments, reaching its maximum between the 25th and 30th years. The mortality among the vaccinated, which was almost *nil* from the 5th to the 20th year, then gradually increased with the diminished protective power of vaccination. Still, a remarkable circumstance has to be explained—viz. that, notwithstanding vaccination, a large number of children under 5 years of age became affected, 20 per cent. of the number dying. The case is still favourable as contrasted with the non-vaccinated, of the same ages of whom 39 per cent. died. Of the vaccinated children, not a few, however, and perhaps the whole of those who died, were only vaccinated a short period before they were attacked with small-pox, so that vaccination could not exert its protective power. In many cases which came under the reporter's notice, vaccination, and, some days later, variola appeared in one and the same individual. He is, however, not in a position to say that this was the case with all the fatal cases, and he begs of the Practitioners under whose care they came to publish the particulars concerning them.—*Berlin Med. Zeitung*, 1860, No. 10.

ON THE TREATMENT OF PSORIASIS.

By Dr. MÜLLNER.

Dr. Müllner, giving an account of Professor Hebra's Clinical Practice, says with regard to *internal means* in the treatment of psoriasis, that eminent dermatologist confines himself to the use of *arsenic*, having derived no benefit from courses of purgatives, cantharides, sublimate, etc. etc. He employs Fowler's, Pearson's, or Donovan's solutions, or the Asiatic pills, some of these preparations being borne better by some individuals than the others. Of Fowler's solution he first gives five drops per diem, just before eating, daily for a week, increasing the dose every week by a drop daily until ten drops are attained—the patient therefore taking seventy drops per week, or one-seventh of a grain of the arsenite daily. This dose must be persisted in for a longer or shorter period according to the condition of the psoriasis, and then progressively decreased. Of Pearson's solution he gives fifteen drops twice daily. Donovan's solution he finds easiest borne, but the least efficacious. If these preparations are carefully administered, symptoms of poisoning will rarely attend even their prolonged employment; but when such do occur they are best met with opium. By this use of arsenic we may not infrequently cure the disease without the use of any external application, although it may have to be long employed for this. The patients need not be restricted in their food, their appetites being, indeed, increased, while they also gain flesh. But useful as arsenic is, and although it certainly has not the ill effect upon the health often ascribed to it, it should by no means be lightly used in all cases of psoriasis. Indeed, Professor Hebra confines its use to very obstinate cases, in which the patient either cannot or will not pursue suitable local treatment. It is to be remarked that in patients who have been treated by arsenic, where psoriasis existed, dirty-brown spots remain for a long time, but eventually disappear.

Local Treatment.—This almost always suffices. 1. *Baths* may be employed either warm or cold, medicated or not, the object being in all cases to detach the abnormally accumulated epidermis. To be of utility for this purpose they must be prolonged for at least two hours. They, however, cannot be relied upon as other than as an adjuvatory means. 2. *Schmierseife* (a) is an alkaline soap, prepared with one part of caustic alkali and two parts of fat, the best being made at Stuttgart. It induces free desquammation. After a prolonged bath the diseased parts are thoroughly rubbed with it, by means of pumice-stone, till they bleed, morning and evening, the soap being washed off again. This plan has the advantage of allowing the patient to pursue his occupation, but it is very slow in taking effect. A quicker mode of procedure is to rub in the soap once or twice daily for from three to six days, wrapping up the parts in woollen coverings, and preventing the patient, notwithstanding his desire for it, from taking a bath until a day or two after the last rubbing. Owing to the painful brittleness of the skin after the bath it should be smeared with a simple ointment, and after a few days' rest the rubbing is to be recommenced—from three to six repetitions being usually necessary. When the psoriasis exists only in small patches these can be covered with flannels well impregnated with the soap, which are to be kept on for several days; and this is a very efficacious mode of application. 3. *Tar.* This being very disagreeable to some patients, the ol rusci, and oil of cade are substituted. A constant effect of the tar is to render the urine in six or eight hours of an olive green or black colour, emitting at the same time the smell of tar. The tar is very seldom employed alone, but the patient having had an hour's bath is first well rubbed, till he bleeds, with the soap, put into the bath again for thirty to sixty minutes, and then anointed with tar. The procedure is repeated daily for four to twelve weeks, according to the time requisite to cure the psoriasis. Other means of treatment, as by various ointments containing mercurial preparations, likewise succeed, but still more slowly. If we wish to get rid of the psoriasis rapidly we should employ corrosive sublimate, ʒj., to ʒj. spirit of wine, either painting the parts several times a-day, or leaving it on them; but it is a painful application, and only cures for a short time, the psoriasis soon returning.—*Wien Spital's Zeitung*, 1859, No. 15.

EXCERPTA MINORA.

Quinine and Digitalis.—M. Serre confirms from a successful trial in his own case, the accounts given some time ago by M. Debout of the great utility of a combination of digitalis and quinine in the treatment of migraine. Sulphate of quinine, forty-five grains; powder of digitalis, twenty-two grains; syrup, sufficient to make thirty pills. One of these is to be taken every night for at least three months, their first effect being seemingly to augment the severity of the affection. —*Bulletin de Thérap.* tome lviii. p. 311.

Bromide of Potassium in Catarrh of the Bladder.—Dr. Meinhard, of St. Petersburg, states that without recommending this as a specific, he has found it (given in doses of two grains two or three times a-day) of great utility in various cases in which the causal indications have been fulfilled, and the usual remedies tried without success.—*Med. Zeitung Russlands*, 1859, No. 20.

Tincture of Iodine in Phlebitis Externa.—In this paper Dr. Spörer, of the Marien Hospital, St. Petersburg, gives an account of the great advantage he has derived in cases of *phlebitis externa* from applying the pure tincture of iodine

(a) *Vide Medical Times and Gazette*, present volume, p. 224.

over the inflamed lines of veins, extending it to an inch or two on either side. The application should be made in a very thorough manner, so as to lead to the penetration of the tincture as much as possible; and at first it should be repeated every two or three hours. He has in numerous cases met with a surprising amount of success—extensive venous inflammation extending on to the axilla or inguinal region, giving way. He cites cases of phlebitis produced by venesection, abscess, phlegmon, etc., which in this way have been effectually and rapidly cured.—*Ibid*, Nos. 49, 50.

Syrup of Iodide of Potassium.—The following syrup has been found a very agreeable preparation in the wards of MM. Ricord, Nélaton, and Richelot:—Iodide of potassium, 10 parts; syrup of bitter orange-peel, 500 parts.—*Moniteur des Hôp.* No. 47.

Chloroform in the Reduction of Prolapsus Ani in Children.—Dr. Günther, alluding to cases of prolapsus in children, in which a large portion of the gut descends, and is, on account of the resistance of the child and the tenesmus, retained with difficulty, and kept up with still greater difficulty, points out the great advantage which attends, under these circumstances, the administration of chloroform. If sufficient air be admitted into the room, and ammonia and cold water be at hand, there is no danger to be feared from the induction of the anæsthesia.—*Varges Zeitschrift*, band xiii. p. 90.

GENERAL CORRESPONDENCE.

ON THE CAUSES OF TRUE LEPROSY.

Letter from Mr. W. E. C. Nourse.

[To the Editor of the Medical Times and Gazette.]

Sir,—I cannot allow the ingenious paper of Dr. Sim, on the true ancient leprosy (or leprosy of the Hebrews), to pass without remark as to one point. He says that leprosy has its origin in a source to us unknown, and never likely to be discovered. But if so, what is the meaning of its disappearance in the British Islands, and its prevalence, more or less, in so many other countries? How is it that it prevailed in England in the middle ages, exactly at the period when the arts of horticulture, agriculture, and the rearing of live stock for the supply of fresh meat, had failed to keep pace with the growing population, and that it began to disappear on the introduction of a better system of farming, which ensured a more regular supply of more animal and vegetable food throughout the year? How is it that it began to disappear first in England, where the first general improvements in agriculture, etc. took place, and receded more tardily from Ireland and Scotland, and lastly from the Isles, exactly as those improvements gradually progressed and found their way into the districts referred to? How is it, that in countries such as France, Germany, parts of Spain, and many others, where the standard of living, though not bad, is still a little inferior to that of England, where meat cannot be procured by the great mass of the population in the same abundance and of the same quality as that supplied by our English butchers, and where other sorts of food are often of second-rate quality, leprosy, though not nearly so frequent as in the middle ages, has not yet wholly disappeared? And how is it, that in those districts where the mode of living is most wretched, the food worst in quality, either wanting in nutritive power, or badly cured, or too long kept, leprosy still prevails, as on the south-east coast of Spain, on the west coast of Norway, and among the miserable inhabitants of Iceland? If these facts do not point to a defective quality of the habitual food-supply of the general population, as the originating cause of leprosy, I am very much mistaken; but to my mind they illustrate the prevalence of leprosy where the food of the people is bad, its comparative rarity wherever their food is made better, and its total disappearance when a regular supply of good food is afforded; fully confirming the opinion expressed by Drs. Danielssen and Böeck in their masterly treatise on the disease in question, of the active influence in its causation, of stale, bad, ill-prepared food, of which meat seldom forms a part, such meat, when procured, consisting of the flesh of animals badly nourished. The remarks of these gentlemen on the climatic causes operating in the case of the peasants of Norway, are less capable of general application. I here speak of bad food only as an originating cause; not as superseding the perpetuating, and the contributing, causes of the malady.

Further proofs of the influence of bad food will be found in Dr. Copland's able article on Leprosy. The Rev. J. L. Debes, speaking in 1676 of the causes of leprosy among the the Faröe islanders, says, "Besides, the meat of all, specially of the poorer sort, is half-rotten flesh or fish, all their nourishment in summer being likewise fresh fish and sweet milk, without any salt. Mr. Stewart at Tranquebar observed, "That a fish diet is found to render every symptom worse;" and "that poor living, want of cleanliness, mendicant misery, and exposure to cold and damp, are but too constant attendants of this dreadful affliction." And Dr. Copland observes of leprosy, "I believe that it owed its origin principally to the use of smoked, wind-dried, and semi-putrid, or rancid flesh meats and fish, and of rancid oils; to the want or disuse of salt; to the use of unripe, or spoiled, or mouldy grain; to the want of vegetable productions as articles of diet; to inattention to personal cleanliness; to the nature of the clothing," etc.

No one who has travelled can fail to have noticed the generally inferior quality of the food procurable in most foreign countries, especially the leanness of the meat, and the scarceness of wholesome green vegetables, as compared with the average supply now offered to all classes of the public throughout every district of England, where leprosy has become entirely extinct. In short, the whole tendency of facts is to confirm Dr. Webster's conclusion, that "the principal apparent causes are putrid, indigestible aliment, poverty, filth," etc. etc. So that Dr. Sim's position, as to the causes being unknown, cannot be regarded as tenable. Requesting your insertion of these few lines, penned from some personal observation of the disease in question,

I am, &c. W. E. C. Nourse, F.R.C.S.

11, Old Steine, Brighton, April 18.

NAVAL MEDICAL SUPPLEMENTAL FUND.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the subject of the abolition or maintenance of the Naval Medical Supplemental Fund now engages a considerable share of the attention of the Medical officers of the Navy, I am anxious to put before them a just and impartial view of the case, more especially as it affects the interests of upwards of two hundred widows, annuitants of the Society, who have submitted patiently to a reduction of one-third of their annuities for the last fifteen years, in the full hope that the pledges given them of a reversion to the annuity of £40 insured for them by their husbands, would in due time be restored.

In this matter the interests of the insured members are also deeply involved, and as the principle of "having due regard to vested rights" is acknowledged by all concerned, the importance of a calm and mature consideration of the subject must be apparent to every one.

Under these circumstances if you will kindly give insertion to the following statement you will greatly oblige.

I am, &c. Medicus, R.N.

Statement.

The Naval Medical Supplemental Fund has an Act of Parliament rendering it lawful to reduce the widows' annuities, for the next nine years, to £26 13s. 4d.; and as it is now proposed to wind up and abolish the Society, it will be absolutely necessary, "having due regard to vested rights," to make provision for the annuitants, who may be alive after the expiring of the Act, to receive £40 per annum. It is quite impossible to carry the effect of a ten-year Act over a lifetime, and no lawyer will advise that the Society can settle the claims of the widows by purchasing life annuities at £26 13s. 4d. The utmost they could advise would be the purchasing of annuities of £26 13s. 4d. over the years of the Act, to be increased to the survivors to £40, according to their undoubted rights. Such conclusion may fairly be come to by looking at the Order in Council, authorizing £40, and the Act which holds that order in temporary abeyance, but there are other elements to be considered.

Firstly. The Fund cannot be wound up but by Act of

Parliament; consequently, the Act to wind up would override the protective ten years' Act, because it would have to provide an *equitable* amount (or annuity) to be paid to the widows, with reference to the state of the Fund, and also the liabilities of contributors.

Secondly. The consideration of the above opens up the whole question of winding up. We have the fact of nearly all the widows having *memorialized* against winding up, therefore, it can never be supposed that the Bill would be passed through Parliament unopposed.

A good case must be made out; to this end it will be necessary to be prepared with answers to the following queries:—

Firstly. Are you insolvent, or unable to meet your liabilities?

The widows will argue that you are not, inasmuch as you have obtained an Act of Parliament rendering it legal to tender them £26 13s. 4d. in lieu of £40 for the next nine years, which they have submitted to without protest, although the actuary reported, three years ago, that you could afford to pay a larger sum.

Secondly. If not insolvent, why do you pray the Parliament for a dissolution?

If no better answer can be given to this, than that five-sixths of the corps have expressed a decided objection to fulfil the agreement they made when they entered the service, namely, "to contribute to the support of this Fund," the argument would not be entertained for one moment by a Committee of the House of Commons.

INTRA-UTERINE FRACTURE.

Letter from Mr. Ewens.

[To the Editor of the Medical Times and Gazette.]

Sir,—*Apropos* to the discussion which took place at the Royal Medico-Chirurgical Society on March 27, on Intra-Uterine Fractures, I will place at your disposal a brief account of two cases of this kind, which have come under my observation within the last few days.

I was requested to visit an infant, about a week old, the father stating that its collar-bone was broken. On my inquiring of him further details, he appeared familiar with the nature of the accident, as he said that twenty years ago another of his children had been born with a similar deformity. On visiting the patient, I found, as he stated, the clavicle presenting all the appearances of its having been broken, and reunited in a curved direction.

The mother and nurse, who alone have had the care of the child, are certain that the accident has not happened since birth. The same statement was made respecting the case of the other child, now a strong, healthy young man.

There is no history at all satisfactory connected with the case. The mother states that she met with two falls during the latter months of the last pregnancy, but in the former she believes nothing of the kind happened. She is the mother of seven strong and healthy children, not at all rickety, and both she and her husband enjoy good health. I leave it to others to speculate on the cause; but abnormal muscular action appears to me the most satisfactory explanation of the deformity.

I have at the present time under my care an infant, aged seven months, who has suffered from convulsions for some weeks past; and the left radius and ulna are not only curved, but they are also twisted on their own axes, and over each other as in pronation of the arm, obviously the result of repeated convulsive action of the muscles of the part.

I am, &c. John Ewens.

Milton Abbas, April 18.

ON THE NATURE OF DEATH FROM CHLOROFORM.

Letter from Dr. Kidd.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following tables are the result of a suggestion made to me by one of our most eminent Hospital Surgeons, my friend Mr. Paget, who having done me the favour recently to read my little book on Chloroform, expressed a wish that I would "compare the number of deaths after small and after great operations, to see whether the proportion of their several numbers be different from that of their several chloroform mortalities." And, Mr. Paget adds, "your records would easily decide the question, and it is important to do so." I had said (p. 63) which Mr. Paget doubted, that patients bear large operations under chloroform best; that operations on sphincters, and tendinous sheaths about the fingers and toes (p. 192) were probably to be regarded with more dread under chloroform than the largest amputation, or such a terrible operation as ovariotomy. I may say here that Professor Murphy, also, who has seen a great deal of chloroform in general, as well as in obstetric practice, was also struck by the same apparent anomaly, and wrote to me to say that it would require very rigorous examination before it could be received as a general law or a fact, that deaths from chloroform are more frequent from small doses, and in trivial operations, rather than where large quantities of chloroform had been taken. All I can now say is, that, however it is to be explained, there is no longer any doubt on the matter whatever, as any one may convince himself from an inspection of the following tables drawn up with some care.

There have been about 125 deaths from anæsthetics in Europe up to the present date. A very large number, the only list of any such cases on the Continent, is one by M. Scoutetten, an Army Surgeon, who gives 40 deaths, but unfortunately does not specify the nature of the operation for which the anæsthetic was administered. Dr. Snow gives 50 deaths, and I have since myself made out 35 deaths in addition. All agree as to the vast preponderance, however, of deaths in male patients rather than in females; it also appears that while there have been in reality no deaths as the result of large amputations, resections, ovariotomy, etc., fully two-thirds of the deaths have been from operations on sphincters or tendinous sheaths, strabismus, tooth-drawing, etc.

Nature of Operation causing Death.	Snow.	Kidd.
17 Deaths during operations on fistulæ, hæmorrhoids, application of caustics, etc.	13	4
14 Deaths in removal of toe-nail, dead finger, and such operations on phalanges	9	5
10 Dentists' cases of tooth-drawing, etc.	6	4
11 Deaths from removal of tumours..	7	4
Resections, large amputations, midwifery, ovariotomy, ligatures of large arteries, etc.	—	—
9 Deaths in minor amputations (but 6 occurring before the operation commenced)	4	5
6 Deaths in strabismus, operations on eye, etc., cysts of eye-lids, etc.	2	4
9 Deaths in operations on testis, sounding, etc. (2 included doubtful in 218 lithotomy cases)	6	3
5 Deaths from reduction of dislocations	2	3
1 Death from strangulated hernia	1	—
3 Deaths from delirium tremens	—	3
	50	35

Scoutetten's cases (not specified) 40

This table explains itself; the general result is very curious, and I think very convincing, that in the hundreds of thousands of operations where chloroform has now been used, it has proved in the vast majority to be perfectly safe, and that it is safer in large than in small operations. Why it is so, I may not now stop to enquire. Again, of 16 deaths under chloroform, where I was myself able to trace out the probable cause of the fatal issue, I found 3 where some remote disease of the heart might be suspected; but in 13 there had been probable, and in some very serious derangement of the nervous system—viz. 3 deaths from delirium tremens and chloroform combined, 2 where chorea and meningitis were present, 2 from cysts in the brain, and 4 from other lesions of cerebral tissue. It seems too evident, I think, that if syncope or "fit" should occur in any such case, resuscitation is rendered difficult, as we have an imperfect brain and spinal apparatus to work with. Disease of the heart is a very rare cause of death from chloroform; the facts on which this hypothesis was built up are now shown to be all erroneous.

There is a sad want of uniformity in the mode of making post-mortem examinations in our London Hospitals. In two necropsies in the borough Hospitals, and one at the Royal Ophthalmic, Moorfields, I was present, and anxious to see the state of the heart and pericardium before the latter was

opened; in two I was successful, but in the third the head was opened first, and a large drainage of fluid blood took place from the jugular veins, sinuses, etc. which left the heart flaccid. Even in one of the other cases, where in good routine fashion the Hospital porter opened roughly all the three cavities at once, and left them all open for an hour, awaiting some "crowner's quest" or magisterial inquisition, it was not less difficult to come to any steady or useful decision on the case. I observed, however, while waiting this hour, that the right cavities of the heart were very much distended with fluid blood; the pericardial contents and pericardium bulging very prominently, "filled to bursting almost," till the examination of the lungs commenced, when the section of the large vessels of course emptied the heart; the heart being then examined was marked "perfectly healthy—and empty." It seems to be not a bad mode of proceeding to open all the cavities together, but our great want in the Hospitals is some uniformity; and in a very painful degree some uniformity in the examination of dead bodies after accidents from chloroform. Some other remarkable facts have been discovered during the course of these investigations, as to death from chloroform, which it is of interest to note. First, that a very large number of the 25 deaths from the use of anæsthetics after operations have been deaths from the effects of the slow administration of ether, or ether and chloroform mixed, but not from pure chloroform. I published nineteen deaths from ether two years ago, yet it is still suggested in America that there have been no deaths from this agent. Scoutetten gives five; and since then there have been at least four or five more from ether or amylene; so that, on the whole, there appears at present about a hundred deaths from pure chloroform, and one-fourth (or twenty-five) from ether or amylene! Next, as to the stage or degree of the anæsthetic process which appears most dangerous, this (contradictory though it seems) is decidedly the stage of excitement, or the early stage of violent plunging, before the patient is rendered anæsthetic and fit for the operation he is about to undergo. This escaped the knowledge of Dr. Snow.

	Snow.	Scoutetten.	Kidd.	Total.
In 121 deaths, the relative dangers of the chloroform "Stages" were:—				
Deaths when chloroform was given for intended operations, or immediately before operations	18	22	14	54
Deaths during the progress of operations..	22	6	14	42
Deaths after operations—*i.e.* from chloroform immediately after, or the result of chloroform and the operation combined a short time after the operation had been completed	6	12	7	25
In 133 deaths, the relative frequency of deaths as to Sex was:—				
Males	30	32	28	90
Females	20	16	7	43

I will only say, in conclusion, that I look on this suggestion of Mr. Paget as very valuable, and these results as most unexpected. I am, &c.

Charles Kidd, M.D.

43, Sackville-street, Piccadilly.

P.S.—I think it will be found that the mode of death by "fits," trachelismus, syncope, etc., observed before operations, occurring suddenly, and consequently the means to be adopted for resuscitating patients in such accidents, differ very widely from the mode of death observed and means to be adopted for resuscitation of patients who show a tendency to sink after operations (by asphyxia?). We have hitherto confounded the two, and have been looking for some one great secret cause of these most melancholy occurrences. One set of accidents seem to occur suddenly from chloroform; the other slowly, but from ether. It appears also very instructive and consoling that in all the large tedious operations,—such as resections, large amputations, midwifery, ovariotomy, ligatures of large arteries, etc.,—such is the "law of tolerance" of chloroform, that in these formidable operations it is almost free from danger; whereas, in trivial operations (where, fortunately, we might use Dr. Arnott's congelation plan) the chances of accident are very serious indeed.

PROLAPSED MEMBRANES.

Letter from Mr. Martyn.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your number of April 21, under Selections from Foreign Journals, I find quoted a case of Prolapsed Membranes, by a Dr. Leopold, and a remark also made by a Dr. Credé, that in very long and extensive practice he had only met with but one case. A similar case occurred to myself in 1833, and though so many years ago is fully impressed on my memory. In that year I commenced practice in March, and in July was summoned to a lady ten miles from my residence, whom, on my arrival, I found very ill and alarmed, as well as were three elderly ladies and the nurse, at the presentation of a large tumour fully six inches long, distended with the waters hanging by a pedicle as it were, strictured and congested,—in fact, almost black. A trying and anxious case for a young beginner you will allow, and also not being able by the distance to derive a second opinion. I recognised the nature of the case (and not being a *primiparous* one), though the os was not dilated to the extent of a shilling piece, I ruptured the bag used gentle dilatation and though a breach presentation delivered. The fœtus, still-born in fact, had been dead some hours; the mother made a good recovery. It strikes me this case, if published, would prevent many a tyro in the Profession as I then was, from being unduly alarmed, and thus the absolute necessity of every man who enters into general and especially country practice, to be well up in his Profession, not knowing what curious or novel case may present itself. At the time I consulted an eminent Physician, under whom I had studied midwifery in London, and he told me he had never in his course of practice encountered such a case.

My explanation is that the lady had been standing for some time and the membranes slipped down, then became filled with the waters, and hence the tumour. I should like to know if such cases are or have often been met with.

I am, &c. Thos. Darke Martyn.

St. Columb Major.

Académie des Sciences. — Professor Ehrenberg, of Berlin, has been elected Foreign Associate of the Académie des Sciences in place of the late Baron Humboldt.

An Old Russian Contract with a Court Physician. —Hermann Kaaw-Boerhaave, the son of Dr. Kaaw, and the husband of Boerhaave's only sister, inherited the name, possessions, library, and manuscripts of the great Leyden Professor. He acquired immense renown in professional circles, and in consequence received an invitation to establish himself at St. Petersburg, as body-physician to the Empress Elizabeth. The following is the contract signed by both parties in 1741:—"Conditions upon which the Sieur Hermann Boerhaave is engaged as Court-Physician of her Imperial Majesty of all the Russias. 1. That the said Sieur Hermann Boerhaave shall have an annual pension of 2000 roubles, to commence on the day of his departure. 2. A house in which he shall be comfortably lodged, together with wood for firing. 3. A carriage day and night at his orders, and permission to attend patients when his presence may not be required at Court. 4. A table mid-day and evening at the Court if he thinks proper to make use of it. 5. On his departure from Holland he shall receive 600 roubles. His journey may be made by land, and the manuscripts of the late Hermann Boerhaave which he may bring with him, will remain at his own disposal. 6. These articles to remain in force for four years, after which each contracting party may be at liberty to retire. 7. Sieur Boerhaave to leave for Petersburg a month after these articles have been submitted to him." Boerhaave arrived in 1742, his wife dying on the journey, and he held his office until 1748, when he was appointed Archiater and Chief of the Medical Chancery, with a salary of 7000 silver roubles. He was universally esteemed, and when ill was visited by the Empress. He died at Moscow in 1753.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, APRIL 17, 1860.

W. FERGUSSON, Esq., President, in the Chair.

Dr. WILKS exhibited a specimen of

HYDATID IN THE HEART.

This specimen was given to him by Mr. Henderson, of Deptford, who was called upon by the Coroner to make a post-mortem examination of the body of a girl, aged 19, who had died suddenly. She had always enjoyed good health, never having suffered from shortness of breath, dyspnœa, or other symptom, when one night, after partaking of a hearty supper, she instantly expired. There was no disease of the head, lungs, or any other part excepting the heart, in which, on being opened, an hydatid cyst of the size of a billiard-ball was found loose in the left ventricle. It was filled with a thin, colourless fluid, and the interior showed abundance of echinococci by the microscope. At the apex of the heart was a hard, cartilaginous, semi-opaque structure, about the size of half-a-crown; this extended quite through the substance, and on the interior presented a cup-shaped form. It was here evidently that the hydatid had for some time rested, and at last, becoming detached, had so obstructed one of the orifices of the ventricles that its action had ceased. The hydatid had no doubt grown in the apex, and then gradually become expelled into the ventricle.

Dr. MURCHISON stated that it was now believed, that when hydatids occurred in the heart they were also to be found in the liver. He asked Dr. Wilks if he did not think in this case the hydatid in the heart had passed from the liver?

Dr. WILKS said that he had only seen one case before this. In that there was an hydatid in the liver. He felt inclined, however, to believe, with Dr. Murchison, that their occurrence in the heart was probably secondary to their development in the liver.

Dr. WILKS also exhibited a

LARYNX AND TRACHEA AFTER A SCALD.

A child, 2½ years old, swallowed some boiling water; in the course of a few hours the dyspnœa became so urgent that she was taken to Guy's Hospital. Having then ceased to breathe, Mr. Bankhart, the House-Surgeon, performed tracheotomy; respiration returned, and the child was apparently doing well for some time, when inflammation of the lungs came on, and she died in three days. There was found acute inflammation of the whole of the air-passages, combined with pneumonia. The under surface of epiglottis, the interior of larynx and trachea, were covered with a false membrane, while the bronchial tubes were filled with purulent mucus. Dr. Wilks brought the case forward as exemplifying the fact that inflammation of the windpipe of a child is disposed to be of the croupous kind, and therefore tending to corroborate the opinion that croup is dependent more upon the anatomical structure of the organ as it exists in childhood, than upon any pathological peculiarity in the nature of the complaint.

Dr. CRISP was inclined to think that croup was a disease *sui generis*. Several circumstances he enumerated in support of this opinion. The disease was pretty much limited to certain periods of life. In reply to Mr. Hulke, he stated that he felt convinced that the exudation in croup was characteristic, though he would admit that it would be difficult to state in words the exact difference between it and the exudation arising from other tracheal affections.

Mr. CURLING related a case in which a child died after swallowing boiling water. The child was quite well before the accident. The operation of tracheotomy was performed, but in three days the child died. There was no extension of inflammation beyond the larynx.

Mr. THOMAS BRYANT exhibited a specimen of

VILLOUS DISEASE OF THE BLADDER.

A delicate-looking woman, aged 35, with an anxious expression, applied to Dr. Braxton Hicks for relief with the following symptoms:—For nearly two years she had experienced pain, and at times difficulty, in micturition, which had much increased during the last few months. The urine passed frequently and in small quantities, at times the flow being interrupted, and again returning. Occasionally these attacks were associated with violent straining and the passage of blood. The urine when seen was generally limpid and somewhat turbid and phosphatic, occasionally bloody, but not to any great extent. As the symptoms indicated the existence of a stone, Dr. Hicks requested Mr. Bryant to examine her, and, although much care was taken and several examinations made, no calculus or growth could be detected. The symptoms, however, were so marked that some obstruction to the vesical orifice of the urethra was confidently predicted, a polypus being suspected. On April 14, 1860, during micturition, accompanied with some straining and the passage of blood, she passed the growth which was presented to the Society. It presented very much the appearance of the chorion, being flocculent and, when floated out, presenting well-marked delicate villi. There could be no doubt of its nature, and that it was a portion of one of the villous growths of the bladder situated near the vesical orifice of the urethra. Such growths are not common, although many are on record; but that a portion should have been passed during life is a point of considerable interest.

Dr. BRAXTON HICKS then read the report. The mass consisted of two portions: first, the central more solid and dense, and second, the villous growths springing from the surface. The villi were composed of branching tufts of capillary loops, each branch containing in nearly every instance the trunks of three blood-vessels joined together by numerous capillaries. A very delicate membrane, probably the representative of the basement membrane, surrounded the network of the capillaries, and there were a few delicate ill-defined cells in the spaces between them. The power which set in action this new growth seemed principally concentrated on the formation of blood-vessels. Nothing could be more beautiful than to trace the whole process of blood-vessel formation in the various villi. The first step was the projection from the end of a scarcely-formed villus of a pyriform cell, 1-11 hundredths of an inch in diameter, with a large nucleus as shown in the drawing exhibited. This cell subsequently gave off processes, these afterwards joined two others of similar origin. At a later stage the formative cells became smaller and the connecting portions larger, till at length the nucleus was the only portion of the original cell remaining visible. Next the connecting portions began to be tubular, and after further growth the threefold capillary loop had assumed its proper form and functions. The nuclei could be observed in the walls of the largest and oldest vessels. The diameter of the fully formed capillary was the one seven hundred and eighteenth part of an inch. At the base of some of the villi was found some columnar epithelium still attached. The denser portions was found to consist of an unformed assemblage of cells, varying in all degrees from the globular to the elongated spindle-shaped nucleated fibre, some possessing two or three processes. All had very large nuclei, which were invariably single.

Dr. SALTER then brought forward a specimen of

CYSTIC TUMOUR OF THE LIVER.

There was no life history in this case. The patient was certified to have died of bronchitis. At the post-mortem on opening the abdomen the mass exhibited was found in the situation of the ascending colon, and at first glance was mistaken for that part of the intestine, as there was a rounded appearance, and also some circular constriction, like those of the colon. The upper end of the mass was found attached to the liver. The cæcum and ascending colon were found to be displaced to the middle line. Dr. Salter promised to report further on this specimen at the next meeting of the Society.

Mr. T. HOLMES exhibited a

TUMOUR OF THE TESTIS.

It had been taken from a boy, aged three. It was the left testis, and had been first observed to be enlarged at the age of one year. It had grown very slowly until between the age of two and three,

when it increased more rapidly. It was tapped on the supposition that it was a hydrocele, but was found to be a soft solid. Mr. Holmes being consulted recommended removal, which was accordingly done. The removed mass weighed nearly nine ounces. It consisted mostly of nuclei, permeated by a few fibrous bands. The same structure was found in the tunica vaginalis, and in the epididymis. The cord was healthy, and there were no traces of testis structure, and no constitutional or local indication of malignant disease, the boy was, in fact, otherwise quite healthy. He recovered well after the operation.

Dr. Salter next exhibited a

VERMIFORM SUBSTANCE PASSED WITH THE URINE, AND SUPPOSED TO HAVE BEEN A WORM.

It was really a clot of blood of the shape of a worm. The patient had long suffered from occasional hæmaturia, which took place mixed with the urine. Except the anæmia consequent on this, there were no other marked symptoms.

Dr. Salter exhibited, for Mr. Jabez Hogg, a specimen of

CYSTIC DISEASE OF THE KIDNEY.

The patient died at the age of 50. He first came under Mr. Hogg's notice in 1853. He was then suffering from symptoms of irritation of the urinary organs. There was discharge of much muco-purulent matter, in which some blood corpuscles were found. There was pain, which was almost entirely limited to the end of the penis, and also some in the loins, but it was not severe, and there was no swelling in this region; there was great frequency of micturition. His father was subject to gout, but he had never had either gout or rheumatism. He was at one time under the care of the late Dr. Golding Bird, who considered that he suffered from some affection of the bladder. He subsequently consulted Mr. Guthrie, who sounded him for stone, but failed to find one. Sir B. Brodie believed that he laboured under disease of the prostate. During the patient's last and fatal illness in 1859, persistent vomiting was the most prominent symptom. At the post-mortem the body was found emaciated, and on opening the abdomen the ascending colon was found displaced towards the median line. The kidney on this side (the one exhibited) was found enlarged, and containing cysts filled with a whitish creamy substance. The coats of the bladder were thickened, and the prostate somewhat enlarged. The substance taken from the cysts was analysed by Mr. Tuson, and found to consist of water, fifty-one parts, organic elements twenty-three, inorganic twenty-five. The inorganic was mostly phosphates of lime, with some carbonate and chloride of sodium, and sulphates. There was no uric acid. Dr. Salter promised to report further on the specimen at the next meeting. In reply to Dr. Bristowe he stated that no cysts were found in the liver.

WESTERN MEDICAL AND SURGICAL SOCIETY.

Friday, April 27, 1860.

Dr. W. Ogle in the Chair.

This was the tenth Ordinary Meeting of the Society.

Dr. Anstie related a case of

PERIODIC VOMITING.

The patient, a boy, aged 9 years, suffered from vomiting, which took place every Saturday, and nearly always at the same hour. The mother seemed inclined to attribute it to some irregularity of diet, but could not detect any. It was preceded by shivering and giddiness, and then the vomiting occurred once or twice, after which the boy fell asleep. There was no dyspepsia in the interval, and he was well nourished, but the countenance betrayed a peculiar sallow appearance. Aperients, sedatives, and such like were tried in vain; and then, assuming its aguish character, quinine, in 10-grain doses every morning, was administered, and cured the symptom. There was a doubtful history of ague in the case. With respect to the mother, at a former period, and during the illness of the boy, she seemed to suffer from tertian symptoms, which yielded to quinine. Special attention was drawn by the author to the length of interval between each attack,—a length of time not mentioned in any work.

Mr. Charles Hunter related the following particulars in connexion with a case of

CHOREA.

The history was that of most cases of the kind when occurring in a severe form, and had been treated by iron, purgatives, etc., without avail. Fearing exhaustion from the violence of the muscular exertion, the author administered small doses of tinct. opii three times a-day, gradually increasing the dose to five and ten drops, the child being twelve years of age. After five days from the commencement of this treatment the amendment was apparent in the lessened restlessness and sleeplessness, and in the course of ten days the symptoms were cured. The patient had experienced two previous attacks under Dr. Fuller, who had given large doses of belladonna with no success, though it was tolerated. In the present attack the opium seemed to be of service in more ways than one—it deadens impressions, and allays excitability, and so induces sleep. Narcotics may be given in three stages of the disease:—1. At the commencement, when the disease is due to nervous excitability. 2. During its course, when the severity of the spasms threaten exhaustion. 3. At the end, when the patient suffers from loss of sleep.

Dr. William Ogle related a case of

PERIODIC MOVEMENT.

In this case the woman, of advanced age, was subject to violent and persistent beatings with her hand for twelve hours together. She took quinine and support, but without corresponding benefit. The author had recommended carbazotate of ammonia, and it cured her, after it had caused yellowness of the skin. A relapse occurred, and the carbazotate of iron was administered for ten days, and cured the symptom, causing, at the same time, violent defluxion from the nose.

The Society adjourned till the Annual Meeting, May 4.

OBITUARY.

MR. GEORGE HARVEY.

Died, at the Rectory, Stanton Drew, near Bristol, on April 15, 1860, in his 84th year, George Harvey, Esq., formerly Surgeon of H.M.S. *Victorious*, and late of Castle Hedingham, Essex.

Born at Birmingham, and educated at Bristol, with one of the sons of the celebrated Dr. Priestley, after an apprenticeship to Dr. Duck, of Bristol, he completed his studies at the London Hospital under the Blizards, and in 1805 entered the Navy, joining the *Manly*, gun brig, which next morning was engaged under heavy fire of the French batteries near Boulogne. He was present, and in the boats, in the expedition commanded by Sir Edward Owen, on the first use of the Congreve rocket in actual service, and he wrote a vivid description in verse of the terror excited by the then new missile. Devoted to his profession and the service, he was speedily promoted to the rank of Surgeon. He was twice wrecked in the North Sea, and was twice a prisoner in Holland and Prussia. His shipwreck in the Ems, on the evening of December 21, 1806, was in a vessel taken by the *Manly*. The prize crew had to wade through the water and floating ice three-quarters of a mile to the land, in a dark tempestuous night, and having reached the shore were detained as prisoners. Mr. Harvey had been put on board as prize-master, and it was from this unusual circumstance for a Surgeon that he was treated as a spy, his account of his rank in the Navy not being credited. He was kept a close prisoner in Holland nine months. This was the most unfortunate event of his life. No tidings of him reaching England during this time, he was advertized for as heir-at-law to compensations arising out of the American revolution—being descended on his mother's side from one of the companions of William Penn, and founders of the colony of Pennsylvania. Their vast estates, nearly one-third part of West Jersey, were confiscated at the close of the great American war, and when the Royalists were compensated by the British Government, Mr. Harvey could not be traced—

he being supposed to be dead. A claim was put in by the then Earl of Stirling, and finally settled in his favour. His service in the Mediterranean fleet, with Captain, afterwards Sir John Talbot, for captain, and Barry O'Meara for senior assistant, was the period of his life to which he delighted most to refer. His talent and energy were fully appreciated by Lord Collingwood, by whom he was named Acting Physician to the Fleet, but the appointment was not confirmed by the home authorities. In 1811, after a severe attack of yellow fever at Malta, he returned invalided to England, and—in charge of Colonel (afterwards General) Wyniard, then returning wounded from Greece. He resided some time in Kensington Palace, in Lady Wyniard's family, until his patient recovered. Too weak to return to active service, he accepted a temporary home at Castle Hedingham, and afterwards joined the late Mr. Seymour as a partner, and there practised upwards of forty years. After the death of Mr. Seymour, in 1851, he associated Mr. Nun Fitch, of Sible Hedingham, in his practice, whose sudden death from cholera involved him in difficulties. Being disappointed in his hopes of rest and quiet, in 1858 he relinquished the practice at Hedingham, and retired into Devonshire. After eighteen months' residence at Dartmouth, where the climate was found too relaxing, he finally removed to Stanton Drew, and enjoyed for a few months the society of congenial friends, who appreciated his talents and worth, and deeply lament his loss.

Mr. Harvey was a most industrious man, a frequent correspondent of the Medical Journals, astute, learned, a poet, contributing many elegant sketches to the general literature of the day. He was strenuously opposed to the Medical working of the new Poor-law, and the inadequate remuneration for the extra work it entailed, and resigned all his parochial practice rather than accede to its requirements. He never married.

To quote the words of an old friend and former pupil, "A more liberal, kind, and honourable man never lived."

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

MEDICAL RELIEF BILL.

On the motion of Mr. Pigott,

The order of the second reading of the Poor-law Medical Relief Bill was discharged.

REGISTRATION OF BIRTHS, &c., IRELAND.

Lord Naas obtained leave on Tuesday to bring in a Bill to provide for the uniform Registration of Births, Deaths, and Marriages, in Ireland.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted Members of the College, at a meeting of the Court of Examiners on May 8 :—

Bastian, Henry Charlton
Cann, Francis Mark
Case, George Henry
Eccles Edmund
Harris, Francis Douglas
Ireland, Richard Joseph
Matthews, Charles Samuel
Middlemist, Robert Percy
Olive, Edward
Prince, Charles Edward
Short, James Reeve
Thane, William Dancer
Williams, John
Williams, John Hughes
Williams, Keurick Bold
Welch, Francis Henry
Workman, Charles John
Yeld, Henry John

The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery, at a meeting of the Board on May 4 :—

Blaker, Edgar Shaw
Brown, Edward Adolphus
Corry, Thomas Charles Steuart
Davey, Alexander George
Hanna, Harrison
Hind, Charles Whiston
Holland, Edmund
Hunt, William John
Salmon, William Thomas
Strickland, Edmund
Sutton, Henry Grant
Woodman, John

The following Members were also admitted on the 7th inst., viz.—

Arnold, James Cotton
Bubb, John
Caldwell, William Townley Duncan
Close, George Wharton
Davy, Richard
Dickinson, James Bathgate
Griffith, Samuel
Harold, Thomas
Jeaffreson, Horace
Long, Robert Godolphin
Miall, Philip Edward
Nathan, Henry Frederick
Roberts, Carr Holstok
Seaton, Daniel
Ward, Samuel Meire
Williams, John

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, May 3 :—

Bamfield, Samuel, Falmouth
Davies, Morris, Carnarvon
Hope, Samuel, Guernsey
Maenamara, James, Uxbridge, Middlesex
Miall, Philip Edward, Bradford, Yorkshire
Ormerod, William George, Bristol
Terry, Joseph Garside, Wittersham, Kent

The following gentlemen also on the same day passed their First Examination :—

Cox, William Henry, Stonehouse, Devon
Edwards, Morgan John, Newbridge, Glamorganshire
Yeo, Isaac Burney, King's College

DEATHS.

Bedingfield.—April 22, suddenly, James Bedingfield, M.D., of Needham Market, aged seventy-two.

Carson.—May 4, at Main-street, Cavan, John Carson.

Ellison.—May 6, at Bath, King Ellison, of Rodney-street, Liverpool, F.R.C.S. Eng., aged 60. He was taken ill at Widcome Church, shortly before the Comunion Service, and died almost instantly.

Hamilton.—May 1, at Burt, Londonderry, Andrew Hamilton, late of Derry, M.D. Edin., L.R.C.P. Edin.

Jackson.—May 1, at the Barracks, Athlone, Adam Thompson Jackson, M.D. Edin., F.R.C.S. Edin., Staff-Surgeon-Major.

Lewis.—April 25, at Grimsby, Charles George Lewis.

Mackay.—March 8, at Craigieburn, Australia, Angus Mackay, late of Glasgow, and formerly of Sutherlandshire.

Snodgrass.—April 27, at Canongate, Edinburgh, James Snodgrass.

Tardrew.—May 4, at Knightsbridge Barracks, Thomas Tardrew, M.R.C.S Eng., L.S.A. Lond., aged 41.

Vincent.—May 6, of fever contracted in the discharge of his duties as a District Medical Officer of Liverpool, John Allder Vincent, M.R.C.S. Eng., L.S.A. Lond., aged 28.

Vos.—April 28, at Southampton, on his return from India, James Gregory Vos, M.D., Bengal Army, aged 50.

Wingett.—April 25, at Broughton Ferry, Thomas T. Wingett, M.D., F.R.C.P.E., Medical Superintendent of Dundee Royal Lunatic Asylum

Royal College of Surgeons in Ireland.—At a meeting of the College, held on Tuesday, May 1st, the Council elected the following fellows to constitute the Court of Examiners for the ensuing year :—Dr. Butcher, Dr. Stapleton, Dr. Richardson, Dr. Stoker, Dr. Morgan, Dr. Hamilton, and Dr. Porter.

Apothecaries' Hall of Ireland.—The Examination for the Prize of Five Guineas, annually awarded by the Council to the best answer on a given subject in Physiological or Pharmaceutical Chemistry, was held at the Hall on Monday and Tuesday, the 7th and 8th of May, the subject being "The Metallic Preparations of the Dublin Pharmacopœia," including their physical and chemical characters, the changes which occur in their preparation, the means of ascertaining their purity and freedom from adulteration, and their Medical uses and doses. The prize was awarded to Mr. David Hewitt; and certificates for distinguished answering to Mr. John Healy and Mr. William Edmondson Dudley, being equal.

Presentation to Mr. Jolliffe Tufnell. — Last week a deputation of the Medical Officers of the Army waited on Mr. Tufnell, Regius Professor of Military Surgery, for the purpose of presenting him with a service of plate and an address, expressive of the sense of their obligations to him for his unwearied and successful exertions to improve the position of the Surgeons of the British Army. The design of the service is made to illustrate the restoration of peace in India. The epergne bore the following inscription :—"To Jolliffe Tufnell, Esq., Regius Professor of Military Surgery, Dublin, by the Medical Officers of the British Army, in acknowledgment of his unwearied advocacy of their rights and staunch support of their claims."

UNIVERSITY OF EDINBURGH.—A meeting was held on Wednesday, the 2nd inst. of the Curators of the Patronage of this University, to elect a Professor of Natural Philosophy, in the room of Dr. J. D. Forbes, who has lately been appointed Principal of the United Colleges, St. Andrews. The Curators were all present, excepting the Rector, Mr. Gladstone, M.P., whose vote was received by letter. The Curators unanimously elected Mr. Peter Guthrie Tait, M.A., Professor of Mathematics in Queen's College, Belfast. There were six other candidates.

QUALIFICATIONS OF ASYLUM MEDICAL SUPERINTENDENTS.—The Medical officers of the Scottish Lunatic Asylums have memorialised the General Medical Council complaining of the unjust operation of the "Suggestions" of the English Commissioners in Lunacy, that all Superintendents of English Asylums should be Surgeons and Apothecaries, whether possessing a degree or not; and requesting the assistance of the Council in obtaining the Commissioners' acknowledgment of all Medical and Surgical qualifications recognised by the Medical Act.

BELFAST MEDICAL SOCIETY.—On Monday evening, the 7th inst., the annual meeting of this old-established Society was held in the Library of the General Hospital, to elect office-bearers for the ensuing year. Dr. Patterson, the retiring President, occupied the chair. The following gentlemen were duly elected by ballot:—President, Dr. H. Murney, J.P.; Vice-Presidents, Drs. J. H. Halliday and T. C. S. Corry; Council, Drs. Wheeler, Harkin, Mulholland, Ross, Bryce, and Surgeon McCleery. Dr. Smyth was appointed Treasurer, Dr. Drennan Secretary, and Dr. Whittaker Assistant-Secretary. A vote of thanks was passed by acclamation to Dr. Patterson for the deep interest he had taken in the welfare of the Society, and for the able manner in which he had conducted its proceedings.

RESULTS OF THE TREATMENT OF LUNATICS.—"It is generally believed that, in Asylums for the better and middle classes, the patients cured are small in proportion to those treated in public Hospitals and so-called charitable Asylums. On referring, however, to the last report of the Commissioners in Lunacy, published in 1859, we observe, that the averages of cures and deaths on the total number of cases treated during 1858 are as follows:—

	Cures.	Deaths.
County and Borough Asylums . .	9·77	8·20
Metropolitan Licensed Houses . .	9·47	8·49
Provincial Licensed Houses . . .	11·33	6·14
Hospitals, including Royal Naval Hospital	12·9	4·31

"It thus appears that the average of cures in the Provincial Licensed Houses is only a trifle below that of the Hospitals, although in one, if not more of the Hospitals, the cases are selected before admission: no paralytic or epileptic patient, being received, or any likely to add to the mortality; no one, indeed, who does not appear likely to cure, while the Licensed Houses make no selection whatever."—*Dr. Prichard's Report.*

MAW'S COLLODION TISSUE.—During the last few days we have made some trials of a new preparation of collodion, forwarded to us by Messrs. Maw. It answers all the purposes of fresh collodion, without producing any of the smarting caused by the application of the ethereal fluid upon a raw surface. It resembles a very fine goldbeater's skin, is easily applied, and forms a very closely-adhering, transparent covering to the part on which it is applied. As a light, flexible, air-proof, non-irritating covering to the skin, we believe it will prove of considerable practical utility. It might easily be made opaque and of a flesh colour; and in this form might prove very useful for the concealment of eruptions on exposed portions of the body.

GROSVENOR PLACE SCHOOL OF MEDICINE.—ANNUAL DINNER AND DISTRIBUTION OF PRIZES.—The Lecturers, Students, and friends of the above School dined together at the Freemasons' Tavern, on Tuesday, May 1, according to annual custom. Dr. Storrar occupied the chair. The usual loyal toasts having been given, the prizes of the year were distributed as follows:—Prize for General Proficiency—Mr. F. Schofield; Certificate—Mr. J. C. Roll. *Anatomy*—Senior Prize, Mr. Schofield; Certificates of Honour—Mr. Thomas and Mr. Risdon; Junior Prize—Mr. L. Davies. *Physiology*—Senior Prize, Messrs. Schofield and Thomas (equal); Junior Prize Mr. Davies; Certificate—Mr. Barrow. *Medicine*—Certificates, Messrs. Roll and Schofield. *Surgery*—Prize, Mr. Schofield; Certificate—Mr. Roll. *Midwifery*—Prize, Mr Schofield. *Forensic Medicine*—Prize, Mr. Roll. *Botany*—Prize, Mr. Roll; Certificate—Mr. Thomas. *Materia Medica*—Prize, Mr. Roll; Certificates—Messrs. Schofield and Thomas. *Public Hygiene*—Certificate, Mr. Roll. After the distribution the Chairman delivered a very eloquent address, bearing mostly on the question of Medical education and the new prospects of qualification. He spoke in favour of letting the education of Medical men be free, and unembarrassed as little as possible by the dictation of Examining Bodies, and of trusting for qualification to a proper examinational test. He then passed under review the changes which were being made in the Universities, describing the ordinance of the Royal Commissioners of Scotland in relation to Edinburgh University. Dr. Storrar suggested that it was probable similar changes would be extended to all the Universities, and that these institutions would ultimately give all the requisite qualifications in Medicine, Surgery, and Midwifery. After showing the advantages which would accrue from this course, and the lesson that would be given by it to the Corporations, the Chairman ended his address by proposing prosperity to the School.

UNIVERSITY OF LONDON.—The Presentation for Degrees took place on Wednesday last, Lord Granville presiding. The presentation of Medical graduates was in the following order:—*M.D.:* Michael Foster and Thomas Lewis, University College; George William Lawrence, Edward Evan Meeres, and Richard Wilkinson, King's College; John Langdon Haydon Down, London Hospital; Alfred Carpenter and John Ward Cousins, St. Thomas's Hospital; William Newman, St. Bartholomew's Hospital; Samuel Giles, Guy's Hospital; Robert George Hardwick, Leeds School of Medicine. *M.B.:* Samuel Hoppus Adams, Joseph Raymond Gasquet, Matthew Berkeley Hill, Philip Sydney Jones, Charles Hayes Marriott, and Henry Simpson, University College; William Liddon, Wm. Edward Robbs, Arthur Ernest Sansom, and Edmund Symes Thompson, King's College; William Miller Crowfoot and Theodore Davis, St. Bartholomew's Hospital; Walter Moxon, Guy's Hospital. *Presentation for Honours and Prizes.*—The graduates having been severally presented to the Chancellor, the presentation of scholars, exhibitioners, medalists, and prizemen then took place; and those who obtained scholarships, exhibitions, medals, or prizes, were presented to the Chancellor in the following order:—*M.B.:* William Miller Crowfoot, St. Bartholomew's Hospital, Scholarship and Medal in Physiology and Comparative Anatomy; Edmund S. Thompson, King's College, Scholarship and Medal in Medicine; William Miller Crowfoot, St. Bartholomew's Hospital, Scholarship and Medal in Surgery; Joseph Raymond Gasquet, University College, Medal in Physiology and Comparative Anatomy; Matthew Berkeley Hill, University College, Medal in Surgery; W. Edward Robbs, King's College, Medal in Medicine; W. M. Crowfoot, University College, Medal in Midwifery. *First M.B. Examination:* C. H. Fagge, Guy's Hospital, Exhibition and Medal in Anatomy and Physiology; Charles Hilton Fagge, Guy's Hospital, Exhibition and Medal in Chemistry; Samuel Jones Gee, University College, Exhibition and Medal in Chemistry; Charles Hilton Fagge, Guy's Hospital, Exhibition and Medal in Materia Medica; Henry Charles Bastian, University College, Medal in Anatomy and Physiology; William John Smith, University College, Medal in Materia Medica; Charles Hilton Fagge, Guy's Hospital, Medal in Botany.

BIRMINGHAM AND MIDLAND COUNTIES' REGISTRATION ASSOCIATION.—A special meeting of the committee was held on May 3, 1860, Dr. Anthony in the chair, in consequence of a communication from Dr. Ladd, of the London Medical Registration Association, requesting that the opinion of this Society might be obtained in reference to those "alterations in the Medical Act which increasing experience proves to be necessary," and that those opinions might be embodied in the form of resolutions, and transmitted to the sub-committee in London now engaged in considering this subject. A sub-committee had been formed, and had carefully gone over the sections of the Act, and prepared the following resolutions, which, after some little discussion, were adopted by the meeting:—1. *Preamble*, in place of the present one—"Whereas it is expedient that any one seeking Medical aid should be

enabled to distinguish qualified Practitioners in Medicine and Surgery from unqualified persons." 2. Section iv. That after the words "General Council," should be added, "The representative members of the Medical Corporations to be elected by the Fellows or Members of each College or Corporation respectively, such election to be determined by ballot." 3. Section xxvii. That the part of this section relating to the registration of the Doctorate of the Archbishop of Canterbury be repealed. 4. Section xxxvi. That the words "not wholly supported by voluntary contributions," be omitted. 5. Section xl. That this section be altogether repealed, and the following substituted:—"Any person whose name shall not be found on the Medical Register, and who shall pretend to be, or take or use the name or title of, a Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Bachelor of Medicine, General Practitioner, or Apothecary, or any name, title, or part of a title, addition, or description, implying that he is recognised by law as a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds." 6. Section xlviii. That this section be repealed.

University College, London.—At a meeting of the Professors and Students of the Medical Faculty held last week in the Botanical Theatre of the College, Professor Williamson, F.R.S., Dean, in the chair, the result of the class examinations and competition for prizes at the close of the Winter Term of the Faculty was announced as follows:—*Chymistry.*—Professor Williamson, F.R.S. (Dean). Gold Medal—Richard Troward Key, of Camden-town. 1st. Silver Medal—Alexander Bruce, of London. 2nd Silver Medals (equal)—Henry Curtis, of London, and Frederick George, of London. Certificates of Honour—4th (equal), W. B. A. Scott, of London, and Palemon Best, of St. Ives, Cornwall; 5th, Edward Lloyd H. Fox, of Broughton, Hants; 6th, William Saul, of Banbury. *Anatomy.*—Professor Ellis. Senior Class. Gold Medal—Frederick Thomas Roberts, of Carmarthen. 1st. Silver Medal—Thomas William Bogg, of Louth. 2nd. Silver Medal—Edward Thomas Tibbits, of King's Norton, Leicestershire. Certificates of Honour—4th, David B. Thomas, of Newcastle Emlyn; 5th, T. Starkey Smith, of Warrington; 6th, Thomas Griffiths, of Carmarthenshire; 7th, John D. Shapland, of North Molton, Devon; 8th, Samuel Only, of Cheltenham; 9th, Henry Sutcliffe, of near Halifax, Yorkshire; 10th, William Watson, of Sedbergh, Yorkshire; 11th, Palemon Best. Junior Class. Silver Medal—William H. Griffin, of Banbury. Certificates of Honour—2nd, William Saul; 3rd, Jabez Carter, of Bedford; 4th, John Rowland, of Cardiganshire; 5th, John Harman, of Canterbury; 6th, Walter Richards, of Cosby, Leicestershire; 7th, Edward Charles Bury, of London. *Anatomy and Physiology.*—Professor Sharpey, M.D., F.R.S. Gold Medal—Frederick Thomas Roberts. Silver Medals (equal)—Thomas F. H. Green Burnley, Lancashire, and Thomas Griffiths. Certificates—4th, J. Talfourd Jones, of Brecon; 5th, John H. Hutchinson, of Catterick, Yorkshire; 6th, Thomas William Bogg; 7th, (equal), William Watson, of Sedbergh, Yorkshire, and Albert J. Southey, of Hampstead. *Comparative Anatomy.*—Professor Grant, M.D. Gold Medal—Alfred Woodforde, of London. *Surgery.*—Professor Erichsen. Gold Medal—William John Smith, of Westheath, Hants. 1st. Silver Medal—William J. Hunt, of Sheerness. 2nd. Silver Medal—Francis William Gibson, of Plymouth. Certificates of Honour—4th, Henry C. Bastian, of Falmouth; 5th, William G. a'Becket, of Melbourne; 6th, William Clifford King, of Bridgewater. *Medicine.*—Professor Walsh, M.D. Gold Medal — William John Smith. 1st. Silver Medal—H. C. Bastian. 2nd. Silver Medal—Henry Wotton, of London. Dr. Fellowes's Clinical Medal (Gold)—Edmund Holland, of Rugeley.

Prosecution under the Medical Registration Act at Norwich.—Edward Mark Smith, otherwise "Dr. Smith, Medical Botanist," of Upper Bethel-street, St. Giles', Norwich, and of Providence-place, Diss, appeared in answer to a charge, preferred at the instance of the Norfolk and Norwich Medical Registration Association, of having wilfully and falsely taken and used the name or title of a Doctor of Medicine, being a name, title, addition, or description implying that he was registered under the Medical Act. Mr. Cooper said he appeared in suppert of the information, which was laid by Mr. T. W. Crosse, as Secretary to the Norfolk and Norwich Medical Registration Association, under the Medical Act. He would show, in the first place, that the defendant, week after week, advertised in the *Norfolk Chronicle*—under the heading of "Hope to the Afflicted!" and a verse from Scripture—"The Lord hath created medicines out of the earth, and he that is wise will not abhor them"—as "E. M. Smith, M.D., Medical Botanist, and many years celebrated for the treatment of"—almost all the ills to which the flesh is heir, and stating that he might be consulted every Saturday at No. 48, Upper Bethel-street, opposite St. Giles' church. Further on he said, "Dr. Smith, as usual, will be happy, when requested, to give his opinion gratis upon any case, and will undertake special journeys to visit patients at any distance on receiving a few days' notice." The original of this advertisement would be produced, and ample proof given that its insertion was authorised by Mr. Smith, and that, therefore, he was amenable for its consequences. It would also be proved that Mr. Smith had a place of business in Bethel-street, and that on the door-plate of his house were the words, "Dr. Smith of Diss, Medical Botanist." Beyond that it would be shown that he was attending a female, and on her death he sent, at the mother's request, a certificate of death, which would be produced, and which was signed "E. M. Smith, M.D." The printed Register, which was made evidence under Section xxvii. would be produced, and it would be shown that Mr. Smith's name was not in the Register. He (Mr. Cooper) contended that Smith, not being registered, had falsely assumed a title which implied that he was registered, or that he was recognised by law as a regular medical practitioner, and had, therefore, brought himself under Section xl. of the Act, and was liable to the penalty imposed by that section. Mr. Cooper then called Mr. T. W. Crosse, Secretary of the Medical Registration Society, and other witnesses in support of the above case for the prosecution. Mr. Mendham then addressed the bench on behalf of the defendant. He submitted that there was no case made out against him. In the Act under which this prosecution had been made, there was nothing whatever to make it imperative that a Physician or Surgeon should be registered in the Medical Register according to the provisions of that Act. That registration was not essential to practise appeared from Section xxxii., which said that any person practising as a Medical Practitioner should not be entitled to recover his fees from any one unless he had been registered. That was the penalty for practising without registration; it implied that a person might practise without being registered, but that if he did so he should not be enabled to recover his fees. It must be shown that the defendant had represented himself as being registered. There was not a tittle of evidence to show that he had. He had used the name of Doctor, but that he (Mr. Mendham) contended he had a right to use without being compelled to register, the only penalty the Act imposed upon him for so doing being that he should not be entitled to recover his fees. There was no offence committed under the Act, unless it could be made to appear that the defendant had not merely called himself "Dr. Smith," but had also used language implying that he was registered; but this he had not done. If any person was allowed to practise, he was also allowed to use the title of Doctor, the mere use of which did not constitute an offence. The defendant had used no name or title implying that he was registered under this Act, and the mere use of the name of Doctor was no offence. The Mayor (to Mr. Mendham): You put in no evidence to show that Mr. Smith is entitled to use the title of M.D.? Mr. Mendham: That is not the offence alleged. The allegation is that he used a title implying that he was registered under the Medical Act. The magistrates retired to consult. On returning into court, the Mayor said: We consider that we have only to deal with those facts which are proved to have taken place within our jurisdiction, which facts are—that on a door-plate the defendant uses the name of "Dr. Smith, of Diss, Medical Botanist," and that in one of the newspapers an advertisement appears, calling him "Dr. Smith, Medical Botanist." With these facts before us, which are the only facts arising within our jurisdiction, we are of opinion that we are not justified in convicting the defendant, and, therefore, we dismiss the case. Mr. Mendham said as this prosecution was instituted by an Association, he hoped the magistrates would give the defendant costs. The bench declined to grant the application.

COMMENCEMENT OF THE APPRECIATION OF ENGLISH SURGERY AT PARIS.—M. Topinard, a Paris *interne*, who has been recently visiting the Hospitals of this country in a very industrious manner, has somewhat astonished his countrymen by the publication which forms the subject of our leading article. Another candid critic, M. Le Fort, himself also a recent visitor, confirms, in an article in the *Gazette Hebdomadaire*, M. Topinard's favourable report; and, among other observations, makes the following:—"There is in France a singular prejudice against everything published abroad. And yet, by a remarkable contradiction, we receive almost without any examination, and often even with far too much eagerness, any Medical theory or anatomical romance, provided it is furnished with a German name for its passport; while we oppose the most obstinate incredulity to the Surgical observations published in England and America—the good faith of our *confrères* on the other side of the Channel, if not absolutely denied, being at least very strongly suspected. We do not know what takes place in America, but as regards England we can affirm that this prejudice is wholly destitute of foundation. But although we cannot justify it, we may do something towards explaining it. English Surgery is somewhat distinguished from ours by a boldness which is often carried too far; and from the beginning of the century England has become the classic ground of Surgical eccentricities, which may be even laid to the charge of men who have rendered themselves justly illustrious. Can we be otherwise than astonished, for example, when we find that Astley Cooper's operation of ligature of the aorta has been repeated four times, by James, of Exeter; Murray, of the Cape; South, of London, and by a Brazilian Practitioner? But this distrust must not be carried too far, instinctively repelling all that comes from our neighbours, under the unjust pretext that their cases do not always furnish the desirable scientific guarantees, both with regard to the statement of results, and the necessity of the operation performed." M. Le Fort goes on to show that the entire publicity of our Hospital system renders mystification on these points impossible, and adds:—"Finally, the *Medical Times and Gazette* publishes a statistical statement of the operations practised in the principal Hospitals of England, furnishing not the mere figures, but a summary indication of the causes and results. At Paris such a statistical account is absolutely impossible. Our great master, Malgaigne, was alone able, about twenty years ago, to procure a table of the results of operations at the Hospitals. In relation to a work on resection of the knee, we applied to the Hospital Administration to be allowed to examine the registers; but, less fortunate in Paris than in London, our demand was fruitless. No such registers exist—at least that was the answer we received."

THÉNARD NEARLY POISONED.—"While giving a lecture at the Ecole Polytechnique, it happened that he was stopped through want of some particular substance; his assistant hastened to fetch it; and then Thénard by way of distraction carelessly drank a few mouthfuls of a liquid near him, which he thought was water. He at once discovered his mistake, and on replacing the glass he said with the utmost *sang-froid*, 'Gentlemen, I have poisoned myself.' An electric thrill of horror shot through the assembly, and made every face turn pale. He had swallowed corrosive sublimate, and added that white of egg would remedy the evil. The word was scarcely uttered than the students rushed out in all directions and from all possible quarters took violent possession of what eggs came to their hands. One student hastened to the Faculty of Medicine. Interrupting an examination there, he called out 'A Physician! Thénard has poisoned himself!' Dupuytren rose and hastened to the scene. Thénard was already safe, thanks to albumen; but Dupuytren demanded the employment of a tube to ensure removal of all the poison. The stomach became inflamed; and, saved from being poisoned, Thénard was put in danger by the remedy."—*Eloge by Flourens.*

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	30·090 in.
Mean temperature	50·7
Highest point of thermometer	68·5
Lowest point of thermometer	31·0
Mean dew-point temperature	40·9
General direction of wind	N.E.
Whole amount of rain in the week	0·00 in.

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 5, 1860.

BIRTHS.

Births of Boys, 903; Girls, 900; Total, 1803.
Average of 10 corresponding weeks, 1850–59, 1649·7.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	612	593	1205
Average of the ten years 1850–59	544·5	527·2	1071·7
Average corrected to increased population	..	..	1179
Deaths of people above 90	1	2	3
Deaths in 15 General Hospitals	48	23	71

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	1	4	7	..	10	7	1
North	490,396	3	6	9	4	7	8	1
Central	393,256	3	2	6	..	10	1	2
East	485,522	4	10	9	1	12	6	4
South	616,035	7	16	4	2	14	2	4
Total	2,362,236	18	38	35	7	53	24	12

TO CORRESPONDENTS.

We regret very much that four woodcuts, illustrating Dr. Simpson's Lecture on "Cranioclasm" have been lost. This has led to delay; but fresh engravings will be made, and the Lecture shall appear next week.

Letters and Papers by Dr. R. Lee; Mr. Parkinson; Mr. Hobson, etc., are in type.

R. W. F.—Yes.

M. D.—The legal advisers should give the grounds for their opinion.

Suum Cuique will find the subject very fully discussed in our Volumes for last year.

Dr. Budd's paper on Hydatid Tumour of the Liver shall appear next week.

Mr. Gaffney.—The delay has been quite accidental, though many communications of older date are still unpublished.

A Sufferer.—We do not prescribe in these columns. A Medical man should be consulted.

Chirurgicus.—1. There is a difference of opinion on the point, but it is not likely that the Apothecaries' Company would ever proceed against an Edinburgh Licentiate for dispensing his medicines. 2. Dr. F. Hawkins.

Dr. Walker.—We do not see that any useful purpose could be served by the publication of the letters. No one doubts the hardship of making our Profession do public work gratuitously—still less that we should be exposed to penalties if this public work is not gratuitously performed. We have shown how necessary it is to petition against the objectionable clauses of Sir W. Dunbar's Bill.

ERRATUM.—In *Case* 11 in our Statistical Report of Amputations of the Upper Extremity, *for* forearm *read* arm.

LEADEN CLAMPS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you oblige me by inserting in your next number, that I find from a conversation with Mr. Baker Brown, that the leaden clamp for vaginal fistula I made mention of in your Journal two weeks ago as described in the pages of the *Lancet* by that gentleman, bears sufficient difference from my own contrivance, which was some months before in the hands of my friends Professor Simpson and Mr. Spencer Wells, to render it evident, that two minds, intent upon a similar object, have arrived at a similar result.

I am, &c.

3, Savile-row, May 8. JAMES STARTIN.

MEDICAL (STUDENTS) RIFLE CORPS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The universal adoption of the Rifle Volunteer Movement is sufficient proof of the favourable feeling existing in the public mind with regard to the usefulness of that institution. It has for some time past been a matter of surprise to me that while all classes of Englishmen have been vying with each other in manifesting their patriotism, the Medical Profession, as a body, should not yet have furnished any substantial evidence that they are animated by the same spirit. The ties of practice,

however, and many other just and ample excuses may be alleged for the Medical Practitioner not participating in the active duties of the Rifle Corps; but there is a class of men intimately connected with, though not absolutely within the pale of, the Profession who possess peculiar advantage (as regards age and social position), for the purpose; I refer of course to the students of the Metropolitan Hospitals. Many of these have, I am aware, already helped to swell the ranks of the various local contingents, but I think a special corps would offer many superior advantages. Each of the principal Hospitals might contribute its company, and I feel confident that from among the eleven hundred students of London a very respectable regiment might speedily be raised. And I am sure the Profession would take care that there should be no lack of non-effective members.

I am but an obscure individual, and can promise only my personal services: but trusting you will kindly spare a corner in your valuable Journal to bring the matter before the public notice.

I am, &c. "RIFLEMEN, FORM!"

If the writer of the above letter will refer to a leading article in our number for December 10, 1859, we hope he will see good reason given for the formation of a *Medical Reserve*, and we also think Medical men and Medical students may do better service as *Medical* Volunteers than as fighting men.—ED.]

PHYSICIANS AND GENERAL PRACTITIONERS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It having become generally known that the London College of Physicians propose taking steps to admit such of the General Practitioners of this Kingdom as may desire it, into their body as Licentiates of some denomination or another, it is fairly competent to those likely to be affected by such steps, to consider their tendency even before they are decided upon, for, once taken, they will not easily be retraced. Their probable direction seems to me likely to be attended with injury to considerable classes unless certain precautions be adopted.

The question I would now consider is that of the probable assumption of the title "Doctor" by the proposed new class of Licentiates, without possessing a degree from any University.

Judging from the general use of the title "Doctor" by the "Year of Grace" Licentiates of the Edinburgh College of Physicians, there is ample reason to suppose that the holders of a somewhat similar licence from the London College will consider themselves equally entitled to assume the same distinction, unless special precautions are taken to prevent them.

The number of those who will assuredly avail themselves of the College parchment and protection, if the terms be liberal, as they promise to be, renders the question one of importance and worthy the attention of all parties likely to be concerned. Not only does it affect those who already hold honourable, and sometimes hard-earned, Degrees in Medicine, but it affects the granters of those Degrees also, the several Universities themselves. If the title of "Doctor," the usual distinctive mark of the more highly-qualified Medical man, as made by the educated and paying part of the community, be assumed by a great number of General Practitioners who have not earned it in the regular way, the distinction is immediately lessened and will soon be vulgarized and all but lost. Herein the M.D's., will certainly be damnified. Compare the time, labour, and attainments required to obtain the M.D. of the University of London with those required of a Member of the College of Surgeons, who goes to Edinburgh, pays £10 and returns a "Doctor,"—such cases have occurred.

If it be found that a Member of the College of Surgeons can go to Pall-mall, pay his fee, and, either with or without an examination, as the case may be, obtain a parchment which gives him a right to call himself a Licentiate (or what not), of the College of Physicians, and put "Doctor" on his door, does any one suppose that he will be at expense of further time, labour, and money, to obtain merely the additional and seldom-seen title of M.D.? Not one in fifty would do so. If the power to call himself "Doctor" be even tacitly allowed to the proposed class of Licentiates, I feel convinced that every University in Great Britain, will suffer seriously in the number of applications for its M.D.

I would suggest that it be distinctly notified by the College of Physicians whether the right of using the prefix "Doctor," is or is not conveyed by the Licence they propose giving. If the question be now shirked, there is no doubt but that it will be hereafter answered in the affirmative by each Licentiate for himself.

I am, &c.

May 5. SUUM CUIQUE.

UNQUALIFIED ASSISTANTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The important case decided by Mr. Selfe, and reported in your last week's Journal, will have been perused with interest by all your readers. There is one remark which arises out of it, however, which you may perhaps agree with me, is also well worthy of the attention of the Profession. Mr. Selfe observed, *apropos* of the case referred to, "That if an analogy existed between the Medical and Legal Professions, Mr. Davis would not be permitted to allow another to practise in his name." Now does not the observation apply equally to the practice of all unqualified Assistants of Medical Practitioners? It is evident enough that all these unqualified gentlemen practise in the name of their employers; and, therefore, according to the view of Mr. Selfe, they practise illegally. But whether they practise legally or illegally, it is certain that the proceeding is one which cannot be justified. Perhaps it is one upon which the Medical Council may think well to express an opinion. Of course the services of an unqualified Assistant are to be had at a cheaper rate than those of a qualified Assistant; and, undoubtedly, the Profession as a body is thus injured by an unfair competition. But although their services are obtained at a cheaper rate, we must suppose that the employer makes no alteration in the rate of charges which he makes for his Assistant's services. Besides this, *i.e.* besides the injury done to the Profession, it may be fairly asked, whether this system is not practising a delusion on the public? We may be very sure that the employer does not proclaim aloud in his district that his Assistant is unqualified. He leaves his patients to their own suppositions on the subject; and no doubt his patients, as a rule, are contented to believe the Assistant qualified by Act of Parliament.

Pray, Sir, stir up this question, while so much is being said and written on the doings of quacks and unqualified men; surely decency forbids that we should be ourselves guilty of the thing we so much complain of.

I am, &c. SIC.

COMPULSORY GRATUITOUS MEDICAL SERVICE TO THE STATE UNDER PENALTY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I perfectly agree with the "Glasgow Faculty" in their opposition to the Scotch Registration Bill, and think the opportunity now offered by the "Registration of Births Bill" being before Parliament should not be lost, but that English and Irish Practitioners should help our professional brothers in Scotland to remove from the Statute-book the clause in the Act requiring Medical Practitioners under penalty to furnish gratuitous certificates of the cause of death.

I object, *in toto*, to this clause. If the principle is once conceded that the State can with justice (and without injury to the indisputable right of every class to charge a reasonable sum for their time and service) exact any amount of labour, however small it may be, without remuneration, then, I say, prepare for further demands upon the ground of precedent.

Upon what principle of justice, fairness, or State necessity is it demanded that Medical men should be singled out from every other class and compelled, under a penalty, to furnish gratuitous certificates of death? If the Registrar is paid (as he is, and ought to be) for the mere entry in his book, by what reason is some moderate and fair acknowledgment refused to the author of the certificate? The only reason I know is, that Medical men acquiesce in wrong.

Let us, then, send short petitions to the Legislature, requesting that the penalty may be withdrawn, and a small fee awarded for each certificate, which would then be readily furnished. But if the offensive clause should be retained, I trust the Profession will bear in mind the old proverb of the Horse and the Water, and know how to defeat it. I am, &c.

Rochester, May 5. T. P. BEAVAN, L.R.C.P. Edin.

COMMUNICATIONS have been received from:—

Professor SIMPSON; M. CLAUDE BERNARD; DR. BUDD; MR. STARTIN; DR. STEWART; DR. BAINES; DR. FAIRLESS; PRESIDENT OF THE PHARMACEUTICAL SOCIETY; REGISTRAR-GENERAL; MR. KNIGHT; MR. VINCENT; DR. R. LEE; DR. JENNER; DR. FALCONER; MR. GRIFFIN; MR. DIX; DR. PALMER; Messrs. MAW; DR. HOOD; DR. JAGO; MR. KENDALL; MR. GAFFNEY; MR. SPRATLY; MR. LORRY; MR. SMITH, Leeds; DR. HUMPHRY, Cambridge; MR. H. J. KNIGHT, Sheffield; MR. TOYNBEE; DR. OGLE; and MR. JACKSON.

APPOINTMENTS FOR THE WEEK.

May 12. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Mr. F. A. Abel, "On Heat and Chemical Force."

ROYAL BOTANIC SOCIETY, 3¾ p.m.

14. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Lettsomian Lectures.—H. Haynes Walton, F.R.C.S. "On the Ophthalmoscope and its Application." With Practical Illustrations."

15. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m. (Council Meeting at 7)

ZOOLOGICAL SOCIETY, 9 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. Spencer Cobbold "On Herbivorous Mammalia—Cameline Ruminants."

16. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

GEOLOGICAL SOCIETY, 8 p.m.

PHARMACEUTICAL SOCIETY, 8 p.m. Anniversary, 11 a.m.

ETHNOLOGICAL SOCIETY, 8½ p.m.

17. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

HARVEIAN SOCIETY OF LONDON, 8 p.m. (Council 7¼.) Clinical Meeting. Cases by Dr. Handfield Jones and Mr. Weeden Cooke, etc.

ROYAL INSTITUTION, 3 p.m. Professor Ansted "On Physical Geography and Geology—the Origin of Volcanoes."

CHEMICAL SOCIETY, 8 p.m.

18. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION, 8 p.m. Professor W. Thomson, F.R.S. "On Atmospheric Electricity."

HUNTERIAN SOCIETY, 8 p.m.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXXI.—CRANIOCLASM—*continued.*

Conditions justifying the operative Diminution of the Fœtal Head:

I. *When the Child is Dead.*

You may be called to deliver a patient in whom obstructed labour has been going on for so many hours that the child has at length succumbed under the contractile efforts made by the uterus for its expulsion, or the obstetric procedures that have been put in practice for its extraction; and in such a case it may be both easier for you, and safer for your patient, to break down the skull of the already dead infant than to persevere in attempting to effect delivery by any other operative measures. In obstructed and protracted labours the child in a large number of cases dies betimes under the compression of the head, body, and cord to which it is subjected. During the seven years that Dr. Collins was Physician to the Dublin Lying-in Hospital, 1 in every 3 of the children was born dead among the mothers whose labours were prolonged from 25 to 36 hours; 1 in every 2 when the labour was from 37 to 48 hours in duration. Out of 32 children born in labours extended from 47 to 60 hours, 21 were dead, or 2 in every 3; and out of 15 labours allowed to run on beyond 60 hours, 11 were born dead, or 4 out of every 5,—a dreadful rate of infantile mortality from protracted parturition. Let me, however, remark in passing, the maternal danger and mortality increase also with the increased duration of the labour with frightful rapidity, when the subject is examined on the large scale. Among the 130 cases of labour protracted beyond 36 hours, which occurred during Dr. Collins' mastership, 24, or 1 in every 6, of the mothers died. But, I repeat, supposing you found in an obstructed labour that the child was already dead, the question as to the proper line of practice to be pursued then resolves itself simply into this: By what means can the labour be terminated most speedily and safely? Craniotomy, indeed, as it has usually been performed hitherto, is by no means always a very expeditious operation; and statistics abundantly show that it is far from being a safe one—particularly when too great delay has been allowed to occur before its performance. In fact, the danger to the mother attendant upon craniotomy, is, like the danger attendant upon delivery by the forceps and turning, and—to speak in more generalised terms—like the danger attendant upon all tedious labours, regulated in a great measure by the previous degree of duration of the process of parturition. Among 76 cases of craniotomy performed by Dr. Collins when the labour at the time of operative delivery was under 24 hours, only 1 out of 19 mothers died; when the previous duration of the labour varied from 24 to 48 hours, craniotomy proved fatal to the mothers in 1 out of every 8; but when the labour had been prolonged already beyond 48 hours, it was fatal in 1 out of every 3 cases. But the operation of cranioclasm, which I venture to propose to substitute for it, will be found, I believe, in many cases where the child is already dead, to be at once more simple in its performance for the practitioner and more safe for the patient than extraction either by means of turning or of the long forceps.

II. *Where the Long Forceps have been Tried and have Failed.*

You may meet with cases in practice where the head of the child is so large or so strongly ossified, or where the brim, cavity, or outlet of the pelvis is so contracted that you could not succeed in dragging the former through the latter by means of the long forceps with any reasonable degree of force. I say reasonable, because in such a case you might possibly succeed in effecting the extraction of the head, but only by exerting such an amount of force as would dangerously damage and destroy the soft parts of the maternal passages, and almost inevitably cause the death of the infant by compression of the brain. In such a case it will be your duty to spare the mother the dangers of such a perilous forceps operation—even although the life of the child be sacrificed by art, a few hours before it would perish inevitably, and with greatly increased danger to the mother, under the prolonged struggles of Nature,—by having recourse to the operative reduction of the child's head, provided always that it be a case

III. *Where Turning is Impossible.*

In many cases where it would be dangerous to the mother to effect the delivery of a living child by the use of forceps, you may attain your object by having recourse to the operation of version—as has been abundantly proved by the results of experience. The comparative facility and safety, indeed, of version, as contrasted with craniotomy, form one of the grand arguments on which the proposal to abridge or even abolish this latter operation from practice has been founded. But all cases of labour, obstructed from defective pelvic space, are not, of course, adapted for turning. The graver varieties of pelvic deformity arising from malacosteon and rickets, and, indeed, all other morbid contractions of the pelvic canal in which any of the diameters are diminished beyond $2\frac{1}{2}$ or $2\frac{3}{4}$ inches, forbid all idea of the operative delivery of a living child at the full time either by turning or by the forceps. Where the contraction is placed at the outlet, as in funnel-shaped pelves, you can only try the forceps; you must not dream of having recourse to turning; for the operation of version is only to be thought of in those cases of obstructed labour where the head is lodged above, or in, the brim of the pelvis in consequence of some morbid contraction of that brim, and does not apply to cases where the head has already quite passed down into the pelvic cavity. All morbid contractions, however, of the brim are not suited for extraction by turning. If the pelvic brim be absolutely small in all its dimensions, and all its diameters are consequently shorter than natural—if, in other words, if the pelvic brim and perhaps the whole pelvis is of the form and type usually described as the "*pelvis æquabiliter justo minor*,"—any attempt at delivery by turning is utterly contra-indicated and forbidden, and will fail; and so probably will the long forceps also. The same remark probably equally applies to the ovate or oblique types of pelvic deformity. In fact, the kind of contracted brim chiefly justifying and indicating turning—(and it is certainly by far the most common kind of deformed brim met with in practice,)—is that in which its conjugate diameter is diminished half-an-inch, an inch, or even more, by the projection forward of the promontory of the sacrum behind, or by the flattening and twisting of the pubic bones in front; while the opposite or transverse diameters remain unaffected, or even, as sometimes happens, are increased in length. But again, all cases of labour obstructed from slight or considerable projection forward of the promontory of the sacrum are not adapted for delivery by turning. For unfortunately, rare cases do from time to time occur where it is impossible to turn the child at all, or where the operation can only be persevered in at the imminent risk of rupturing or lacerating the interior of the uterus or otherwise injuring the maternal structures. In the cases I refer to, labour has usually been going on for a lengthened period before the arrival of the practitioner, the liquor amnii has been long discharged, and the uterus is contracted so firmly and adapted so accurately around the fœtus, that the simple introduction of the hand into the cavity of that organ is not unattended with difficulty and danger. Even in the deepest sleep induced by chloroform, this state of persistent tonic contraction of the uterine walls still occasionally, though fortunately very seldom, presents an obstacle to the operation of turning; and in such rare cases you afford your patient the best and almost the only chance of safety by diminishing the size of the fœtal head, so as to permit of its passage through the brim. You may tell me that the difficulties in such cases should be met by the induction rather of premature labour. But there are certain cases

IV. *Where there has been no Opportunity of inducing Premature Labour.*

No practitioner of the present day, who is consulted by a pregnant patient with a pelvis so contracted as to render the parturition of a full developed fœtus a matter of danger and difficulty, would hesitate, I should hope, to induce

premature labour at an appropriate period; rather than allow that patient to carry her child to the full time, and then deliver her by such an operation as that of craniotomy, or even by the forceps, or turning. But in practice it sometimes happens that we may be prevented from doing what is right, and the responsibility of the matter is taken out of our hands,

1st. *Because of the Objections and Obstructions put by Patients to the Operation.*—It may seem almost incredible, but it is nevertheless most true, that there are many persons,—more particularly in the lower classes of society,—who have an insuperable though absurd aversion to any kind of interference with what they consider to be the course of Nature. So strong is this pernicious prejudice that you will sometimes meet with a patient, particularly in Hospital and Dispensary practice, who has been once or oftener subjected to all the pains and all the perils of a deadly form of instrumental delivery, choosing rather to run these same risks over again than to allow you to save her child and spare herself much unnecessary suffering and sorrow by bringing on labour two, three, or more, weeks before the normal period of parturition. In such a case you may have no alternative, when the full term of utero-gestation is accomplished, but be obliged to deliver the child by reducing artificially the size of its head at the time of parturition. Again, we may have no opportunity of inducing premature labour,

2nd. *Because it is the Patient's First Confinement.*—When we have once found it necessary to have recourse to craniotomy in any female, we may save her the dangers of that operation when she again becomes pregnant by bringing on her second labour some weeks before the full term of utero-gestation. But when we are called to deliver such a patient in her first confinement, matters are already too far advanced, and from our having had no means of knowing beforehand of the existence of any preternatural smallness, contraction, or deformity in the pelvis, we have lost the opportunity of affording her the happier and safer chances offered by this form of operation, and may now have no resource but the more fatal and formidable operation of craniotomy.

Under these circumstances, then, and in cases such as these, where no opportunity has been afforded us of inducing premature labour, and where it is found impossible to deliver the child by turning, or with the long forceps, we may occasionally find ourselves obliged to have recourse to the alternative measure of diminishing the size of the fœtal head. This operation, I again repeat, you will very rarely be justified in performing on a living child; nor will you have occasion to perform it very frequently where the child is dead; although you will then have less hesitation in adopting it. If it must and ought to be performed, the question comes to be, By what means can we reduce the size of the fœtal head with the best hope for the mother of a safe and speedy delivery? In most of the leading Continental Medical Schools it seems to be the fashion at present to deliver in such cases by the operation of

Cephalotripsy.

This operation is effected by means of the cephalotribe, some of the forms of which I have already shown you. All of them, even the smallest and simplest, are open to the objection of being instruments which are excessively cumbersome, complex, and by no means easy of application. In a pelvis with small diameters, the difficulty of introducing such large, thick blades by the sides of the head must be very great; and when they are at length properly adjusted, the effect of their approximation by the appended screws or clamps will be the lateral compression of the fœtal head in the transverse direction where diminution is least required, and the consequent pressure and distension of it in the other direction, the conjugate—that diameter which, as being the diameter most generally contracted admits less perfectly and less safely than any other of such distension and pressure. It has been argued that the head, when compressed by the cephalotribe, should, and does elongate principally downwards between the blades of the instrument; and no doubt such is the fact. But this result is only attained as a secondary and indirect consequence of the mechanical compression and flattening out of the head and face of the child in the conjugate diameter not being admissible on account of the contraction of that diameter; and the soft tissues lining that diameter are necessarily crushed and compressed to produce this downward elongation of the fœtal cranium. In experiments with cephalotripsy on the dead child, and deformed bony pelvis, I have seen the head when flattened by the cephalotribe, project to such a degree over the symphysis pubis in the contracted conjugate diameter, as to render its traction downwards almost a matter of impossibility. These circumstances have made the broken ends of the compressed bones project through the scalp, and injure the soft parts of the mother; but more frequently they have made the instrument slip when, after crushing the head, it was used as a tractor or crotchet to drag the compressed head through the contracted brim. I attempted in one case of deformed brim in the living subject to perform cephalotripsy by means of Kilian's cephalotribe (see *Fig.* 1), and I hardly think it likely that I shall

Fig. 1.

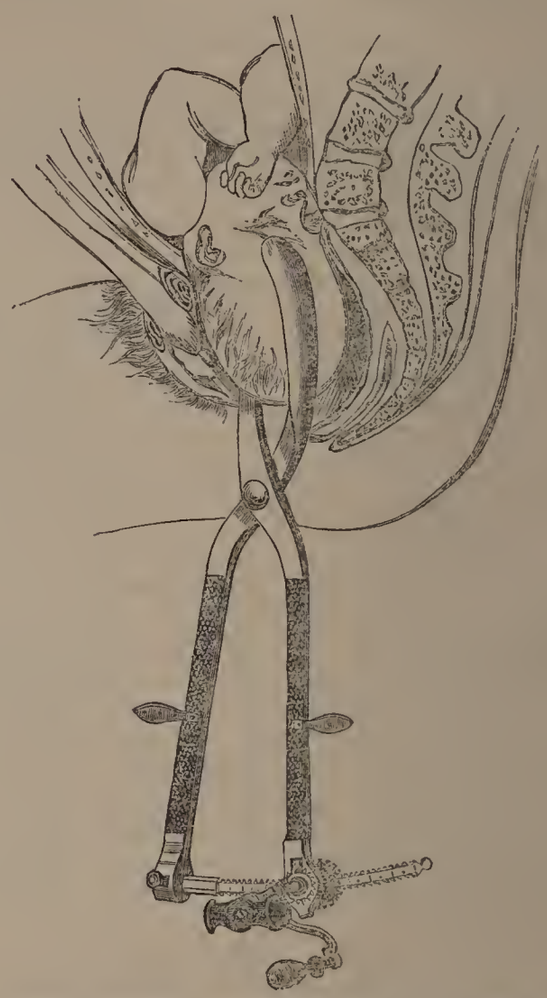

Fig. 1.—Kilian's Cephalotribe, shown as applied to the fœtal head in a pelvis contracted at the brim.—(From Kilian's "Obstetrical Atlas.")

ever be induced again to try it; for, after having applied the instrument—not without considerable difficulty—and compressed the fœtal head, when I came to use tractile force, the cephalotribe lost its hold and slipped off the head, so that I had to terminate the labour by means of the old operation of

Craniotomy.

This operation is usually divided into three stages of 1, Perforation; 2, Reduction or removal of some part of the cranial bones; and 3, Extraction. In performing craniotomy as it has been hitherto effected, the accoucheur, after opening the skull and breaking down the brain by means of the Perforator, proceeded to remove the bones composing the vault of the cranium by means of different kinds of forceps, etc., diminishing the osseous arch of the head to a greater or less degree, according to the greater or less degree of pelvic deformity and contraction. In this way, in slighter cases merely a large perforation was deemed necessary; while in graver cases, the greater portion of the superior parts of the parietal, occipital, and frontal bones entering into the composition of the arch of the skull were successively broken down and removed, till sometimes little more than the base of the skull remained. In effecting this part of the operation the greatest care had to be taken to guard the maternal passages

against the danger of being scratched and lacerated by the spiculæ and sharp corners of the bony fragments during their removal; and it was not always found easy to keep the scalp so intact as to enable it completely to cover and protect the remainder of the roughened cranial bones during the extraction of the fœtal head. This extraction, too, which was effected by means of open hooks or crotchets fixed in the foramen magnum, the orbits, or any other part where they could catch a hold, or by means of various kinds of forceps or guarded crochets with toothed and furrowed blades, was occasionally itself an operation of no little difficulty. For, after all, it was only, at best, the most compressible part of the head that had been broken down and removed,—viz. the vault or arch of the cranium—and there still remained the hard, solid, unyielding, and undiminished base to be dragged by main force through the contracted maternal passages. I hold in my hand a preparation which my predecessor, Dr. Hamilton, used to exhibit to his class as a trophy of one of his most trying operative efforts. (See *Fig.* 2.) It is the

Fig. 2.

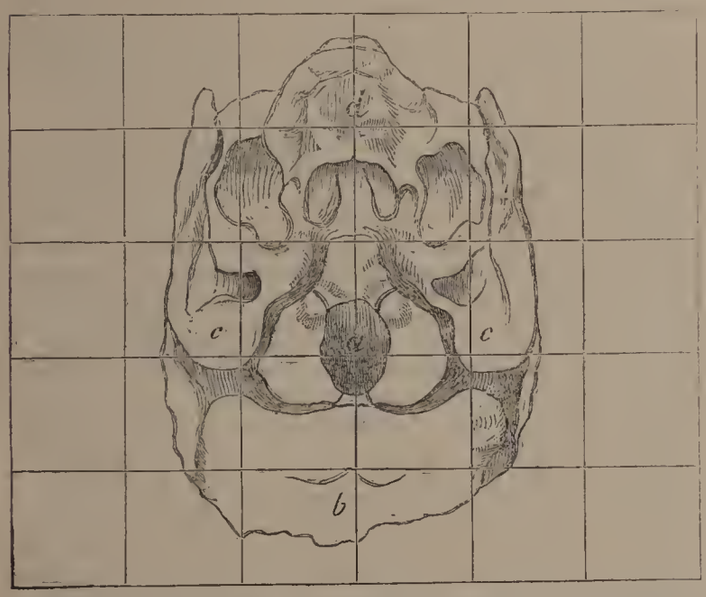

Fig. 2.—Sketch of the base of a fœtal skull reduced in the operation of craniotomy by Dr. Hamilton. The drawing is one-half the size of the preparation, which is represented as seen from below. *a*, foramen magnum; *b*, occipital protuberance; *c*, *c*, temporal bone; *d*, hard palate.

base of a fœtal skull, the vault of which he had entirely broken down and taken away—even to the roof of the orbits in front, and the occipital protuberance behind; but as you can perceive the whole extent of the firm, dense, incompressible base still remains totally unreduced in size. Dr. Hamilton used to relate here most circumstantially, what he has published in his "Practical Observations on Midwifery," that the extraction of this fœtal head kept him at work for four weary hours; and when at length the operation was completed, and the woman fairly delivered, he was so exhausted that he—the operator—had to be wrapped up in blankets, and carried home in a sedan-chair. If the operator was so fatigued, judge of the chances for a happy recovery of the poor woman who was subjected to this ordeal, without even that amount of relief which now-a-days chloroform enables us to afford to our more fortunate patients. Instead of having recourse to this prolonged and perilous process in difficult cases for the perforation and extraction of the child, I believe we will in most instances where we reduce the child's head,—whether the obstruction be slight or great,—succeed in effecting our object more easily and safely by means of the simpler and shorter operation which I have proposed to designate

Cranioclasm.

As in the case of craniotomy, so in the case of cranioclasm, the operation may be divided into three stages—viz. 1, Perforation of the head; 2, Comminution of the bones of the skull; and 3, Extraction of the head and body of the child. The necessary armamentarium for attaining these objects is but very limited; and the greater the diminution that we can thus effect in the number of our obstetrical instruments the better. All that is required is, 1st, a Perforator (see *Fig.* 3), to open the head; and 2nd, a Cranioclast (see *Fig.* 4), to break down the skull and extract the head through the pelvis.

Fig. 3.

Fig. 3.—The Perforator.

Fig. 4.

Fig. 4.—The Cranioclast.

1. *Perforation of the Head.*—This constitutes the first stage of the operation, and may be effected in the same manner, according to the same rules, and by means of the same instrument, which have hitherto been adopted in the old operation of craniotomy. I show you the perforator which I have been in the habit of using and recommending for many years past. It was first made in Edinburgh, now some sixteen or eighteen years ago. It presents this advantage over all the modifications of Smellie's Perforator, that the blades of the instrument can be separated by the simple approximation of the handles; and as this can be effected with one hand while the other hand guides and guards the point of the instrument, every kind of assistance from another Practitioner, or from the nurse, can be dispensed with. As compared with Naegele's Perforator, of which it is a modification, it has, you will observe, this improvement—that the ends of the handles are kept apart during the introduction of the point through the skull by means of a hinged bar, which allows of the easy approximation of the handles, and consequent separation of the blades, without rendering it necessary for the operator to stop, after the instrument has pierced the skull, to unclasp the straight, solid bar which, in Naegele's instrument, is used to keep asunder the extremities of the handles. In addition to this change in the bar, I have usually had this perforator made in its cutting edges or sides so as to leave an angled indentation at the base of each of these sides. These lateral indentations tend to prevent the point and edges slipping out of the skull when the instrument is opened, an accident which has sometimes happened under the use of the common form of perforator, or perforating scissors. So far, however, as the mere perforation is concerned, there is no real difference between craniotomy and cranioclasm. It is in the performance of the second part of the two operations that the essential distinction lies—in the manner, namely, in which we seek to effect the comminution of the bones of the skull.

(To be continued.)

Parliamentary Educational Votes.—On the vote for the University of London, £4820, we learn that the system of single examinership is wholly to cease, and two examiners to act together on each subject. For the Universities in Scotland the vote is £7630; for the Queen's University and the Colleges in Ireland, £7171; while the Royal Irish Academy has its £500, and the Belfast Theological Professors their £2500. The vote for the British Museum £100,850, will have, as usual, its own separate estimate. The estimate closes with votes of £4790 for scientific works and experiments, chiefly meteorological observations at sea; £500 for the Royal Geographical Society, and £1000 for the Royal Society.

ORIGINAL COMMUNICATIONS.

ON THE TREATMENT OF HYDATID TUMOURS OF THE LIVER.

By GEORGE BUDD, M.D., F.R.S.
Physician to King's College Hospital.

An hydatid tumour of the liver, though at first it grows slowly, causes little or no pain, and excites no constitutional disturbance, constitutes, nevertheless, a very dangerous disease.

Firstly. The tumour often continues to grow, with varying rapidity at different times, until at length it attains such dimensions as to cause great distress, and even to destroy life, from its mere bulk. I have met with two instances in which an hydatid tumour in the liver proved fatal in this way.

Secondly. The tumour, when it has attained a certain size, may be ruptured by accidental injury, and the hydatid liquid be effused into the peritoneal sac—in which case it excites peritonitis, that proves very speedily fatal; or,

Thirdly. The tumour may become adherent to some contiguous part, and open of itself, discharging its contents, as the case may be, through the abdominal parietes, through the lung, or into some part of the intestinal canal. In either case, a long and severe illness, with great danger to life, is the result.

Fourthly. When the tumour is large, and has attained maturity, suppurative inflammation is apt to be set up within it, from conditions belonging to its nature, and a large hydatid tumour is thus converted into a large abscess, with a thickened, and, it may be, degenerated sac—an abscess the danger of which is still further increased by the circumstance, that the sac likewise contains floating hydatids, and is lined by an hydatid membrane, which may prevent the free escape of the matter.

Fifthly. When the tumour has attained maturity, it sometimes, there is reason to believe, throws off from its outer surface germs, which may become developed into fresh hydatid tumours.

In one of these ways the disease, which may cause no illness and but little inconvenience at first, generally becomes after a time the source of terrible suffering and death.

Sometimes, without special Medical treatment, the hydatids lose their vitality. The sac that contains them then shrinks, its inner surface secretes a matter, looking like glazier's putty, in which the hydatids or their remains are embedded, and the tumour ceases to be a source of further danger. The hydatid sac, more or less reduced in bulk, remains, but the dead hydatids do not undergo putrefactive changes and excite suppurative inflammation, as dead animal matter shut up in the body usually does, and the tumour subsequently causes no further mischief than that which arises from its bulk.

The object of Medical treatment should be to produce by art and at will those changes in the tumour which sometimes occur without our special interference. This object is probably attainable by medicine. It has been supposed that iodide of potassium or common salt may destroy the vitality of the hydatids, and thus arrest the growth of the tumour; but in the great majority of cases, certainly, these medicines fail to produce this effect. The vitality of the hydatids may be destroyed, and the growth of the tumour arrested by simply withdrawing from the sac the hydatid liquor, leaving still within it the hydatid membranes.

These membranes, and the animaleules of which they are the nidus, lose their vitality when deprived of the liquor from which they derive their sustenance; but if no air be admitted into the sac they do not undergo putrefactive changes. The tumour shrinks to a certain degree, and is no longer a source of danger.

The circumstance that the dead hydatids do not putrefy, provided air or other decomposing substances be not introduced into the sac from without, is perhaps attributable to the large quantity of common salt which the hydatid liquor contains, and with which the hydatid's membranes are, as it were, imbrined.

Numerous cases have been recorded in which hydatid tumours have been successfully tapped, so as to evacuate simply the hydatid liquor, by the common trocar and canula, and a prompt cure of the malady has resulted. But in operating by the common trocar and canula there is great danger.

Before the tumour has become adherent to the abdominal parietes—and it seldom is adherent until it has existed long and grown large—all the liquid within it may not be forced by the elasticity of the sac through the canula, and, when the canula is withdrawn, some of the liquid may escape into the peritoneal sac, in which case, as when an hydatid tumour is accidentally ruptured, it excites general peritonitis that proves very speedily fatal.

When the tumour is adherent to the abdominal parietes, this danger no longer exists; but there is another source of peril. The tumour is then commonly very large and old; the walls of the sac have lost much of the elasticity which they originally possessed; and the tumour can only be emptied of its contents by the admission of air, which excites suppurative inflammation within the sac, and thus converts the tumour into a large abscess, which, from the state of its walls, can only close up very slowly. The strength of the patient is reduced, and his life imperilled by the protracted suppuration. In either case the danger of tapping may be obviated by withdrawing the hydatid liquor, which is as limpid as pure water, through a fine *exploring* trocar, by means of an exhausting-pump. The portion of the canula that enters the sac should be perforated by fine holes, so that, if its lower end should become blocked up by a floating hydatid, the liquid may continue to escape.

By the suction of the pump, the tumour may be emptied of its liquid, and, even if it should not be completely emptied and should not be adherent to the abdominal parietes, the aperture made by the trocar will, in consequence of its minuteness and the contracted state of the sac, be completely closed when the canula is withdrawn, and none of the hydatid liquid will escape into the sac of the peritoneum.

An instrument well adapted to the purpose is Weiss' double-acting stomach-pump syringe, which may be connected with the canula, when the trocar is withdrawn, by means of a vulcanised tube having brass ends, one end fitting into the outer extremity of the canula, the other for attachment to the piston of the pump. As an additional precaution against the admission of air into the sac, the brass end of the tube that fits into the canula may be furnished with a valve to be kept open only during the suction of the pump. An instrument of this kind was recommended by Dr. Bowditch, of Boston, in America, to abstract the fluid from the chest in cases of empyema; and last year one was made for me, for this purpose, by Weiss, according to Dr. Bowditch's plan.

As in all cases of tapping where it is desirable to prevent the admission of air, the trocar should be inserted downwards, that is, the outer extremity of the instrument should be kept at a higher level than that in the body. The liquid will then rise in the canula, expelling the air from it; whereas, if this position be reversed, and the outer end of the instrument be lower than the inner end,—air, which by the law of gravitation ascends in water, may pass up through the canula into the cavity which it is intended to empty.

In August last I was consulted by a young Medical man, on account of an enormous tumour in the liver, which had existed eight or nine years, and which of late had much increased in size. From the feel of the tumour and the time it had lasted, I had no doubt the tumour was hydatid; and Mr. Paget and Dr. Kirkes, whom he also consulted, were of the same opinion.

I recommended that the tumour should be emptied in the manner just described, but he would not consent to the operation. Iodide of potassium in large doses was consequently prescribed, and was taken without intermission for several months. The tumour, notwithstanding, increased in size, and in the month of February last I received a letter from him, stating that his sufferings were intolerable, and that he would submit to any operation that afforded a chance of relief. In a consultation with Mr. Paget and Dr. Kirkes, it was decided that the liquid should be withdrawn from the tumour with the instrument I had prepared for the purpose.

The operation was performed on February 25 by Mr. Paget, in presence of Dr. Kirkes, Mr. W. F. Cleveland, and myself, and 156 ounces of hydatid liquor—only four ounces short of an imperial gallon—were withdrawn from the tumour.

The immediate effect of the operation was, I need hardly say, a feeling of indescribable relief.

The next day the patient had a sense of uneasiness in the region of the liver, as if the part had been bruised, but no constitutional disturbance. The second day after the operation he had nothing to complain of, and the puncture made by the trocar was only distinguishable as a minute red point.

In a week he was walking about, free from pain or uneasiness of any kind. The liver was still very large, from the presence of the hydatid sac, which, though emptied of the fluid portion of its contents, was still of considerable size.

Since that time he has gained flesh and strength, and there has been no increase of girth or other symptom indicating that the hydatid liquor has again accumulated in the sac.

If there be no other hydatid tumour which may grow large and cause fresh disturbance, the malady may, I believe, be considered cured.

ON THE APPLICATION OF

INDIA-RUBBER FOR THE MAKING OF ARTIFICIAL JAWS AND PALATES.

By GEORGE PARKINSON, M.R.C.S.

THE *Medical Times and Gazette* for the week ending April 28 details the history of a case of cleft palate, which had been successfully treated by the application of an artificial palate made of vulcanized india-rubber. Having had considerable experience in supplying the deficiences occasioned by fissures in clefts in the palate, and in substituting portions of artificial jaw in cases where the patients had undergone partial excision of that part by the surgeon, I am anxious to add my testimony to that of Mr. Elliott, feeling convinced of the great advantages which india-rubber possesses over gold, or any other material which is at present in use in the Profession. The following illustrate well the applicability of this remarkable material :—

Case 1.—Miss H. suffered from congenital fissure of both the hard and soft palate. The gap was so wide as to place the case quite beyond the reach of any surgical assistance. She had worn a gold palate for many years with tolerable comfort, but the loss of some of her teeth, and the consequent alteration of the shape of the upper maxilla, rendered her artificial palate almost useless. She at this time applied to me, and I fitted her with a palate of vulcanized india-rubber, which, for its extreme lightness, has caused the patient much comfort. Her powers of deglutition and speech have also much improved. This case has stood the test of many months, and may, therefore, be considered as permanently successful.

Case 2.—Mr. A. had been successfully operated on by Mr. Fergusson for congenital hare-lip and fissure of the palate. The cleft in the hard, however, still remained, and he was referred to me for the purpose of having a gold palate fitted to the gap. Having had already success in the application of the india-rubber, I used it again for this patient, and the result was such as to afford both the patient and myself the greatest satisfaction. The immediate improvement in the speech of this patient was most remarkable.

Case 3.—Miss B. had previously had the soft palate successfully closed by Mr. Fergusson, but suffered great inconvenience from an aperture in the hard palate about the size of an almond. To this case I applied the vulcanised india-rubber with the most complete success.

Case 4.—Miss H. had been operated on by Mr. Christopher Heath for hare-lip and fissure in the soft palate with most perfect success ; but a small aperture in the hard palate still remained, which caused great imperfection in speech. The improvement in talking was greater in this patient after the application of the india-rubber than in either of the preceding.

Case 5.—Miss W. : Congenital fissure of both hard and soft palate, far too extensive to allow of surgical interference. I applied an india-rubber palate, which rendered speech and deglutition easy and natural.

Case 6.—Miss H. : A similar case to No. 5, and attended with an equally satisfactory result.

Case 7.—Miss H. : The soft palate had been successfully closed by Mr. Fergusson, but a considerable cleft remained in the hard. I here also used the vulcanized india-rubber with a success equal to any of my other cases.

Case 8.—Eliza C. was operated on by Mr. Fergusson in May, 1856, when the greater part of the left upper maxilla was removed. As soon as the cicatrix had become sufficiently firm to bear pressure, I supplied the deficiency by a frame of vulcanised india-rubber, attaching to it those teeth which had necessarily been removed by the operation. The extreme lightness of the india-rubber rendered it most useful in a case of this kind ; and the great comfort which it has afforded the patient has induced me to adopt a similar proceeding in other cases of this nature which have since come under my notice.

Hereford-street, Park-lane.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

SCIRRHUS OF BREAST, IN A WOMAN OF UNUSUAL AGE—REMOVAL—RECOVERY.

(Under the care of Mr. FERGUSSON.)

F. W., aged 70, was admitted January 27 with tumour in the breast. The patient was a healthy-looking, but nervous, woman, and stated that she had enjoyed pretty good health until the last two years, when she noticed a small lump in her right breast. This gradually increased in size, and had been attended with considerable shooting pains, causing her sleepless nights.

State on Admission.—On examining the right breast, a tumour about the size of a large walnut was found ; the skin was adherent over the tumour, and the nipple considerably retracted. There was no affection of the glands of the axilla. There was some family history of malignant disease, the patient's aunt having died of cancer.

January 28.—The patient having been put under chloroform, Mr. Fergusson proceeded to remove the tumour. The usual elliptic incision was made, and the diseased mass expeditiously removed. Four vessels required ligature.

29th.—Patient going on well ; sleeps tolerably ; makes little complaint of pain, but seems somewhat apathetic. Pulse, 108.

February 6.—Much improved ; wound looks healthy—is gradually but slowly healing.

13th.—Going on favourably, no bad symptoms ; gets up every day ; only complains of weakness ; going on as well as can be wished.

29th.—She was discharged quite well.

UNIVERSITY COLLEGE HOSPITAL.

HYDATID CYST OF PELVIS—PUNCTURE BY THE RECTUM—SUPPURATION OF THE SAC—RECOVERY.

(Under the care of Mr. QUAIN.)

[From Notes by Mr. HICKMAN, House-Surgeon.]

W. J., aged 9, admitted February 29, 1860, a pale, emaciated child. The mother states that four years ago he had a swelling at the lower part of the belly, with, at the same time, a difficulty in making water. His urine was then drawn off by a Surgeon, to the relief of his symptoms, and, as the mother thought, with the disappearance of the swelling.

At the present time there is a tense swelling, dull on percussion, occupying the lower part of the abdomen, reaching from the pubes nearly to the umbilicus, but inclining to the left of the middle line. The finger introduced into the rectum feels the rounded mass projecting into the hollow of the sacrum. The child has had considerable difficulty in making water for some days. He is in great pain in the site of the tumour, and has an anxious countenance, quick pulse, and hot skin.

Mr. Quain attempted to pass a catheter into the bladder, but failing in this, he determined to puncture the tumour by

the rectum. This was accordingly done, and about a pint of pale, odourless, slightly turbid fluid drawn off. On examining this fluid by the microscope, no urinary elements could be discovered in it, but it was found to contain numerous echinococci, being evidently the contents of a hydatid cyst.

March 2.—The child now passes his water with ease. Pulse, 136; tongue white; skin hot. The abdomen presents its natural appearance; the percussion-note is clear down to the pubes. The urine shows no indication of echinococci under the microscope.

7th.—The lower part of the abdomen is again becoming prominent; a rounded mass is felt in the middle line and extending towards the left side, reaching to about a hand's-breadth above the pubes; the percussion-note is quite clear over it; moderate pressure on it does not cause pain. Pulse quick; skin hot; no appetite; great thirst.

10th.—He continues much the same, but with more tenderness and pain in the swelling. Makes water with ease; motions natural in appearance.

13th.—The swelling has been diminished since yesterday, and the abdomen now shows no appreciable inequality. This evening a quantity of turbid whitish sediment is found in the chamber utensil. It appears to have come from the bowel, as the motions are coated in part with it. On examining it by the microscope, it is found to consist of pus; no echinococci could be seen.

15th.—There is no return of the swelling. A good deal of pus continues to be passed with the motions. Urine clear, without sediment; no echinococci can be found in it. Appetite better; tongue clean.

21st.—The child is now getting well; he takes his food, is free from pain, and passes his water with ease. Pus continues to be passed occasionally with the motions.

April 12.—He continues quite well; takes his food heartily, and is gaining flesh. There has been no return of the swelling, or of any of his symptoms. The urine has been examined from time to time, but without detecting any indications of echinococci. The motions are now natural.

CANCEROUS STRICTURE OF ŒSOPHAGUS—DEATH.

(Under the care of Mr. MARSHALL.)

[From Notes by Mr. HICKMAN, House-Surgeon.]

J. W., aged 68, was admitted on January 19. He had always, previously to his present illness, enjoyed remarkably good health. Last July he began to experience pain and difficulty in swallowing; this pain was situated in the neighbourhood of the hyoïd bone, but he also had a constant pain over the right side of the head. The difficulty in swallowing has gradually increased, so that he has been unable to get down any solid food during the last month, and lately he has scarcely been able to swallow even his saliva. Soon after his symptoms commenced he perceived a small, hard lump on the left side of the neck; this has been increasing in size up to the present time, but has never given him any pain. At present (January 19) he is extremely emaciated and very feeble, his pulse is weak, his tongue dry and brown. On the left side of the neck, projecting from beneath the sterno-mastoid muscle on the level of the angle of the jaw, is a rather hard, painless tumour, about the size of a small hen's-egg. When he attempts to drink some water, he can swallow but a very small quantity at a time, and that with great difficulty. The effort to drink causes him to spit up a quantity of tenacious mucus.

Mr. Marshall attempted to pass an œsophagus-bougie, but found it was arrested almost immediately, apparently just behind the cricoid cartilage; on introducing the finger a transverse chink was felt in this situation, not large enough to admit the bougie.

For a day or two after his admission he seemed to improve slightly, succeeding in getting down some beef-tea, wine, etc.; but it soon became evident, that he was fast sinking, and he died during the night of January 28.

Post-mortem Examination.—"Body lean and emaciated; no subcutaneous fat; all the tissues seem remarkably dry and devoid of fluids. The indurated mass on the left side of the neck has no very firm connections: on section it presents a whitish appearance, and yields when scraped a milky juice. The lower part of the pharynx is slightly dilated, when water is poured into it from above (the pharynx, œsophagus, and trachea being removed together from the body); it does not pass through the stricture, but when the parts are inverted, the water, being poured into the lower end of the œsophagus, pretty readily passes through. Infiltrating the lowest part of the pharynx, and the commencement of the œsophagus, and connected with the posterior part of the cricoid cartilage, is a growth, apparently scirrhous, two inches in length, an inch-and-a-half in breadth, and half-an-inch in greatest thickness. The canal of the œsophagus is here narrowed into a transverse chink, which is itself considerably diminished above, by a portion of the diseased mass which connects the anterior and posterior walls. Below the seat of stricture the œsophagus is contracted and its walls atrophied."

On section the diseased portion presented a mottled appearance—whitish at some parts, infiltrated with pigment at others; when examined under the microscope, this, as well as the tumour in the neck, was found to contain the usual elements (variously-sized, caudate cells, etc.) of cancer. The stomach and intestines were contracted, the heart, liver, and spleen small; but no morbid deposit was found in any other part of the body.

THE LONDON HOSPITAL.

CONGENITAL TUMOUR ON THE SCALP—EXCISION—RECOVERY.

(Under the care of Mr. WARD.)

A female infant, aged twelve months, was brought to the London Hospital as an out-patient, having a large tumour in the occipital region, which was congenital, and had latterly much increased. It was on a level with the middle of the top of the neck inferiorly, its superior limit being three inches higher up, measuring over the distended occipital integument, with which it appeared closely connected. It could be moved freely from the subjacent parts, was spheroidal in outline, and a little larger than an ordinary billiard-ball. It felt like fat in some, in other parts like fluid contained in one or more cysts. It did not shrink perceptibly on equable pressure being applied to it. The mother had taken the child to more than one institution, in which "placebo" treatment only had been enjoined; thus leading Mr. Ward to the inference, that the nature of the tumour was regarded as doubtful by those Surgeons who had examined it. A grooved needle was passed into the most tense portion of the tumour, and gave exit to about two drachms of serous-looking fluid, somewhat redly tinged. The cyst thus opened, had refilled at the end of a week, and Mr. Ward then removed the tumour, commencing the operation by a vertical elliptical incision, which included part of the occipital integument. The tumour was made up of condensed areolar tissues, in the substance of which had formed a number of cysts, either isolated or communicating with each other, and containing limpid serous fluid, tinged with blood. These cysts occupied the more central part of the tumour, and the walls of some of them were highly vascular, vessels fully injected being seen with a common lens running over their surface. The large cyst which had been punctured would contain a cob-nut. The circumference of the growth was represented, in a great degree, by large areolæ, developed in the connective tissue, into the natural appearance of which it gradually blended. The tumour was situated between the integument and occipito-frontalis; and much venous hæmorrhage occurred during its removal. The child made a good recovery.

HONG KONG.—Dr. Murray, the colonial Surgeon's, annual report on the sanitary condition of the colony during the year 1859 has just appeared. The year was eminently healthy. There was no Asiatic cholera; the ravages of the small-pox were confined to the native population; ophthalmia, which originated in the gaol, was mild in character, and yielded to the simplest treatment; two cases only of diphtheria were fatal, and the cases of diarrhœa, dysentery, and intermittent fever were by no means so numerous or fatal as in 1858.

THE French Academy of Medicine is at present composed as follows:—Physicians, 46; Surgeons, 18; Accoucheurs, 6; Pharmaciens, Chemists, Botanists, and Physicians, 20; Veterinary Surgeons, 5; total 95.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE HULL INFIRMARY.

PULSATING TUMOUR IN THE PALM OF THE HAND—LIGATURE—RECOVERY.

[Communicated by Mr. Evans, House-Surgeon.]

Mary B., aged 38, was admitted on November 28 with a tumour in the palm of the left hand, the size of a small mulberry. It was situated about midway between the wrist and the middle of the palm. Pulsation in it was very distinct. It had bled a little occasionally, but was not the seat of any pain. It had existed three months, and was of spontaneous origin. Caustics had been at first applied, and afterwards a ligature round its base merely; but it had grown again. A curved, threaded needle was now passed beneath its base at two opposite points, and the threads tied in the usual manner (crucial form). A ligature was also applied circularly round its base. Pad and bandage applied.

December 9.—The pad was removed, and the tumour had disappeared, leaving a healthy granulating sore. Pressure by pad and bandage continued.

18th.—The sore is now quite healed, and there is no appearance of a return of the disease, nor the least feeling of pulsation perceptible.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1859.

(Concluded from page 474.)

The subjoined Report comprises the cases supplied by the following Hospitals (a):—

Addenbrooke's (Cambridge), the Carlisle Infirmary, the Derby Infirmary, the Cheltenham, the Dorset County, the Gloucester, the Hull, the Leicester, the Leeds, the Liverpool Northern, the Norfolk and Norwich, the Nottingham, the North Stafford, the Sheffield, the Sussex County, and the York County.

PUNCTURE OF THE BLADDER.

Case 1.—The Brighton Hospital: Mr. Lowdell.—A man, aged 34, who had been the subject of stricture of the urethra for eight years, was admitted with retention of urine, which had existed for forty-eight hours, and for the relief of which catheterism had been energetically attempted without success. Mr. Lowdell having also failed in his attempt to introduce an instrument, punctured the bladder by the rectum. The man recovered without a bad symptom, and left the Hospital a month afterwards. *Case* 2.—The Carlisle Infirmary: Mr. Page.—A man, aged 53, was admitted on October 18, having received, two months before, a kick in the perinæum, since which he had suffered great difficulty in passing urine. On admission he was suffering from retention, and his bladder was enormously distended. Catheterism was found impracticable. As the prostate was enlarged, Mr. Page preferred to puncture the bladder above the pubes. This was done with the result of giving exit to a large quantity of urine. The urine flowed principally through the canula until November 4, when symptoms of pyæmia set in, under which the man sank five days later. At the autopsy, the swelling was found to be an abscess between the rectum and the neck of the bladder. The membranous urethra was contracted for the space of more than half-an-inch so closely that a probe could not be passed through it. The bladder was hypertrophied, the ureters much dilated, and the kidneys in a state of fatty degeneration.

LARYNGOTOMY AND TRACHEOTOMY.

Case 1.—The Leeds Infirmary: Mr. Teale.—A woman, aged 40, had suffered from syphilitic mischief about the larynx for three or four months. Her difficulty of breathing was gradually increasing, and was at times extreme. Mr. Teale performed tracheotomy, and immediate relief was afforded. At the end of three weeks the canula was removed. She was then able to breathe comfortably, and her power of speech was almost completely restored. Subsequently, however, her symptoms relapsed, and became as urgent as before. Tracheotomy was performed a second time, and with the same decided relief. Under treatment. *Case* 2.—The Sheffield Infirmary: Mr. Favell.—A man, aged 38, the subject of chronic laryngeal disease. He denied having ever had syphilis. He could speak only in a whisper, and that with great difficulty, and his respiration was greatly impeded. Ten days after his admission into the Hospital this distress had become so urgent that tracheotomy was resorted to, Although temporary relief was afforded, yet the operation proved unavailing, and death occurred three days afterwards. At the autopsy extensive ulceration of the vocal chords, and cartilages of the larynx was found. *Case* 3.—The Leeds Infirmary: Mr. Hey.—A thin woman, aged 32, had suffered from ulceration of the larynx, not syphilitic, and apparently not attended by any lung-disease. Her life being in danger by repeated attacks of dyspnœa, tracheotomy was performed. Recovery. *Case* 3.—The Leeds Infirmary: Mr. Teale.—A strong man, aged 42, the subject of syphilitic disease of the larynx, which was attended with great dyspnœa. The trachea was opened without any difficulty, but the blood from the divided veins ran into it, and brought on sudden symptoms of suffocation and convulsion. The venous circulation being obstructed, the venous hæmorrhage became profuse. He rallied a little, though much reduced, and sunk with symptoms of bronchitis on the third day. At the autopsy much fibroid thickening at the rim of the larynx was found, and there was intense pneumonia of the right upper lobe. *Case* 5.—The Nottingham Hospital: Mr. Thomas Wright.—A little boy, aged 2, previously in good health, was admitted with œdema of the larynx consequent on swallowing boiling water. He was almost asphyxiated, and drew his breath only at intervals. Tracheotomy was immediately performed, and he rallied. On the second day after the operation he was able to speak, although the canula was retained. He made a good recovery.

OPERATIONS FOR THE REMOVAL OF NON-MALIGNANT TUMOURS.

Case 1.—The Sheffield Infirmary: Mr. Barber.—A man, aged 42, was admitted, in December, 1858, with recurrent fibroid tumour, situated between the scapulæ, and about the size of an orange. It was excised, and the wound healed well. *Case* 2.—The Derby Infirmary: Mr. Fearn.—A man, aged 35, the subject of a fibroid tumour over the spine. It had been growing seven years, and was adhering to the integument. Excision. Recovery. *Case* 3.—The Derby Infirmary: Mr. Johnson.—A labouring man, aged 20, was admitted on December 22, 1858, with a large fluctuating tumour in the right popliteal region. On December 9 the tumour was punctured, and four pints and a-half of serosanious fluid flowed away. The fluid reseereted, and the walls of the cyst became much thickened and adherent to the integument. On February 8 the tumour was excised by double elliptical incisions. The wound healed in about six weeks by granulation. The mass proved to be of fibro-cystic growth. *Case* 4.—The Gloucester Infirmary: Mr. Wilton.—A woman, aged 58. Excision of a small epulis. Recovery. *Case* 5.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A girl, aged 17. Excision of a very large glandular tumour under the ramus of the right lower jaw. The tumour was of two years' duration. The girl was in good health. *Case* 6.—The Cumberland Infirmary: Mr. Page.—A woman, aged 35, the subject of a painful subcutaneous tumour on the inner side of the patella. The tumour had existed for five years, and was the size of a hazel-nut. Excision. Recovery. *Case* 7.—The Cumberland Infirmary: Mr. Page.—A woman, aged 47. Excision of a painful subcutaneous tumour, the size of a hazel-nut, on the inner side of the leg. It had existed for ten years. Recovery. *Case* 8.—The Cheltenham Hospital.—A woman, aged 23, was admitted on account of medical ailments. While in the Hospital she stated that she had a tumour at the back of her head, which prevented her combing her hair, and which she was anxious

(a) Two or three other Institutions also furnish a few cases which had been omitted in previous reports, and are now inserted in order to completeness, although the Hospitals referred to do not supply us with their cases operated upon during 1859.

to have removed, and added that its removal had been contemplated while a child, but for some reason had been deferred. The tumour was the size and shape of a large pear. It was excised on June 21, when it was found that there was an opening in the occipital bone, through which the dura mater could be felt. The wound cicatrised well, and no ill symptoms ensued until July 5, when vomiting and shivering came on, followed in a few hours by coma. Death took place on July 8. At the post-mortem an abscess, containing about an ounce of pus, was found in the cerebellum. *Case* 9.—The Cheltenham Hospital: Mr. Eves.—A woman, aged 41, the subject of a small epulis. Excision. Recovery. *Case* 10.—The Leeds Infirmary: Mr. Teale.—A man, aged 42, the subject of a large fibro-cellular tumour in the large groin. The tumour was about the size of a small cocoa-nut, and occupied the position of the inguinal canal. It was easily removed, and with but little hæmorrhage. Recovery. *Case* 11.—The Sheffield Infirmary: Mr. Favell.—A young woman, aged 22, applied for admission on account of a cough. On examination of her throat a tumour was found attached to the base of her tongue, and consisting of two globular portions connected by a long narrow pedicle. One of the lobes was attached to the base of the tongue, and the other passed back into the pharynx. The tumour was removed by the écraseur, and the parts healed well.

Fatty tumours were excised in thirteen cases, and all of the patients recovered. The following is a statement of the age and sex of the patients:—M., 35, thigh; f., 44, shoulder; f., 37, abdomen; f., 44, shoulder; m., 40, chest; f., 21, chest; f., 20, thigh; f., 39, shoulder; f., 24, chest; f., 36, shoulder; m., 42, shoulder; f., 50, neck. In the remaining case, a woman, the age is not stated. The tumour was situated on the back. In ten cases tumours, either of a cystic or glandular nature, were excised from various parts of the body. All the patients recovered.

OPERATIONS FOR THE REMOVAL OF MALIGNANT GROWTHS.

Case 1.—The Leeds Infirmary: Mr. Teale.—A woman, aged 31, had a large epithelial cancer excised from the anus. There was profuse hæmorrhage at the time, but it was quickly checked by the use of the actual cautery. She never rallied well and death occurred on the fourteenth day. Two days before death extensive and rapidly-spreading gangrene showed itself in the thigh and buttock. At the autopsy evidences of peritonitis and suppuration of the cellular tissue about the rectum were found. *Case* 2.—The Norwich Hospital: Mr. Nicholls.—A woman, aged 70, the subject of disease of the clitoris, which was believed to be malignant. It was snipped off by scissors. There was free hæmorrhage. Recovered. *Case* 3.—The Norwich Hospital: Mr. Crosse.—A man, aged 65, the subject of epithelial cancer of the lobe of the ear. Excision. Recovery. *Case* 4.—The Nottingham Hospital: Mr. Thomas Wright.—A man, aged 44, in good general health. Excision of epithelial cancer from the lower eyelid. Two operations were performed, part of the induration having been left behind at the first. *Case* 5.—The Sussex County Hospital: Mr. Blaker.—A man, aged 56, the subject of epithelial cancer of the cheek. Excision. Recovery. *Case* 6.—Addenbrooke's Hospital (Cambridge): Dr. Humphry.—A healthy old woman, aged 67, the subject of malignant disease just below the margin of the orbit. Excision. Transplantation of portion of skin to close the wound. Recovery.

Operations for the removal of cancer of the lip were performed in eighteen cases, in all with the usual result of a rapid recovery. In one case the age of the patient, a man, is not stated. In the others it was as follows:—76, 63, 56, 57, 60, 66, 47, 69, 30, 60, 49, 71, 53, 40, 41, 47, 70. In the whole of these, with the exception of two, the disease affected the lower lip. In the two exceptional cases the patients were men. In one of them the patient was a man, aged 57, under care in the Hull Infirmary, who had been an habitual smoker, and in whom the disease had existed two years. In the other, a man aged 71, the note states that the disease affected the "upper lip and nostril." In only one instance was the patient a female. This exception to a very general rule occurred in the Derby Hospital, under the care of Mr. Fearn,—Mary S., a woman, aged 49, having had a cancer of the lower lip excised in August last. Mr. Dolman, the House-Surgeon, informs us that he ascertained she had been an habitual smoker.

For other operations for the removal of malignant tumours the reader is referred to the heads of Amputation, Operations for Removal of the Testes, Operations for the Removal of the Mammary Gland, Excision of the Upper Jaw, and Amputation of the Penis.

OPERATIONS FOR NECROSIS.

Operations for the removal of necrosed bone appear to have been as usual attended with exceedingly little fatality. The reports furnished us mention thirty-one cases in which one or other of the long bones were involved, and in most of which large sequestra were removed. Out of this number only one case ended fatally. In all the others recovery either complete or partial ensued. In several in which the recovery was only partial, subsequent operations were anticipated. The following is a seriatim statement as to the particular bone affected, the age and sex of the patients, etc.:—

Tibia.—Fifteen cases: m. 14, m. 15, m. 11, m. 19, m. 6, m. 20, m. 17, f. 14, m. 8, m. 17, m. 12, f. 16, m. 20, m. 44, m. 24.

Femur.—Six cases: m. 14, m. 21, m. 18, m. 27, f. 22, f. 22.

Humerus.—Four cases: m. 15, f. 26, m. 24, f. 14.

Ulna.—Two cases: m. 21 months, m. 11 years.

Radius.—Two cases: m. 14, f. 23.

Scapula.—One case: f. 19.

Lower Jaw.—One case: f. 13.

The only case which calls for special mention in the above series is that of a child in whom necrosis of the ulna existed at the unusually early age of twenty-one months. This patient was a male infant, under the care of Mr. Page in the Carlisle Infirmary. The disease was of six months' duration, and at the time of the operation the infant appeared in good health. The fragment removed was two inches in length. The particulars of the case referred to above as ending fatally are as follows:—A woman, aged 22, came under care on account of necrosis of the lower third of the femur, the disease being of two years' standing. A fragment of dead bone, three inches in length, was extracted. The wound healed very slowly, and it was subsequently ascertained that the girl was the subject of albuminuria. Acute pericarditis developed itself, and death took place three months after the operation. It is interesting to note that of the whole of the cases of necrosis, twenty-two of the patients were males, and in only nine were they of the female sex.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 419.—French Abattoirs.

When Napoleon, wishing to liberate Paris from the dangerous and insalubrious results of internal slaughter-houses, decreed the construction of the fine slaughter-houses known by everybody, he found the subject already well examined, exhibited in all its points of view, in Bailly's excellent work. "We ask," said the reporter of the Academical Commission in 1788, "we ask that the shambles be removed to a distance from the interior of Paris;" and these interior shambles have disappeared accordingly. Does it create surprise that it required more than fifteen years to obtain the grant of this most reasonable demand? I will further remark, that unfortunately there was nothing exceptional in this; he who sows a thought in a field rank with prejudices, with private interests, and with routine, must never expect an early harvest. —*Arago, Biographies of Distinguished Scientific Men*, p. 107.

No. 420.—Is Vomiting a Symptom of Dysentery?

This is a question which not unnaturally arises to one's mind, as being an unsatisfied one,—in this respect resembling many other questions which arose out of the notorious Smethurst case. One of our leading Medical authorities, in a famous letter from Helvetia, asserted that his publicly-given opinion as to Smethurst's guilt was still firm; and he gave, among a variety of reasons for his belief—great and small reasons—this one, viz. that the victim-lady laboured under one prominent symptom, viz. vomiting, and that vomiting was

not a symptom of dysentery; *ergo*, the lady did not die from dysentery. But Doctors differ; and here are plenty of Medical authorities who assure us—the Helvetia-letter notwithstanding—that vomiting, persevering vomiting, is far from being an unfrequent accompaniment of dysentery; and, if these gentlemen are right, then the coincidence of dysentery with vomiting is a natural occurrence. We believe that in Dr. Baly's faithfully-recorded experiences of penitentiary fluxes, vomiting was noted as an ordinary symptom. Happily, however, the majority of London Doctors know personally no more of acute dysentery than we do of the twistings of American Jumpers, or of the modern Revivalists' spasmodic evolutions: but nevertheless we should all like to know the fact of the case, and surely there are plenty of persons experienced enough in the ways of dysentery to be able to give us an answer—yes or no—to the above question. I am a Hospital Physician, and when my legal friends ask me *a-propos* of Smethurst, "Is vomiting a symptom of dysentery?" I feel rather small at being obliged to answer that personally I know nothing of the matter, but that as far as modern authority and tradition go, I take it that much may be said on both sides of the question; and that altogether I am rather in favour of the vomiting than against it. But while I write I fall upon a French Journal of last month; and in a discussion at a learned Society upon the Medical Constitution of France during the last few months, embracing an epidemic of dysentery, I find vomiting related as being a prominent symptom. M. Duhamel, for instance, thus delivers himself:—"I am attending at this moment a young girl, twenty years old, who for ten days has been affected with an obstinate (*ineoereible*) diarrhœa and continued (*opiniâtre*) vomiting." M. Caron says *when there is no vomiting*, I give so and so. Let me pray ask for a solution of this question through your useful Query page. It is all very proper for Doctors to differ on matters of opinion; but to differ on a matter of fact is really going too far in these days of steam-presses and electric-wires. ITA.

London.

No. 421.—CONSEQUENCES OF VACCINATION.

In Hospital practice, and in private practice, I have noted, as no doubt many others have, that vaccination in children is very often, or rather not unfrequently, followed by many different disturbances of the system—by cough, skin diseases, diarrhœa, head symptoms, etc. On questioning the mother, one finds that the child had been in perfect health up to the time of the vaccination, and that it is only since the pustule appeared on its arm, that the child was sick. Will you allow me to ask some one of your readers who deals extensively with infantile diseases for some information on this score? The point surely must be worthy of more consideration than appears to be ordinarily accorded to it. ICH.

No. 422.—AN OLD CURE FOR TOOTHACHE.

"In Sussex they say, if you always clothe your right leg first, *i.e.* if you invariably put the right stocking on before the left, right leg into the trousers before the left, right boot, etc., etc., you will never have the toothache."

No. 423.—ASCARIDES.

Being myself troubled—or rather, I should say, tortured—by ascarides, I have taken a lively interest in the different kinds of treatment which have been recommended by correspondents to your Journal; and I really feel grateful to you for having brought this question of the treatment of ascarides so prominently before the Profession in your Notes and Queries. I think it fair to tell you what has been my experience of the remedies which I have tried as being new to me. I took the animal charcoal and salt, as recommended in your Journal, for more than a week; but I at last took such a disgust to it, that I could not longer continue it. It did me no good whatever. I then tried kameyla, and have derived benefit from it. I first took one drachm of it, and this dose operated eight times, without any griping or unpleasant symptoms, and evacuated a good many ascarides, but not all of them; for a few days afterwards I saw some more of them. I then took a second dose of forty grains, which acted six times, and I have not had any ocular proof of the presence of ascarides since—that is for the last few weeks, and I have also felt perfectly comfortable. Allow me to ask if any of your readers can give me information concerning the use of santonine in this disorder? I am, &c. E. C.

Ireland.

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Medical Times and Gazette.

SATURDAY, MAY 19.

THE LINACRE PROFESSORSHIP.

BEFORE another number of this Journal appears the nation is to reap one of the first-fruits of the Oxford University inquiry of 1852 named for the purpose of making further provision for the good government of the University; and one of the most important branches of the Natural Sciences, that of Physiology, is to be represented by the appointment of an occupant to the new Chair, under the title of Linacre Professor of Physiology.

Some few particulars respecting this Professorship and its founder will probably interest our readers. Linacre was born at Canterbury in 1460. He studied at Oxford, and became a Fellow of All Souls College. He also studied at Bologna and at Rome, and was the first Englishman who thoroughly mastered the Greek language. He graduated at Padua. He translated Galen's "Methodus Medendi," and gave lectures at Oxford on Greek and Physic. He was named Court Physician to Henry VII., and was entrusted with the care of Prince Arthur. In an address to Prince Arthur he strongly advocates the importance of voyages of maritime discovery to increase the prosperity and security of England. He instructed the Princess Catherine, who afterwards married Henry VIII. He showed his zeal for science by founding two Lectureships on Physic at Oxford and one at Cambridge. The Oxford endowment was supported by the proceeds of a family manor at Frognall, a few miles from his birthplace, Canterbury.

It is curious to find how quickly the University departed from the wishes of the testator. The lectures had been delivered during Linacre's lifetime. The formal endowment was bequeathed at his death, in 1524, and finally established in 1549 by Tunstall, Bishop of Durham; yet, after the new Chair had been filled by two successive occupants worthy of its originator, we are told, in the quaint words of Anthony-a-Wood, that in consequence of the great influence of Dr. Ronalds, the Warden of Merton College, the Bishop consented to vest the proceeds for the benefit of this College, and the Professor's emolument was henceforth limited to the sum of £12 per annum; and this within sixty years after the establishment of the Chair. And so Linacre's intentions were defeated by Corporate selfishness, and his endowment perverted, until the Royal Ordinance of 1857 decreed the formation of the Chair from the proceeds of four Fellowships of Merton College, as soon as they became vacant, and vested the election to the Chair in the Archbishop of Canterbury, the Warden of Merton College, the Presidents of the Colleges of Physicians and Surgeons, and the President of the Royal Society.

We attach great importance to the decision now about to be made by these electors, as upon the manner in which they first perform their duty will depend, in some considerable measure, the future welfare of the Chair, and the progress of the University in those physical sciences which have grown up around, and, we may say, in spite of, scholastic institutions.

If, *de jure* thrown open to the whole Medical Profession of England, the election should be *de facto* confined to Oxford Graduates, we shall have but little faith in any ulterior benefits that may arise from its establishment. But if, on the contrary, the very best of the candidates is elected upon his merits alone as a Physiologist and as a Teacher of Physiology, then we may hope that this Science will become ere long a most important feature in all liberal education; for the Linacre Professorship is not merely to be regarded in a Medical light, but as of even greater utility as a means of diffusing among the nobility and gentry, and the clergy and statesmen of England, a general knowledge of the laws of animal and human life. It is quite a mistake to suppose that the exposition of these truths must be necessarily technical and recondite. In Physiology as in most of the Physical Sciences, all the grand facts on which it rests may be made sufficiently attractive to interest every man of ordinary intelligence.

The Linacre Professor ought to be not only a distinguished Physiologist, but an able Teacher. If the electors appoint any one who does not hold such a position, they will betray their trust. Merton College has unjustly appropriated the property left by Linacre for three hundred years. Let us hope that the ordinances of the University Commissioners may be administered in the spirit of justice, and that merit alone may bear away the prize.

REPRESENTATION OF THE UNIVERSITY OF LONDON.

It is confidently expected that the Reform Bill will pass towards the latter end of July. It is believed that both parties in the Houses of Parliament have come to this agreement. The Conservatives hope to carry certain amendments which many of the old Whig party will support. All parties, however, agree that the University of London shall have at least one representative. No one disputes the right that a University consisting of 1100 Graduates, many of whom are very eminent in their professions, have to be represented. Three candidates are spoken of—Dr. Foster, a Graduate in Arts and Laws and the Chairman of Convocation; Sir John Romilly, the Master of the Rolls; and Sir C. Locock, one of the Senate of the University since its foundation, and a former Examiner in Midwifery. The two last are most eminent in their respective Professions. Of these three gentlemen, however, only two are, legitimately speaking, *candidates*. It is known positively that Sir J. Romilly has not declared himself to be a candidate as yet, although put forward by a committee in the hope that he will become so. It is also certain that he has refused to become a candidate, unless a requisition signed by at least 400 graduates is sent in to him, so as, in fact, to render his election sure. This amounts to a refusal. Besides it is not clear who will pay the expenses of his election. Dr. Foster is actively supported. He has rendered great services to the University; but the supporters of the other candidates say that he is the paid agent of a Society which has for its object the confiscation of all the property of the Churches of England and Scotland for secular purposes, and that he holds extreme Radical views and favours ultra democratic development. Sir C. Locock, on the other hand, is supported simply as a distinguished member of a learned Profession, and a fit representative of a learned body. A party man is not the representative required. What is wanted is one well qualified to represent a University with divided interests. It is said that Sir Charles, if elected, will sit as an independent member on the cross benches. Fully liberal enough to suit the Liberal necessities of the day, fully conservative enough to meet the Conservative requirements, the return of Sir C. Locock is likely to interest the entire Medical Profession. The Army and Navy Medical Departments need a defender, while the Poor-law Medical officers, the officers of Health, and the Profession generally, have the greatest advantage to hope for from enlightened advocacy of their interests in Parliament. We trust all graduates will support him; the Medical certainly, but the Arts and Laws because he was put forward by themselves, not merely by the Medical portion. Sir J. Romilly's committee, though with a month's precedence in the field, have not yet secured nearly so many promises as Sir C. Locock's committee, and we trust that if Sir John should retire, his committee will unite in support of Sir Charles.

THE WEEK.

In the very remarkable trial which, during the past week, occupied general attention, there was a piece of evidence given to which we think it right to call attention. The Medical man who was called in by the indignant parents to examine the children swore (according to reports in the newspapers) that he found marks of violence on the person of one of the girls. The nature of the marks does not appear in the report. We regret to say that this is not the first time we have noticed evidence loosely given in this way by members of our Profession upon this point of extreme difficulty. Our Profession may know the real value of these signs of violence as they are called, but the public does not. Sir A. Cooper used to speak of the lives of men having been sworn away by evidence given by children at the instigation of their parents; and Mr. Wilde, of Dublin, has done infinite service by pointing out still more clearly the cruelty which may be practised on innocent individuals through the careless or unguarded evidence of a Medical man. What must the public think of the evidence given in this case, of the value of these signs of violence, now that it appears no violence was ever committed? Such cases naturally cause extreme and not unnatural distrust of Medical evidence in the public mind.

The people in the South Staffordshire district—we are told by the Registrar-General—are in a deplorable sanitary state; they are suffering from all kinds of pestilential diseases.

"In the district of Wolverhampton alone, for example, 979 deaths occurred in 91 days; the mortality was high before, and while Birmingham is getting better, the health of the district of Wolverhampton is every year getting worse. Several hundreds of the inhabitants are every year disabled by sickness; funerals are a staple trade; parents lose their children, wives their husbands, and children their fathers, by the poison of the place; workmen and people in trade are cut down at all ages in alarming numbers. Mechanism and chemical knowledge and capital abound in the Wolverhampton district; why should they not be applied to render the sanitary arrangements perfect? The deaths are below the average in Wednesbury, and this the Registrar attributes to improvements which the Local Board of Health has effected in 'supplying the town with pure water, attending to the sewerage, and compelling people, as far as possible, to cultivate habits of cleanliness.'"

The Government discover that the "Nuisances' Removal and Diseases' Prevention Bill" requires attention. There are, it appears, in England and Wales, 14,398 places, in each of which there ought to be a Local Board of Health; and the test of its efficiency and utility, says Mr. Lowe, was whether it complied with the first requisite of the Act, the appointment of a Medical Officer. Out of the number above-mentioned, only 2005, or one-seventh, of the whole had fulfilled the provision. So that six-sevenths of the whole local authorities had failed even to go so far as to appoint a Medical Officer.

"Acting on the best advice he could obtain he had intro-

duced this Bill. It retained the three local authorities first named—the Local Board of Health, the Municipal Council, and the Commissioners for Local Improvements. All the Nuisances' Removal Committees were also retained who had complied with the Act in regard to the appointment of a Medical Officer. The other authorities, who had shown themselves so incompetent for the task of local management, he had dismissed altogether, and had taken the guardians of the parish as a substitute. That body had always a Medical Officer in their employment, who could be referred to when wanted, and having to relieve the poor, were peculiarly fitted to conduct measures for the prevention of disease."

Here, then, is more work cut out for the Poor-law Medical Officer—the long-suffering, overworked and underpaid official! More work cut out for him, at the very moment when indignant guardians are petitioning Parliament not to give him the small boon proposed by Mr. Pigott.

The rate of mortality in Scotland has been unusually great during the last quarter, being at the rate of 256 in 10,000. The average of five previous years was 227 in 10,000. The death-rate of town districts greatly exceeds that of country districts, says the Registrar-General:—

"Had the same death-rate prevailed in town and country, 6300 lives would have been saved to the community. It is to this end that our sanitary improvements are tending; but the past winter has painfully shown how much still requires to be done before this frightful excess of deaths in the towns is arrested. Over the whole country, with strange occasional exceptions, various affections of the respiratory organs, of which bronchitis and pneumonia are the chief, have attacked large masses of the population, so that few have altogether escaped; and the inclement weather has told with especial severity on the aged, and cut off no inconsiderable portion of the oldest of the inhabitants. Small-pox continued to prevail; but seems to have generally attained its maximum mortality during December and January. The alarm caused by the outbreak of the disease has proved the means in several districts of causing the inhabitants to resort to vaccination. One registrar mentions that 'no one recently vaccinated had been affected,' while instances are given where even three in one family have fallen victims where vaccination had been neglected."

The following correspondence is of considerable importance. Registrars should be informed of the name and address of unqualified Practitioners in their districts:—

"May 4, 1860.

"Sir,—I shall feel obliged by your informing me whether the District Registrars are instructed to refuse certificates of death signed by unqualified and non-registered Practitioners. Also whether it is the duty of the Registrar to ascertain that the person who has signed the certificate of death is a registered and duly-qualified Practitioner? Also whether each Registrar is furnished with a copy of the 'Medical Register,' published by authority of the Medical Council appointed under the Medical Act. "I am, Sir, yours faithfully,

J. M.

"To the Registrar-General, Somerset-house."

"General Register-office, May 7, 1860.

"Sir,—In reply to your letter of the 4th inst., received this morning, I beg to inform you that District Registrars generally have been instructed to refuse certificates of the cause of death when signed by unqualified Practitioners; but the Registrar-General has not imposed upon Registrars the duty (not always an easy one) of ascertaining whether a Medical Practitioner is duly qualified or not; nor has any Registrar been furnished from this office with a copy of the 'Medical Register,' published by authority of the Medical Council. "I am, Sir, your obedient Servant,

"Thomas Mann, Chief Clerk.

"To J. M. Esq., M.R.C.S., etc."

Some of our readers may recollect that a few years ago a document was sent round to the Hospitals of London, for signature by Medical men, in which spirituous drinks were condemned as hurtful to mankind. Mr. Gladstone, a few days ago, made the following allusion to the document in the House of Commons:—

"Some hon. members may have seen a small tract in which a great number of eminent Medical men in this country are made to declare that all strong liquors are extremely mischievous, and that total and universal abstinence from alcoholic drinks and intoxicating beverages of all kinds would greatly contribute to the health and prosperity of the human race. Naturally enough, I looked among the list of names for that of the gentleman of whose professional assistance I had availed myself, and by whom I have been recently advised. I found his signature appended to the document, at which I was not a little suprised, seeing I remembered that he recommended me, as a means of recovering my strength, not illiberal potations. (Laughter.) I afterwards asked him whether he signed that document or not; he replied that he had, and on expressing my surprise at his having done so, he assured me that in signing it he meant nothing more than that excess of water was less injurious than excess of wine. (A laugh.) That was the opinion of a very eminent Medical man, Dr. Ferguson; and I believe it is a gross error to suppose that the testimony of those who study the health of mankind is against the moderate use of spirituous liquors."

Just at the hour of going to press we received a long report of a very important and successful prosecution under the Medical Act, by the Birmingham and Midland Counties Medical Registration Association. We are obliged to defer the publication of the report until next week: but we may state that a very important principle was contended for—namely, that a pretence of *fitness for practice*, and proof of practising, are sufficient to bring a person under the penalties imposed by the Act, although he may not have pretended that he was *registered*.

The satisfaction of the Profession at the honour recently conferred upon Mr. Martin, by his admission as a Companion of the Bath, is universal. Mr. Martin is a public servant who has done his work well for many years, and he has been a warm and successful advocate of the just claims of the department of which he has been a most distinguished member. The Soldier and the Medical Officer have alike benefited by his labours, and if the honour of Knighthood be added to the Order of the Bath, as we confidently expect it will be, all will rejoice at the circumstance, and accept it as a reward fairly earned and thoroughly merited.

The Liberal Professions in Italy.—"The rush from the useful to what are called the "liberal" professions is, and has been for years, prodigious. Every clodhopper's son must be a doctor; every doctor hangs on society till importunity or political change opens his way into a Government office. The Universities number almost more masters than students, more inspectors than either teachers or pupils; the ingenuity of the rulers has been tasked to divide and subdivide old offices, to invent new ones, to multiply sinecures. To undo all this crying evil, to keep it at least within proper limits, to force back this tide of morbid upward aspiration, to re-people the country at the expense of the towns, to send back doctors, advocates, and professors to whistle at the plough—to prevent the gradual and almost entire desertion of that soil, which, after all, is to be the mainstay of Italian well-being—is as formidable an undertaking as it was in the worst days of Roman Imperial corruption."

Prevalence of Small-pox.—The annual report of the National Vaccine Board presented to Parliament has just been published. There has been a great prevalence of small-pox. Last year 8336 vaccinations were performed in London, being an excess of 1885 over the preceding year. The correspondents of the Board had reported 110,145 vaccinations performed by them. The number of applications for lymph was 13,541, being an excess of 1123 over those of the preceding year.

REVIEWS.

Practical Observations on the Prevention of Consumption, etc. By John Hogg, M.D. Edin. London: 1860. 8vo. Pp. 226.

Dr. Hogg tells us that it is now thirty years since he commenced practice in London; that, "born and bred in the west of Cornwall, where consumption prevails to a fearful extent, and the first five years of my professional career having been passed in my native place, the havoc caused by the disease among my friends and schoolfellows did not fail to make a painful impression on me. This first directed my attention to the subject." He then, he says, prosecuted his studies in the clinical wards and dissecting (?) rooms of La Charité, "whence Laennec was then shedding the light," etc. He then took his degree, and wrote a thesis on phthisis. He passed six years at the Dispensary of University College, there conducted post-mortem examinations, "at many of which Sir Robert Carswell attended."

In these pages he details "the treatment"—we infer Dr. Hogg means of phthisis—"that was found most successful. I have pursued it up to the present time, the experience of each succeeding year confirming its value and efficacy."

Now, we cannot say that the perusal—rapid we admit—of this book has disappointed us; because, how is it possible for any reasonable individual, who is tolerably awake to the literature of his profession, to expect on such a subject as this any new light to come out of a treatise. Has not the subject of tubercle, phthisis, consumption, pulmonary tuberculosis, been torn into tatters, and every rag of it minutely inspected? What has morbid anatomy left unsaid on the matter? Has not the chemist told us the condition of the blood? Has not the microscope got all it can out of the sputa? And the stethoscope, and the hammer, and the fingers? have they not listened, and tapped, and tortured forth the most wonderful varieties of sounds, indicating the profoundest differences in morbid conditions of parts lying beneath the thoracic walls which were thus tested? And even into those regions where neither smell, nor taste, nor touch, nor ear can reach, has not the inquisitive reasoner followed up the "essence" of this disease, which carries off one-twelfth (the Registrar-General tells us) of our human kind? Yes! we follow it beyond the region of anatomy. We trace its hereditary nature, and therefrom follow it up to the parent, through that wonderful ovum, which as a simple cell, before it has begun its evolutions, is already impregnated with the disease!

And then its treatment? Can there, indeed, be anything more to say on this head? Does their exist a drug, a mineral, vegetable or animal, which has not had its day of triumphant eulogy. Is there an epispastic, or a counter-irritant in the physician's catalogue yet untried? And vapours too? Have we not our inhaling doctors, who address themselves directly to the lungs and indirectly to the public, in puffs of oxygen, hydrocyanic acid, creosote, iodine, or anything that is respirable? Have not generations of doctors died out who dealt in all these kinds of cures? And have we not another generation of doctors who still deal in these very cures? Cures for consumption—consumption curable! We have had them by the scores in past days, and we have them by the scores now; but, alas! twelve per cent. of our race still die of the disease.

Dr. Hogg has happily no specific; and we are glad that we can say of his treatment of the disease, that it is rational and judicious, that it is in fact the treatment adopted by all sensible men of the age. He does not swear by any hyposulphite, or even by common salt; but he just tells us in this book, what we are sure nobody will dispute, except the most outrageous of our quacks, viz. that the best treatment of consumption is its prevention. He doubts "if *preventive* treatment has engaged the attention of physiologists, so much as the importance of the subject demanded."

Perhaps Dr. Hogg may be right if he really means the attention of physiologists as such; but if he means of Physicians, he is most assuredly out of order; a fact of which he may readily convince himself by taking up any modern work on consumption, not the production of puffery or quackery. He will find that the art of the scientific Physician of the day is most especially exerted in removing the *disposition* to consumption. Have we not actually arrived at a *pretubercular stage of tubercular disease of the lungs*—a condition demonstrable by signs and symptoms, satisfactory at all events to the ears and eyes of some observers? This may smack somewhat of the play of "Hamlet," enacted in the absence of that melancholy individual himself, but it proves, at all events, that we do look after the disease a little earlier than Dr. Hogg seems to imagine. But we must conclude by adding that a great deal of useful information is collected together in this work.

Essays on Medical Science.—1. *On the Nature of Inflammation* 2. *On the Encephalic Circulation, etc.* By James Cappie, M.D. Edinburgh. 8vo. Pp. 103.

Dr. Cappie, in his investigations into the nature of inflammation, finds that, without having been aware of it, his views are much of the same kind as Virchow's. In fact he imagined, while penning this essay, that his views were original. The last October number of the *Medico-Chirurgical Review* has shown him that he had been anticipated by Virchow. The fact that two observers have thus unknowingly to each other arrived at similar conclusions adds much to the interest of this new doctrine of inflammation. The view held by most modern pathologists with regard to the fibrinous exudations attending inflammation is this: that they are exuded from the blood-vessels. But according to Virchow and Dr. Cappie they are immediately elaborated at the seat of the inflammatory action. It appears that so long ago as 1850 Dr. Cappie was asking the question, "whether the plasma found in the intervascular spaces is to be considered an exudation at all."

We shall not enter at the present moment into this interesting question, but shall confine ourselves simply to a short account of the arguments which have brought Dr. Cappie to the conclusions here stated.

Inflammation he regards as a process of abnormal nutrition. The nutritive process is excited inordinately; more blood flows through and is attracted to the inflamed part. The quantity of fibrine is increased in the blood, and often also at the part. How is this? Dr. Cappie regards the fibrin of the blood not as a nutritive material, but as an effete matter—as the product of the wear and tear of the tissues; consequently, as increased action is going on at the inflamed part, increase of fibrin occurs. "Where inflammation exists the intervascular spaces furnish more than their 'usual amount.' Its increase in the circulation will be the natural and necessary result of its increased local production." If we want to know how it comes to pass that the tissues can produce this extra, and often very large amount of fibrine, we find an answer in this: that the natural function of the tissue is to secrete this fibrine, which having no channel of its own, is received into the circulation. We, therefore, have only to adopt such measures as will cause the changes of growth and decay to go on faster than usual in order to secure an extra secretion of it. And we must admit that in inflammation the ultimate elements of the texture are produced more abundantly or pass more rapidly through the series of changes that end in their dissolution. All this, Dr. Cappie contends, agrees exactly with what we know of the phenomena of inflammation. He ends this chapter with a review of the opinions of our leading authorities on the subject of inflammation. But into this ever-debateable ground we must not follow him.

The second part of his book is an interesting chapter on the Encephalic Circulation and its relation to the Physiology of the brain. Herein Dr. Cappie describes peculiarities of the cerebral circulation, which have not, he thinks, received all the attention they merit. He adopts the opinion that the contents of the cranium are always of necessity the same in amount. If one of the elements be increased, the other must be diminished. If the nervous substance increase, the fluids must diminish, and *vice versâ;* or if one of the fluids increase the other must be diminished. Now the nervous matter requires length of time for its change, which must under ordinary conditions be very limited. Neither, if Dr. Cappie argues truly, can the serous fluid be immediately increased. So he concludes, that in short periods of time "the absolute quantity of blood in the cerebral vessels will not be liable to much variation." The changes which occur in the brain in sleep, coma, etc. are

connected with altered conditions of the circulation. In sleep, for instance, the nutrition of the brain-substance is first diminished, the consequence of this is diminished vascular activity in the nervous tissue; and then follows pressure on the surface of the brain, produced by the veins becoming distended. How this distension of the veins is effected, our readers will find in Dr. Cappie's book; but the detail of the process would carry us too far. He also explains how the balance of the circulation of the brain is affected in other cases, producing various disorders of the function; and he does all this very ingeniously. We have read his two essays with very great pleasure, and without subscribing fully to a belief in the correctness of the views they promulgate, we will add that we consider them to be the production of an original thinker and a careful observer.

Die Elektricität in der Medicin. Von Dr. J. Althaus. Berlin: 1860. Pp. 336.

(*A Treatise on Medical Electricity.* By Dr. Althaus.)

The above is a careful German translation of Dr. Althaus' able treatise on Medical Electricity, which was fully reviewed in this Journal for July 30, 1859. This treatise has also been reprinted at New York, and we have been informed that a French translation of it is preparing for publication; a very sufficient indication of the success of any work.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

THE VIENNA SCHOOL AND ITS REPRESENTATIVES.

Dr. Karwowski, a Polish Professor who has recently been at Vienna, has contributed to the *Medicinische Zeitung Russlands* an interesting account of his visit under the above title. We here present a translation of the most important of his observations.

A rational diagnosis is founded upon a comprehensive knowledge of the physiology of the organism, and of the pathological changes which may take place therein. To attain it, physiology, physiological and pathological anatomy, organic chemistry, and the various appliances for the examination into the condition of the diseased economy must be summoned to our aid. Such a diagnosis is that put into force by Professors Oppolzer, Skoda, and Hebra, contrasting by its comprehensiveness with the undue devotion to some special means of investigation manifested by some of the leaders of the Paris School. If in this way a rational diagnosis may be easily attained, it is far from being the case with rational therapeutics, which implies an exact knowledge of the mode of operation of remedies. Most of these give rise to chemical processes within the economy the operation of which is utterly concealed from our cognizance. To explain such processes simply by chemical laws, and to convert, with Mialhe, the animal frame into a retort, is a very fruitless procedure, inasmuch as the results of practice are continually opposing themselves to, or not agreeing with, our conclusions. In the present state of science a rational treatment is, in fact, well-nigh impossible; and this is the view of the leaders of the Vienna School, who, having recourse to but few remedies, leave the curative process to the care of the beneficent *vis medicatrix Naturæ*. This may be very convenient for the Practitioner, but is far from being so for the sick man; and in this respect the Vienna School is very faulty—especially with respect to Skoda, who, beyond opium and cinchona scarcely employs any medicinal agent, and who, in fact, might well be termed "a homœopathic allopath." Other of the teachers, as Oppolzer for example, do not carry their sceptism so far as this, and do not repudiate remedies practically approved because they cannot be theoretically justified. An exact diagnosis and expectative treatment constitute the type of the Vienna School.

The chief renown of the Vienna School arises from Oppolzer's and Skoda's Medical Clinic and that of Hebra for skin-diseases. Then come the Obstetrical Institution and Gynæcological Clinic, both under the direction of Professor Braun; the Surgical Clinic of Professors Schuh and Dummreicher; the well-known Eye Clinic, under Professors Arlt and Jäger; and, finally, a special Clinic for Diseases of the Chest, by Professor Kolisko, and one for Syphilis by Professor Sigmund. All these are within the colossal General Hospital, which accommodates 2300 patients. This is admirably located hygienically, the structure being surrounded by promenades, fountains, etc., enabling the convalescents to breathe fresh air without leaving the establishment. The wards are spacious, but are by no means remarkable for cleanliness or order, with the exception of Skoda's Clinical Ward, in which a certain amount even of elegance is met with. The hygienic condition of the patients in this Hospital is better than that of the inmates of the Paris Hôtel-Dieu and La Charité; and the assembling the clinical establishments all under one roof saves a great loss of time to the learner.

The most frequented Clinic is with justice that of Professor Oppolzer. It is small, consisting of two wards, each with twenty-six beds, always containing, however, interesting and important cases. The Professor's lectures are also of that kind which enable his hearers to derive the greatest advantage from them. Not allowing himself to dwell upon entangled scientific questions, he directs the attention of his hearers to subjects of especial interest to the Practitioner. Before all things is his teaching rich for the investigation of disease, and so exact and conscientious an analytical diagnosis is nowhere else to be met with. He is the very model of a clinical teacher. Without having any theory to support, he developes the rich stores of his knowledge so as to utilize any practical case, and seeks to initiate his pupils into his mode of procedure. No auxiliary means, from percussion to the microscope, and chemico-pathological researches, are neglected by him; and almost every day, after two hours' clinical instruction, he repairs to the laboratory, there to pass another hour in analysing the urine or other excretions of his patients. To many this may seem superfluous; but one must witness such investigations to become impressed with their importance, and to be convinced how often difficult problems in diagnosis may be brought nearer solution by their aid. The procedure, moreover, is not so very difficult, and the time will certainly come when no accomplished Physician will venture to dispense with it. To cite an example of how important such investigations often are, we may specify Bright's disease. It is well known of how great importance it is to distinguish between the acute and chronic form of this disease; at least, according to Oppolzer, the first is always, the second never, curable, and it is by the examination of the urine that we can decide when the one condition passes into the other.

All that has been said of the superiority and advantages of Oppolzer's Clinic will not apply to that of the famous Skoda. The latter contains the same number of beds, the greatest cleanliness and order prevails, and the number of cases of lung and heart disease is greater. Notwithstanding the renown of the teacher, his wards are not filled by one-half so many listeners as are those of Oppolzer, a circumstance explained by the fact that Skoda's lectures are more learned than practical, and far too rationalistic. Certainly much is here to be learned, but the Physician visiting Vienna for the completion of his scientific education, and somewhat limited for time, will do well to content himself with some visits to Skoda's Clinic, and devote the greater portion of his residence to that of Oppolzer. Moreover, it seems to me that Skoda's therapeutical views, trusting as he does only in opium and bark, are not calculated to advantageously influence a beginner. In the therapeutical department is also Dr. Kolisko's Clinic, appropriated solely to Chest Diseases. It has nothing remarkable about it, beyond furnishing abundant opportunities for the practice of percussion and auscultation, on which means of investigation Dr. Kolisko also delivers a private course of lectures.

The Vienna Obstetrical Clinic is under the direction of Professor Braun, still a young man, and full of ardour in his department. Upon an average ten births take place daily, and in no similar establishment are there like facilities offered for the formation of expert accoucheurs. Any foreign Physician may, upon the payment of ten gulden, (twenty shillings) obtain for a half-year permission to visit the Clinic daily, and practise the performance of obstetrical operations. Connected with this, a Clinic for the Diseases of Women, containing twelve beds, has recently been opened.

There is no Clinic for Children's Diseases within the General Hospital, but this deficiency is amply supplied by the St. Anne's Hospital, at no great distance off, where Dr. Mayr delivers a lecture daily, and reputation speaks highly of the establishment, which, however, on account of its high charges (twenty-five florins, or fifty shillings, for two months) is but little visited.

Passing from the Medical to the Surgical Clinic, we come to that on skin-diseases, conducted by Professor Hebra, whose name is known to the whole learned world. Well has he acquired the thanks of both patient and Practitioner for the simplicity of his diagnosis, and treatment of this class of affections. The visitor to his Clinic sees and hears with pleasure that so many different diseases, loaded with such extraordinary appellations, either do not exist at all, or are mere modifications of a few well-known simple forms. Practitioners grounded in the views of the old school see with alarm the destitute and barefoot children, the subjects of measles, standing upon the cold floor during the hour of lecture—no ill consequence, however, resulting. Hebra's treatment is very simple, and almost always successful. Great is the contrast indeed between it and the practice at the Paris St. Louis, concerning which Hebra always expresses himself with much severity. Following the anatomico-pathological bias of the Vienna School, Hebra distributes the various forms of skin-disease into ten classes: hyperæmias of the skin, anæmias, anomalies of secretion, exudatory processes, hæmorrhages, hypertrophies and atrophies, neoplasms, ulcerative processes, neuroses, and parasites. He gives annually three complete courses of lectures, each lasting three months, and occupying an hour and a-half for five days a week. The lectures are delivered in the amphitheatre, and are usually commenced by the exhibition of new patients *in naturalibus*. The Professor makes his diagnosis, calls attention to any peculiarities, and indicates the *modus medendi*. On future days the same patients are again introduced to the class, in order that the course of the disease or the operation of the remedies may be witnessed. His demonstration occupies about one-half of the time, and the remainder is devoted to the lecture. Although Hebra's Clinic is one of the best supplied in Europe, yet, as regards rare forms of disease, it is not to be compared with that of the Paris St. Louis, where, during his two hours' lecture, I have seen Hardy introduce several decades of the most different forms of skin-disease one after the other. It is much to be regretted that Hebra has never yet published a special work on this branch of Medicine; but he is now engaged in bringing out a magnificent Atlas which, by reason of its careful execution, will surpass all that has been done upon this subject. Unfortunately, its high price will confine its circulation to libraries. Finally, I may mention that Hebra utterly denies the truth of the doctrine of metastasis in skin-disease, and this exerts a considerable influence upon his therapeutical procedures. With regard to *plica Polonica*, a subject upon which I felt much interested, he is thoroughly convinced it depends upon no dyscrasis, but simply upon the neglect of the condition of the hair or upon a seborrhea of the scalp; and he often declares that our notorious disease is nothing more or less than "piggishnesss."

The Surgical Clinic is under the direction of Schuh and Dummreicher; but I would advise no one to come to Vienna for the purpose of Surgical instruction. Both Clinics are only indifferent, and not to be compared with those of Paris. That of Schuh is the most visited. The lectures, delivered in a spacious amphitheatre, commence with the exhibition of out-patients, and terminate with the operations. The peculiarities are not dilated upon, and the grounds of the performance of the operations are not stated. It is evident that the Clinic exists for Schuh and his assistants rather than for the eager student. I had the opportunity of witnessing some considerable operations performed by means of the galvano-caustic, which Schuh has for some time past shown a great predilection for. The results, however, were often far from being favourable.

Of the special Clinics, that for Diseases of the Eye, by Professors Arlt and Jäger, deserves notice. In the first of these especially much is to be learned, as the lectures are well grounded, and easily comprehended by beginners. The Professor gives a most excellent private course of lectures upon operations of the eye, as does Professor Jäger on the ophthalmoscope. For those who desire to become accomplished oculists nothing can be better recommended to them than, after getting well grounded at Arlt's and Jäger's Clinics, to repair to Paris, where, in Desmarres' Clinic, they will find inexhaustible material for the completion of their instruction. This Clinic is of entirely a different character, for, although the patients are here likewise examined by means of the ophthalmoscope, Desmarres gives no lectures upon this instrument, or upon operations. To derive advantage from this Clinic previous preparation is, therefore, requisite.

The fame of the Vienna School does not depend alone upon these clinical establishments, the theoretical portion of Medical science being also amply represented. Descriptive and Topographical Anatomy has its Hyrtl, Physiology its Brücke. For Pathological Anatomy it is enough to cite the name of Rokitansky, and for Pathological Chemistry that of Heller—names which at once call to mind whole series of discoveries that have led to great reforms in Medicine, and bear witness to the great advancement of human knowledge in these departments.

EXCERPTA MINORA.

Ligature of the Femoral Artery for Elephantiasis of the Leg.—Dr. Ogier reports a case of elephantiasis of enormous size which had existed for five years in a negro, 26 years of age, for which he applied a ligature to the femoral. At the time of the report—three months afterwards—the leg and foot were said to have subsided to very nearly the natural size. In Dr. Carnochan's case, which Dr. Ogier quotes as a cure, the disease returned.—*American Journal of Medical Science*, April, p. 575.

Turpentine in Stomatitis Materna.—Dr. Brandon, of Georgia, extols the efficacy of turpentine in stomatitis materna, given in doses of twelve drops three times a-day. Castor oil or laudanum is combined, according to the state of the bowels.—*Ibid.* p. 576.

Novel Mode of Removing a Foreign Body from the Nose.—A small child having got a cherry-stone lodged within its nose, and the efforts of a regular practitioner having failed, the services of the village barber, who likewise practised the healing art, were called in. He administered a powerful emetic, and at the moment when vomiting was about to commence, clapped a handkerchief tightly over the child's mouth. Either from the violent expulsion of the contents of the stomach against the nares, or the impulse given by the expired air through the same channel, the stone dropped on the floor.—*Ibid.* p. 567.

Anomalous Conformation of a Lung.—Dr. Packard found, on examining the body of a gentleman, aged 35, that the left lung consisted of two distinct portions, the usual fissure between the upper and lower lobes extending completely through to the root of the organ. One division of the left bronchus, one branch of the left pulmonary artery, and one pulmonary vein passed down to the lower segment, which was very pale, while the upper segment was red and congested. Dr. Wallace, Demonstrator at the Jeffreson College, informed the author that he had met with two similar instances.—*Ibid.* p. 565.

Successful Case of Ovariotomy.—Dr. Roemer, of Otter Bridge, Va, relates the case of a lady, aged 38, who had borne six children, the youngest being 3 years of age, the enlargement of the abdomen coming on soon after her last confinement. A multilocular cyst was supposed to exist, and after various palliatives had been tried, the operation was resolved on. This was performed December 12, 1858, chloroform being employed. An incision, eight inches long, was made. The pedicle was found to be two and a-half inches wide, one and a-half inches thick, and about eight inches long, and was secured by ligatures of strong twine. The cyst and its contents weighed twenty-five pounds, the fluid being of the consistence of molasses. The main cyst contained two secondary cysts of tubercular nature. The report of the case comes down to February, 1859, when the patient had resumed her active household duties.—*Ibid.* p. 568.

Treatment of Aneurism by Compression.—A case of aneurism of the iliac artery, in which compression was successfully employed, occurred lately at the Charity Hospital, New Orleans, under the care of Dr. Stone. Twenty students volunteered their services for its performance, and at the end of thirty-six hours the cure was complete.—*Boston Journal*, March, p. 152.

GENERAL CORRESPONDENCE.

SIR B. BRODIE AND THE COLLEGE OF SURGEONS.

Letter from Dr. Rowdon.

[To the Editor of the Medical Times and Gazette.]

Sir,—In common, no doubt, with the great majority of your readers, I perused with the utmost astonishment, the letter of Sir B. Brodie, in your Journal of last week, in reply to complaints that had been addressed to him regarding the admission of certain persons as Members of the College of Surgeons. If the question now raised had been limited to the consideration of the particular cases of which public complaint had been made, I should have abstained, as I have hitherto done, from offering any opinion regarding it. But since the justice of admitting such persons Members of the College is publicly maintained, as a general question, by so high an authority as the President of the Medical Council, the subject has become infinitely more serious, and calls for the immediate and earnest consideration of the Profession.

In comparing the Apothecaries' Act of 1815 with the Medical Act of 1858, as regards their retrospective operation on vested interests, it must be borne in mind that the circumstances are by no means parallel, and that the condition of the Profession at those two periods was wholly different. It is well known that before 1815 no regular course of Medical education had been instituted for the regulation of General Practitioners, and that no examination had been required in order to confer a legal qualification to practise. It was, consequently, out of the question to require from those who first presented themselves for examination under that Act, proof of having completed a definite course of study. The interests of those already established were so far preserved, that such Practitioners were regarded as legally qualified, on the bare ground of their having been in practice prior to 1815, up to which period no curriculum of study, and no examination whatever, had existed. It was at the best but a kind of negative qualification, rendered necessary by the absence of all kind of previous legislation and therefore justified by the circumstances. But no provision was made or implied to lower the examination to meet those cases and so to stamp such practitioners with a certificate of positive fitness and qualification to practise.

In 1858, the whole question as regards the retrospective operation of the new Act was widely different. During the interval that had elapsed of upwards of forty years, Medical schools had so multiplied, both in London and in the provinces, and the facilities for acquiring theoretical and practical instruction had become so infinitely extended, not to speak of the regulations that had been imposed at various times by the different examining bodies, that there no longer existed an excuse for any one to assume before the public a Medical title without having passed an examination, or at all events without having undergone the usual course of Medical studies. It is stated in the letter of Sir B. Brodie, that of late years only a few obscure persons have ventured to offer themselves to the public as Surgeons without any other evidence of qualifications than their own word; but although in these instances the law has not been actually violated, it is scarcely possible to regard such persons as having a claim to equal consideration and indulgence as were accorded to persons in practice before 1815, or to concede to them any right to the preservation of vested interests which have been acquired by an open disregard of all regulations and means for obtaining professional instruction, and undoubtedly to the prejudice of the general public. Yet for such persons indulgence is asked if they have conducted themselves decently and respectably. But how can any man be truly said to be respectable who wilfully imposes himself upon the public under a title to which he knows he has no right? The preservation of vested interests, as stated by Sir B. Brodie, has certainly not been secured to the same extent by the late Medical Act, as by the Act of 1815; but the provisions of Section xvii. of that Act afford sufficient proof that the attention of the Legislature was given to the subject; and by that clause the privilege of exemption from the retrospective operations of the Act was expressly limited to those who had been in practice before 1815.

I will not dwell upon what may have been the intentions of those who framed the late Medical Act; but it must, I think, be evident to every one that the intention of the Legislature in passing it was that no person should be permitted to assume a Medical title, such, for instance, as that of Surgeon, who had not previously obtained the diploma of the College of Surgeons, under the same conditions in regard to Professional education and examination as those under which that diploma had been usually granted to others. The intention of the Legislature is distinctly declared in the preamble to the Act, which states that, "Whereas it is expedient that persons requiring Medical aid should be enabled to distinguish between qualified and unqualified Practitioners," etc.

It seems too much that the Profession should now be called upon to suppose that after the passing of such an Act, with the avowed object of the protection of the public, a Court of Examiners of any of the Medical Bodies recited by the Act, are justified in bringing down their standing requirements in regard to previous Professional study, for the express object of conferring a legal qualification upon those who, through default in education and efficiency would otherwise have been excluded by the ordinary operation of the Act. Such an expedient would appear to me to be not only not in accordance with the spirit and intentions of the Act, but utterly opposed to both; and therefore I for one hasten to offer my humble protest against the promulgation of such a doctrine. I am, &c.

Henry Mortimer Rowdon.

29, Nottingham-place, W.

CORONERS' INQUESTS AND MEDICAL WITNESSES.

Letter from Mr. Wood.

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg to call attention to an omission of the Legislature in relation to the above subject. A case in which the defect worked hardly has been before the public lately. A Medical gentleman, by virtue of a constable's summons, attended four times on an inquest held upon the body of a man who was, as alleged, poisoned. The inquest was adjourned three times; the witness in question gave evidence on the first and last examinations, he was summoned by the direct verbal order of the coroner, and he attended the several adjourned meetings by the express request of the police officer who conducted the inquiry, and by the implied request of the coroner when he adjourned the inquest. The Medical gentleman claimed of the coroner £4 4s. for loss of time,—namely, one guinea for each attendance. The coroner successfully resisted the claim in a County Court, on the main grounds,—First, That the witness had not received a summons under the hand of the coroner as required by Act of Parliament; Second, That the witness could claim no more than one guinea for his attendances—a fee fixed by Act of Parliament for a Medical gentleman's attendance on an inquest, although it might require several meetings.

I must refer to the two Acts of Parliament bearing on the point, and briefly state their purport. They are the 6 and 7 Wm. IV., c. 89; and the 1 Vic. c. 68. The first Act provides for the attendance and remuneration of Medical witnesses at coroners' inquests, and empowers coroners to summon such witnesses; it also fixes the Medical practitioner's fee for attending to give evidence, without a post-mortem examination, at one guinea. The second Act provides for the payment of such witnesses by coroners, in lieu of payment by the overseers of parishes under coroners' orders. It seems that to support an action against a coroner by a Medical witness under this Act, which makes coroners pecuniarily liable, it would be necessary to prove that the witness was summoned under the provisions of the 6 and 7 Wm. IV., c. 89; and if summoned under that Act, he is entitled to recover only one guinea, notwithstanding adjournments at which he attended.

What I contend for is, that Medical gentlemen should be relieved from this anomalous position; for by a parity of reasoning, based upon other statute law and common justice, it is not fair that the valuable time of members of the Medical profession should be forcibly engaged without an adequate remuneration. The intention of the Legislature could not

have been this, but the framers of the above-quoted Acts seem not to have considered the chance of adjournments of inquests, and the consequences which I complain of. I offer this as worthy of note by those who watch the interests of the Medical profession as affected by Acts of Parliament.

I am, &c.

Charles-square, N. EDWARD J. WOOD.

IS CHLOROFORM SAFE IN MIDWIFERY?

LETTER FROM DR. SKINNER.

[To the Editor of the Medical Times and Gazette.]

SIR,—In reply to the important enquiries of Dr. Kidd, in your number for April 14, I beg to offer the following necessarily brief remarks as founded on my "actual experience" of Midwifery practice, both with and without chloroform, during the space of the last ten years at least.

1. Is chloroform safe in Midwifery? This question can only be settled by an appeal to the facts of experience. Statistics are not easily obtainable, as chloroform is chiefly used in private practice. For want of better, your correspondent, Dr. Kidd, has favoured us with a few. In his excellent manual on Anæsthetics (1858, p. 99) he states, that in 1699 unselected cases of women delivered under the influence of chloroform, "there was not the slightest accident or casualty traceable to the anæsthetic." I beg to add, that in Professor Simpson's practice (and I run the chance of his displeasure in stating the fact) there is no less than from five to seven gallons annually consumed! Such an enormous consumption, for twelve or thirteen years, in the practice of one obstetrician, without a single death or accident of any sort occurring, is surely sufficient guarantee, even to the most sceptical, of the safety of chloroform in anæsthetic midwifery. When I add, that there is not a single well-authenticated case of death, or other substantial accident from the use of chloroform in Midwifery, what greater proof is wanted?

2. Is "turning" effected as easily without as with chloroform? I was not aware that a doubt could exist on such a question. In a general sense, the comparative merits are as follows:—

With.	*Without.*
1. The hand can be introduced at any time, and may be retained a reasonable length of time without pain to the patient.	1. The hand must be introduced only in the interval between two pains. It often cannot be retained a reasonable length of time; and the operation is often attended with great pain.
2. The hand rarely, or never, requires to be withdrawn and re-introduced on account of being benumbed.	2. The presence of the hand in utero excites the pains (unless there is *inertia uteri*); their benumbing effect paralyses the hand, requiring its withdrawal and reintroduction, which becomes a fertile source of irritation, if not of inflammation.
3. The uterine pains being in complete abeyance, and the abdominal walls relaxed, the external and internal manipulations are much more easily, safely, and expeditiously accomplished, and there is less danger to the internal surface of the womb.	3. The uterine pains being more readily excited, and the bearing-down efforts being uncompromised, it is not difficult to draw the distinction with the difference.
4. The relaxation of the general system.	4. Increased irritability and tonicity.

N.B. Anæsthesia, to be of use in the operation of version must be complete, *i. e.* sufficient to destroy sensibility and reflex action. If incomplete, the Obstetrician will deservedly meet with disgust and disappointment. When the operation is completed, reduce the anæsthesia, wait for a pain, and proceed as if it had been a footling presentation from the first.

3. In anæsthetic Midwifery, is it better to introduce the blades of the forceps before or after anæsthesia is commenced?

a. If an experienced Anæsthetist, or a trusty assistant, is present, or if the Accoucheur has sufficient confidence in himself, the blades are best introduced after complete anæsthesia has been induced. When the blades are fixed, reduce the anæsthesia, wait for a pain, and proceed as before their application.

b. The blades may be advantageously passed without any chloroform, particularly in cases where it can be done without causing pain. When a uterine pain comes on after they are applied, administer chloroform and proceed.

c. On no account should any attempt be made to introduce the blades under the partial influence of chloroform, as the chances are that the patient will become so restless as to make it next to impossible to introduce them with safety to the patient, or with comfort to her Accoucheur.

1, St. James's-road, Liverpool, I am, &c.
April 19. THOMAS SKINNER, M.D.

OPIUM POISONING.

LETTER FROM MR. EWENS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I think the following case, which occurred a few days since, may be of interest to the Profession, as showing, if any further proof were required, the powerful positive influence which ipecacuanha exerts, in neutralising the narcotic effects of opium.

By a mistake of the mother (which it is not necessary to explain) one-half of a powder—intended for a boy aged 16 years, suffering from a severe cold—containing four grains of calomel and ten grains of Dover's powder, prepared by myself, was administered to an infant at the breast, aged 9 months, suffering from varicella, about six o'clock p.m. on May 4, and the other half was given at eight a.m. on the following morning.

Between ten and eleven o'clock a.m. I called to see the other patient, and then discovered the mistake. On inquiry I found that the child had been very restless all night, and, as far as I could judge from the description of the mother, a very stupid woman, slight convulsions occurred; but just previous to the second dose the child appeared tolerably well. When I arrived the child had just gone to sleep, but it was not difficult to rouse it. I found the child in the following condition:—Looking languid, sleepy, and fretful; eyelids widely separated, with a staring appearance, pupils contracted very considerably, as compared with previous and subsequent days; body cool, extremities cold, and pulse feeble; bowels not much open; takes the breast readily, and then goes to sleep. The only emetic I had at hand was tartar emetic, of which I gave about two grains, divided into three doses, and repeated at intervals; but this, with tickling of the fauces with a feather failed to excite vomiting, until the child was allowed to take the breast, when the desired result was effected, but with (apparently) no more utility than that of rousing the child, as the vomited matters did not smell of opium, nor did they appear to consist of anything more than the milk, with two or three small pieces of meat, which had been given soon after the second dose of the powder. I ordered the child to be carried about the whole of the day, and, if inveterate drowsiness occurred, turpentine, sprinkled on flannel, to be applied to the calves of the legs and armpits, which was done several times during the day. At seven p.m. the father reported to me that the child appeared better, and took more notice of those around; but it "twitched" a good deal. I recommended that it should not be allowed to sleep till four or five o'clock a.m., which recommendation was carried out as far as possible.

At eleven a.m. of the 6th instant, I again saw the child, who then appeared quite well, and had slept comfortably, the eyes presenting none of the peculiar appearances noticed on the previous day.

Of course every practical man knows well that Dover's powder may be given in doses containing a much larger portion of opium than could be administered alone; but I was not aware that ipecacuanha would exert so decided an influence when given with opium to an infant; for I think the whole of the second dose must have been absorbed and carried into the system before the emetic was administered, the interval being at least of three hours' duration. Had the calomel anything to do with the arrest or mitigation of the symptoms of poisoning? Not having had any experience in

such matters, I merely throw out the suggestion for the consideration of those more versed in toxicology.

Dr. Taylor ("Medical Jurisprudence," p. 147, Third Edition) mentions a case in which a child, aged 4½ years, was killed by four grains of Dover's powder, and another of a child, aged 4 months, nearly killed by one grain.

I am, &c. JOHN EWENS.

Milton Abbas, May 12.

GENERAL RESULTS ARISING FROM A LOWER RATE OF MORTALITY AMONG THE INSANE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In former letters I have shown that the disproportionate increase of the insane beyond that of the population, does not prove that a larger proportion of cases arise now than formerly; that although we have more insane women than men, the fair sex are not more liable to the disease; that the larger proportion found in country localities is not evidence that insanity prevails to a greater extent in rural districts, and that the preponderance of the insane in civilised countries is not attributable to high mental culture. I have shown, too, that these apparent anomalies may be accounted for by the comparatively lower rate of mortality between the present and former periods, between women and men, country and town districts, civilised and uncivilised states.

The importance of diffusing correct notions as to the best method of estimating an agency so potent is obvious, and this appears to be the more necessary, seeing that loose and unguarded statements are often made by those not conversant with the subject on which they venture to treat. Only a few weeks ago I read an account of a large asylum in which the following passage occurs:—"The uncompromising statistics of the Registrar-General tell us that here the average mortality is seven per cent. In other asylums the patients die at the rate of from thirteen to seventy-two per cent."

Without crediting the truth of this startling assertion I propose to show that it may possibly have arisen from ignorance of the two different computations adopted by statisticians. The usual and best method of estimating the rate of mortality in asylums is by making the calculation on the average number of patients resident in the house, and a second method is to take only the numbers admitted as the basis of reckoning.

If we take for instance two asylums having the same average number of inmates, say 100, and that 7 deaths occur in the course of a year in each house, consequently if the residents be made the basis of calculation we have the same rate of mortality, 7 per cent. in both. Suppose again that into one of these houses only 4 patients have been admitted during the year, and three of them (possibly death-stricken when received) have died within the same period, a computation of the mortality made on the admissions would give a rate of 75 per cent. By adopting one method of reckoning we obtain 7 per cent. and by the other 75 per cent. as the death-rate in the same asylum.

May 8. I am, &c. G. H.

THE COLLEGE OF PHYSICIANS AND THE APOTHECARIES' COMPANY.

[To the Editor of the Medical Times and Gazette.]

SIR,—Notwithstanding the flourish of trumpets which heralded the recent determination of the College of Physicians to license a new class of Practitioners, nothing seems to have been officially made known to expectant aspirants for that honour. Not being better informed than most other individuals, I can only conjecture respecting the causes of delay. Believing it is much more easy to pass resolutions than to carry general principles embodied therein into operation, no one should be surprised if legislation proceeds slowly. However, knowing something about law, it strikes me there must be legal hitches in this matter. For example, Clause xiv. of the Apothecaries' Act says it shall not be lawful for any person to practise as an apothecary, excepting those who were so qualified previous to August 1, 1815, unless he shall have been examined by the Company's examiners, which thereby shows they had obtained the sole power of granting such licences. No doubt, Clause xxix. appears to reserve all the privileges, etc., of the College of Physicians when declaring it does not interfere therewith, "other than and except such as shall or may have been altered, varied, or amended in and by this Act." But, considering the previously-quoted section, which states no one can act as an apothecary unless a licentiate of the former Society, these words, hence, make an alteration in the Physician's privileges; and consequently, if they really have any meaning, must restrain persons not as above qualified from dispensing medicines to patients. Even if that doctrine be sound, objectors, on the other hand, assert, when a Medical man's name gets on the Register, he may then practise Medicine or Surgery, or Medicine and Surgery, in any part whatever of her Majesty's dominions, "according to his qualification or qualifications." That is correct; yet no mention is ever made, either of physic or pharmacy. Such an omission constitutes a great distinction; as for instance, to graduates of the London University, who are precluded by a special Act of Parliament from practising surgery, pharmacy, or midwifery. Therefore, if these parties be actually on the Register, having only the University diploma, according to that qualification they can merely practise physic, not supply remedies. Further, jurists who have investigated this subject think Medical Practitioners derive their professional rights solely from the documents which they hold; and seeing the Act of 1815 gave a monopoly to the Apothecaries' Society, no one can legally practise in England or Wales as a General Practitioner, except Hall licentiates. Lately, competent authorities enunciated in Westminster Hall, that "some things might appear clear to the Medical, but doubtful to the Legal mind." This trite axiom is true; and until Courts of Law have settled what is signified by the words, to practise "according to his qualification," it becomes at present premature to speak dogmatically on the point at issue. To remove existing doubts upon so momentous a question, the opinion of some eminent counsel learned in corporation law should be obtained forthwith; not only thereby to guide Medical Colleges now about making novel regulations, but for the information of anxious students yet hesitating whether they ought to wait until the amended rules are issued from Pall-mall East, or hopefully to wend their weary way towards Blackfriars as heretofore.

I am, &c. AMICUS CURIÆ.

FATAL EFFECTS FROM VACCINATION.—Great exeitement has been produced at Westford, Massachusetts, U.S., by some deaths which have resulted from vaccination. The matter used consisted of crusts taken from healthy persons. Two or three of these were dissolved in snow-water, the solution being kept in a phial which was carried in the pocket. A thread soaked in this was the medium of introduction. From this 28 persons were vaccinated without any bad result, on the day it was prepared. A week afterwards, 27 or 28 others were vaccinated with the same material. Five of these were seriously affected with constitutional symptoms, followed by violent phlegmonous erysipelas of the whole arm, with sloughing. Three days later, two more were vaccinated from the same phial, both of whom have since died. [Since this report appeared a third person has died, but whether one of the three last vaccinated is not stated.] At the discussion upon the subject at the Boston Society for Medical Improvement, it was the general opinion that the ill effects were due not to any faulty condition of the matter as originally prepared for use, (and with which in fact 28 persons were vaccinated without ill effect,) but to putrefactive changes subsequently set up in the solution, which, indeed, emitted a very offensive odour. Notwithstanding the declaration of the Physician at Boston, who supplied the crusts, as to their healthy character, the coroner's jury has returned a verdict adverse to him.

PRIZE QUESTIONS OF THE PARIS HOSPITAL MEDICAL SOCIETY.—The Paris Hospital Society has come to the decision of not in future proposing subjects for its prizes, a very middling class of productions often resulting from this plan. The Society will, however, in 1862, award a prize of the value of 2000 francs to the author of the best unpublished memoir upon a subject in Clinical Medicine or Applied Therapeutics—the choice of the subject being left to the competitors. The essays, written in French or Latin, must be sent to M. Roger, 15, Boulevard de la Madeleine, before December 31, 1861.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 8, 1860.

F. C. SKEY, Esq., President, in the Chair.

A Paper by JOHN COCKBURN MESSER, M.D., R.N., was read, giving a

REPORT ON THE CONDITION OF THE PROSTATE IN OLD AGE,

Founded on the dissection of 100 specimens in individuals over sixty years of age. In order to facilitate the consideration of the details of one hundred dissections of the prostate after the age of sixty, the author had arranged them into three classes—namely: First, Those under four drachms' weight; Second, Those between four drachms and six drachms' weight; Third, Those over six drachms' weight. By so doing a broad division is at once made between those that are comparatively healthy—namely, the first and second classes; and those that are so altered as to be likely to affect the health of the patient, comprised in the third class. In the first class there are 20 cases, giving—

	Minimum.	Maximum.	Medium.
Age . . .	60 ..	94 ..	76·2
Weight . .	4 drs. ..	6 drs. ..	4 drs. 57 grs.

These cases, for the most part, differed from the normal state only in point of size, and offered no obstruction to the flow of urine. The presence of small black concretions was very general in these as well as in all the other cases. In 4 cases there were slight appearances of the formation of circumscribed tumours. In 1 case abscess was found associated with stricture of the urethra. In 1 the posterior lobe showed a tendency to enlargement; but it was difficult to say whether the enlargement was more intimately connected with the prostate or with a fasciculus of the muscular coat of the bladder. In the second class are 45 cases, which may be considered normal in condition, and which give—

	Minimum.	Maximum.	Medium.
Age . . .	60 ..	94 ..	76·2
Weight . .	4 drs. ..	6 drs. ..	4 drs. 55 grs.

None of these cases suffered from urinary obstruction connected with the prostate during life, although the bladder was often found fasciculated. In 12 of these, circumscribed tumours were observed, for the most part only slightly developed; in 3, the posterior lobe was slightly enlarged; in 1, abscess was present, the consequence of general paralysis. In the third class are 35 cases, which give—

	Minimum.	Maximum.	Medium.
Age . . .	60 ..	87 ..	75·2
Weight . .	6 drs. 15 grs. ..	48 drs. ..	15 drs. 2 grs.

In 17 of these, the enlargement affected both lateral and posterior lobes; in 14, the enlargement existed chiefly in both lateral lobes; in 1, the enlargement affected only the left lateral and posterior lobes; in 1, enlargement preponderated in the left lateral and posterior lobes; in 1, enlargement preponderated in the left lateral lobe; in 1, enlargement preponderated in the posterior lobe. Thus it appears that 35 per cent. of all prostates after the age of 60 are abnormally large, 20 per cent. are abnormally small, and 45 per cent. are within the limits of the normal weight. This enlargement is principally caused by increase of the fibrous element of the body; the glandular also being increased in amount, but not to the same degree. This new fibrous tissue is deposited in concentric layers, and so forms circumscribed tumours. The frequency of this fibrous deposit is shown by the fact that it was present in 34 out of 35 cases of enlargement, in 27 of which it was found in the form of tumours; in 7, there was no appearance of tumours. It also appears that those glands in which the tumours are marked are liable to the greatest enlargement, as some thus affected were found to weigh 30 drs. and even 48 drs., while those in which the tumours did not appear never weighed more than 17 drs. A comparison of the relative frequency of enlargement of the different parts of the gland shows that the lateral lobes are much more liable to be affected than the posterior: 34 of 35 cases were affected in their lateral lobes, while only 19 of the same number were affected in the posterior lobe. It is rare to find the posterior lobe enlarged while the rest of the gland is normal; only 1 such case in 35 was found. Enlargement of the posterior lobe is the chief cause of obstruction to the flow of urine; but that may also be the consequence of hypertrophy of the lateral lobes, especially when it takes the form of tumours, and they project inwards upon the urethra. It appears from the nearly equal average age in all three classes, that the condition of the prostate does not materially affect the longevity of the individual. A slight difference does, however, exist in favour of those in whom the gland is most nearly normal, the average in these being 76·2 and in the enlarged 75·2. The presence of abscess in the prostate produces enlargement to a greater or less extent, seldom, however, to the same extent as fibrous deposit. The most frequent cause of abscess in the prostate appears to be obstruction to the flow of urine, either from stricture of the urethra, enlargement of the prostate, or the consequence of paralysis of the bladder. The frequency of abscess in the enlarged gland is in the proportion of 5 in 35; in those between 4 drs. and 6 drs., 1 in 45; in those under 4 drs., 1 in 20. The causes in these cases were—stricture of urethra in 3 cases; frequent retention in 3 cases; paralysis of bladder in 1 case. Tubercle is the only other abnormal deposit giving rise to enlargement of the prostate noticed in these cases, and that only in 1 case, which weighed 24 drs. A similar deposit was observed in the lungs, right kidney, and mucous coat of the bladder in this subject. It is worthy of remark that while retention of the urine, more or less complete, is the most important symptom and consequence of enlarged prostate, it is not found in every case. The proportion of men in advanced years suffering from the consequences of enlarged prostate is indeed small. Thus among 1600 old men, with an average sick list of 200, not more than 10 are under treatment for this disease, and half of these only occasionally. A much larger number must be affected with enlargement, as shown by post-mortem examinations of the gland. In 35 cases of enlargement found after death, 13 suffered no urinary symptoms during life, and 2 others only after the occurrence of serious lesions to the nervous system shortly before death. Although many of these cases were not greatly enlarged, some of them plainly showed that the prostate may be greatly altered, and yet the patient be free from urinary obstructions, as in one case, where the prostate weighed 8 drs. 30 grs., with prominent enlargement of the posterior lobe; in another, which weighed 19 drs. 30 grs., with general hypertrophy, and great encroachment on the urethra; in another which weighed 26 drs. 30 grs., with the enlargement principally seated in the lateral lobes. On considering the favourable circumstances for the formation of phosphatic calculi in cases of enlarged prostate, it is surprising that these concretions are not more frequently found. Of the 35 cases of the third class, phosphatic calculi were found in two, the largest weighing 7 drs. 45 grs.; in another, two uric acid calculi, of about 30 grs. each were found.

Dr. MACLACHLAN exhibited three specimens of

ENLARGED PROSTATE.

The first, which was that of a man, aged 86 years of age, was the largest which had been met with in Chelsea Hospital, for the last twenty years. The man had not suffered much, but occasionally was troubled with retention of urine. On these occasions it was generally easy to introduce an instrument, though sometimes there was difficulty—the catheter, no doubt, getting entangled in the transverse band, which was seen in the preparation, uniting the two lateral lobes, and also finding its way into a *cul-de-sac*, terminating the urethra in this specimen, immediately below where the so-called middle lobe usually exists. There was seldom impediment in micturition, notwithstanding the enormous size of the prostate, except when the man had been drinking, and then he invariably came into the Hospital, almost in a dying state. It was on one of these occasions that death took place. The second specimen was chiefly as it had been taken only a few days before, from a man 73 years of age, who underwent the operation of puncture of the bladder about four years previously. There the obstruction arose from enlargement of the middle lobe, which was the size of an ordinary marble. The third

specimen was taken from a case where it was also necessary to puncture the bladder, though the prostate was but of moderate dimensions. There was sometimes great difficulty in introducing a catheter, even where afterwards there seemed little to account for it: the parts then seem to be altered from their usual position by the distension of the bladder and the enlargement of the parts, and one was much surprised on subsequent examination, that the instrument should not have passed easily. He (Dr. Maclachlan) thought Dr. Messer's paper valuable as confirming the opinion, that so far from enlargement of the prostate being common in the old, it was the reverse—atrophy of the gland was the rule, and hypertrophy the exception.

Mr. Henry Thompson said he had learned with great interest the result of Dr. Messer's careful and extended investigations. Having himself produced, at this Society, three years ago, fifty prostates, dissected by himself, he was extremely anxious to compare his own results with the more recent ones of Dr. Messer. He would briefly draw a comparison between them in relation to three or four points. First, the question of numerical frequency with which the enlarged prostate occurs among elderly men. Mr. Busk had been, perhaps, the first to question the received opinion, that it was a natural result of old age. He (Mr. Thompson) had first applied the numerical method to the question. He found 32 per cent. enlarged above fifty years of age; Dr. Messer, 35 per cent. above sixty. Not above 12 per cent., however, showed symptoms during life, He did not consider that the 20 per cent. of prostates found by Dr. Messer, weighing less than four drachms, were abnormally small; true atrophy was much more rare than that. In reference to the seat of enlargement, he (Mr. Thompson) had published the result from an examination of 123 specimens: the conditions found in Dr. Messer's 35 cases corresponded very closely indeed. The frequency with which fibrous tumours occurred in the enlarged prostate, was a subject to which he had drawn special attention. Dr. Messer had further investigated it, and had remarked the presence of these tumours in 27 out of his 35 cases. The question of real incontinence, caused by enlarged prostate, was one which had been also carefully studied. It was well known that the so-called incontinence caused by enlarged prostate was almost invariably the overflowing surplus of a distended bladder, and indicated retention, not incapacity of the bladder to retain. Dr. Mercier, of Paris, had, in 1841, pointed out the fact, that, by a peculiar formation of the enlargement, it occasionally happened that the neck of the bladder was rendered patent, and the urine all ran off as fast as it was secreted. This was excessively rare, and he (Mr. Thompson) had not met with it among the numerous cases that he had examined; but there appeared to be two cases among Dr. Messer's which corroborated the view referred to. He begged to thank the author for his valuable contributions to the subject under consideration. The confirmation of his own researches by this paper had been very remarkable.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, May 2, 1860.

Dr. Rigby, President, in the Chair.

The minutes of the last meeting having been read and confirmed, the following gentlemen were balloted for and elected Fellows of the Society—namely, Henry Martin Holman, M.D.; William Leishman, M.D.; Henry F. Marley, Esq.; and T. H. Waterworth, Esq. Four gentlemen were also proposed as candidates for the Fellowship.

Mr. I. B. Brown, F.R.C S.E., etc., related

A CASE OF RUPTURED PERINÆUM,

and birth of the child between the os vaginæ and anus. In this case the child's head rested on the perinæum, but delivery was delayed, though the pains were very violent, owing to the non-dilatation of the os vaginæ. While a friend of the attending Practitioner went to fetch the forceps, the perinæum gave way between the os vaginæ and anus, and the child was expelled completely through the opening. A fortnight afterwards Mr. Brown pared the edges of the wound, which remained unhealed, and cut through the fourchette. Iron-wire sutures were introduced, and the parts all healed completely.

Several old and curious pairs of Midwifery Forceps were exhibited to the meeting by Dr. F. Charles Cory. The manner in which these instruments were applied was explained by the President.

Dr. Meadows exhibited a specimen of

CONGENITAL HERNIA (?) OF THE LIVER.

The whole of this viscus was enclosed in a pouch, to which it was firmly adherent, and which had protruded through the umbilical opening, drawing forward with it the inferior vena cava, which entered the thorax just behind the sternum. The cæcum was situated in the right hypochondrium, the colon descending thence on the right side to the pelvis, where it ended in the rectum. Portions of the stomach and small intestine were also contained in the pouch with the liver, but there was no obstruction of the bowel. The child died one month after birth, dry gangrene having extended to the mass after the death of the umbilical cord.

Mr. Henry G. Times made remarks on the

MINUTE ANATOMY AND STRUCTURE OF A FIBROUS TUMOUR OF THE WOMB,

exhibited to the Society at the February meeting. The tumour is uterine in its origin; its form is kidney-shaped; it is of the size of a child's head at birth, and weighs ten pounds. The structure consists of uterine fibres and white fibrous tissue, arranged concentrically, with abundant calcareous deposit amongst the laminæ. The pedicle is formed of uterine tissue, spreading out and embracing the sides of the tumour. The length of the utarus is six inches, and the os is occluded an inch from its orifice. By the tumour's weight in growth, the body of the uterus is separated two inches from the cervix, and all the openings into it are occluded. The Fallopian tubes are six inches long, but both alike occluded. Both ovaries are present, but lengthened to three inches into round and cord-like ligaments; the usual ovarian structure, however, is recognisable in both.

A paper, by Dr. A. B. Granville, was read on

CERTAIN PHENOMENA, FACTS, AND CALCULATIONS INCIDENTAL TO, OR CONNECTED WITH, THE POWER AND ACT OF PROPAGATION IN FEMALES OF THE INDUSTRIAL CLASSES IN THE METROPOLIS,

Derived from an experience extending to upwards of 12,000 cases carefully observed. After an appropriate introduction, in which reference was made to the establishment of the present Obstetrical Society, destined to carry out the much higher duties, which a former Obstetrical Society, through pitiful and miserable considerations, had disregarded, of promoting obstetrical knowledge in all its branches; and after contrasting the present more elevated condition of midwifery in this country with its humiliating state when he commenced his practice in the metropolis, Dr. Granville proceeded to give the result of his experience at two lying-in institutions—the Western General Dispensary and the Benevolent Institution—extending over a period of several years, during which he had acted as Obstetrical Physician, and had carefully recorded upwards of 12,000 cases, out of nearly 22,000 admissions, in minutely subdivided registers, to which he had invited the personal inspection of the President. The summary of the varied information thus collected Dr. Granville had arranged in thirteen tables, two appendices, and a coloured diagram, which were circulated among the auditors present at the meeting, while the memoir or report was being read by the Secretary, giving a running commentary, with facts and explanations, illustrative of the contents of the tables themselves. All these facts were preceded by the enumeration of the several means, adopted by the author during his public practice, through which a knowledge of those facts was obtained and registered. Dr. Granville dwelt with much force on the benefit which several branches of human polity would derive from tabulated and positive facts such as obstetrical reporters and Obstetrical Societies alone can supply; and observed that it is, indeed, difficult to conceive how questions concerning the laws which govern the reproduction and preservation of the human species, or which regard the natural

duration of its existence, or the valuation of female and infant life, or the theory of population, can be discussed in the absence of such information as obstetricians alone daily and hourly witness and collect. According to M. Fourier, the eminent French mathematician, there is "in all statistical researches a general proposition to which too much attention cannot be paid,—namely, that the indefinite repetition of events, generally denominated fortuitous, does away with the degree of changeableness that may belong to them. In a series of an immense number of facts, there are none but constant and necessary relations, determined by the nature of things;" and such immense number of facts the published records of the Dublin Hospital, the Maternité of Paris, the reports of Carus, Siebold, Collins, Montgomery, Churchill, Scanzoni, etc., amply supply. Dr. Granville then proceeded to add his own quota of such original facts, which he divided into four great sections:—first, Ages of Pregnant Women; second, Produce of Pregnancies; third, Multiparous Births; fourth, Parturition. He stated at the conclusion that another great source of facts remained to be treated—namely, Abortion; without which, he maintained, all attempts at calculating and duly estimating the power of reproduction in the human species must necessarily be imperfect; but the great length to which the memoir had extended precluded the possibility of this all-important subject being treated on the present occasion, and would be reserved for another season, together with the consideration of some of the most striking cases of the diseases of females and children. The subject of the Ages of Pregnant Women was very fully treated, and elicited some curious results, the principal of which is, that Englishwomen arrive at the culminating period of prolificacy at thirty years of age. The author had shown, on a former occasion, that the same culminating point in France was at twenty-eight and a-half. This culminating point was strikingly shown in the coloured diagram, in which were also exhibited two other curious facts—that just before and immediately after the period of thirty years, reproduction comparatively stood still in the first, and sank to a very low scale in the second; as if, in the former, Nature prepared herself for an immense exertion, being no less than the duplication of births; and in the latter she showed tokens of exhaustion. Under the head of the Produce of Pregnancies at both charities, we have a total of 12,478 children, or 6615 boys and 5863 girls, the proportion of males to females being as one and one-ninth to one, which is a somewhat higher rate than the one cited by Quetelet as the general proportion of the sexes in Europe—viz. 106 males to 100 females. Of the above number of uniparous births, 277 were of still-born children, the male sex preponderating. This proportion of still-born is a more favourable rate than is recorded in all the principal and well-known obstetrical reports. Of multiparous births, Dr. Granville recorded 136 cases of twins, and 4 cases of triplets, being a case of twins in 62¾ labours, and 1 case of triplets in 3154 cases. The Dublin Report gives 1 triplet case in 4652 births. Bérard and Robin assign the produce of twins in Frenchwomen as 1 in 70 or 80 deliveries, and triplets 1 in 7088 cases, being half the English rates. In 1820, at the Western General Dispensary, there had been 16 twin cases in 669 deliveries, being 1 twin case in 42 labours. Under the head of Paturition, the author brings forward afresh his proposal for a much simpler classification of labours into active and passive; the latter being subdivided into manual and instrumental. He thus does away with the use of such inapt denominations as are still retained in most of the modern treatises on midwifery—namely, "natural, premature, preternatural, tedious, laborious, instrumental, impracticable, complicated, difficult, lingering, complex, unnatural"—as if anything could be in Nature unnatural. After mentioning sixteen different positions in which the child presents, besides what he calls the primitive or normal one, under each of which Dr. Granville gives the proportion as compared to the total number of labours; and after having dwelt on the comparative frequency of certain positions to that of others, he proceeds in Tables XI. XII. to show the number of passive labours that had taken place under his direction in 12,478 deliveries, distinguishing the manual from the instrumental, and giving the results as to the children born. In the 267 cases of abnormal presentation, the proportion of still-born children after passive labour was 1 in 304. And another fact is elicited from the two tables in question—viz. that the manual and instrumental labours were nearly equal. Under the head of Mortality of the Mother the proportion of 1 in 500 is recorded. Some important remarks were made on the use of the forceps, Dr. Granville advocating its early employment in labour to prevent craniotomy, the proportion of which operation by-the-by, in his experience, amounted only to 9 in 267 cases of abnormal presentation, or 1 in 1380 labours. The proportion of forceps cases has been 1 in 621 of all the labours. Dr. Granville invariably used a somewhat larger form of Assalini's forceps. The general result of his practice gives a proportion of passive to active labours as 1 in $103\frac{9}{10}$, of hand labours as 1 in 218, and of instrumental labours as 1 in 270. The subjects of placenta prævia, convulsions, hæmorrhage, syncope, and a case of locked-jaw in parturition, were referred to, with their respective frequency, and the manner of their termination. The author concluded with the promise of a second communication for next season, should he be spared another year.

Dr. Tyler Smith observed that when a gentleman of Dr. Granville's age and experience came before the Society with an elaborate paper, it was only due to him that he should be treated with great respect. But still a few critical remarks ought to be made to prevent errors being perpetuated. Now, although Dr. Granville's practice was doubtless good in its day, still it was not up to the mark of the present time. For instance, the forceps had only been applied once in every 600 cases; but no one could now safely conduct a large midwifery practice without recourse to this instrument much more frequently than these figures indicated. Moreover, the maternal mortality had not been mentioned. With regard to deformities of the fœtus, it was now allowed by all physiologists that they could be explained without having recourse to the belief in the power of the mother's imagination. The case mentioned by Dr. Granville was not an example of arrested development, but simply an instance of intra-uterine amputation. Dr. Montgomery had admirably explained this subject in his valuable essay. It is also well known that the fœtus in utero suffers from small-pox; but he never before heard that this disease was due to the mind of the mother acting upon the unborn child.

Dr. Murphy asked for an explanation of one or two points, especially as to the earliest and latest periods of life at which the author had known pregnancy to occur. He also remarked that it seemed to him very difficult altogether to ignore the influence of the mother's imagination in producing certain deformities of the fœtus.

Dr. Tanner said that, owing to the time allowed for the meeting having elapsed, he would only make two observations on the paper which had been read. First, with regard to the influence of the mother's imagination or fears in producing deformity of the fœtus. On this head he would remind the fellows that Dr. William Hunter took some pains to investigate the subject at the Lying-in Hospital to which he was attached as Physician, and with this result—namely, that in 2000 cases there did not occur a single instance in which there was any coincidence between the fright, or accident, or longings of the mother and the deformity of the child. Dr. Tanner had himself met with an instance where the evidence in favour of some connexion between a fright and the deformity appeared to be strong, until the case was examined into, when it was found that a normally-developed gland had been mistaken for disease. The second point was as to the propriety, in breech presentations, of adopting Dr. Granville's practice in using the blunt hook to pull down the legs. Dr. Tanner considered such a proceeding would often be fatal to the infant. He always endeavoured, on the contrary, to keep the legs up rather than to pull them down, so that the umbilical cord might not be unduly compressed.

Dr. Druitt wished to make only one remark. The question as to the influence of the maternal imagination in producing deformity of the child ought to be looked at from every point of view. Now, how did the advocates of this theory explain the malformations of chickens, etc.? Surely no fright to the hen while sitting could affect the chick in the egg.

Dr. Granville having replied, the meeting adjourned until June 6.

Dr. Noble, of Manchester, has had conferred upon him by the University of St. Andrew's the honorary degree of Master of Arts.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

LUNATICS (SCOTLAND).

Mr. ELLICE asked the Lord Advocate whether he intended to introduce a Bill during the present session for the better regulation of the law relating to lunatics in Scotland?

The LORD ADVOCATE said that a Bill had been prepared to deal with the subject, and it would be laid upon the table, he hoped, before the Whitsuntide holidays.

MEDICAL OFFICERS OF THE NAVY.

Sir E. GROGAN wished to ask the Secretary to the Admiralty what steps had been taken since the 24th of February last to carry into effect the provisions of the late Naval Warrant as regards Medical officers in the navy? The pay had been conceded, but for some reason the other and more important advantages of the warrant had been withheld. The question of allotting cabins to the Assistant-Surgeons had also not received from the Admiralty the attention it deserved.

Sir J. PAKINGTON: I trust that the Secretary to the Admiralty will give a satisfactory answer as to the intention of the Admiralty to carry out the warrant relative to Medical officers of the navy. I mentioned to the House, on a former occasion, the case of the Assistant-Surgeon of the *Queen*, who was denied a cabin. I stated that I had heard there were four vacant cabins, one of which was given to the bandmaster, and the rest applied to stores and other purposes comparatively unimportant, while the Assistant-Surgeon was not allowed to have one. The noble lord said he had not heard of the circumstance, but I am sorry to find that my information was correct, and that the grievance to which a most respectable class of officers were exposed has not been removed. (Hear, hear.)

Lord C. PAGET said: As to the question of the hon. baronet (Sir E. Grogan) I have to state that the Surgeons in the navy are about to receive a new uniform of a more ornamental character than the present. The reason why we have had to wait till the position of masters, paymasters and engineers was fixed is simply that the non-executive officers must be distinguished from the executive. In a few days, however, an order will be issued which, I trust, will be satisfactory to the service. As to cabins, I cannot hold out the least hope that the Admiralty will give the Surgeons cabins the same as the captains of the ships. The thing is perfectly impossible. The Surgeons have very good berths assigned to them, and so, too, have the Assistant-Surgeons, when it is possible. I may take this opportunity of saying that the captain of the *Queen* was very much annoyed at the report of his having given cabins to the bandmaster and other persons, and refused one to the Assistant-Surgeon. Captain Hildyard informed me that he allotted every cabin he could for the accommodation of the Assistant-Surgeons, but that, at last, one of those officers wished to turn him out of his own "steward's berth."

MEDICAL RELIEF.

On the motion of Mr. ABEL SMITH, a return was ordered of the Medical officers under the Poor-law Act, showing the division and population of each district, and the amount of salaries paid.

ROYAL MEDICAL BENEVOLENT COLLEGE.—We have pleasure in stating that since the Festival of this Institution on the 26th ult., when the Treasurer announced the collection of the day, and the ladies' contribution to the Building Fund, amounting together to £3700, the following legacies and donation have been communicated, viz. from the late Mr. Collison, Newport Pagnell, £200; from the late Mr. R. W. Brown, Honorary Local Secretary for Bath, £500, and the munificent sum of £105 from Mr. Henry Arthur Hoare, through his Medical attendant, Mr. Veasey, of Woburn.

EDINBURGH UNIVERSITY COURT.—Lord Brougham, the Chancellor of the University of Edinburgh, has appointed Dr. Alexander Wood, President of the Royal College of Physicians, his Lordship's Assessor in the University Court, in room of the late Sir John Melville.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen have just passed their Primary Examination, and when eligible will be admitted to their Pass Examination:—

Anderson, H. B.
Anderson, John
Arthur, James
Atkins, C. A.
Axham, F. W.
Barker, Elijah
Batho, William
Barham, H. T. H.
Barnes, Frederic
Bennett, J. E.
Blackett, G. Price
Bond, C. R.
Bowes, William
Brown, A. B.
Brotherton, William H.
Burt, James
Clay, A. H.
Clarke, W. F.
Cook, W. F.
Connon, William
Corrie, J. J.
Croskery, R.
Douglas, G. C.
Dollman, John
Eddowes, Charles
Elsdale, Robinson
Evans, T. Griffith
Finch, Henry
Fielden, Samuel
Fowler, C. H.
Gale, H. S.
Garnham, Devereux J.
Garner, R. C.
Gambler, T.
Gibson, D.
Gilbert, R. H. T.
Gregory, John
Griffith, George
Greaves, C. Henry
Griffiths, W. H.
Harper, Joseph
Harvey, John
Harrington, J. D.
Hatchett, Joseph
Hayward, James
Holman, Henry
Hodson, Thomas
Jackson, Thomas
Jeaffreson, J. R.
Johnson, R. M.
Jones, Thomas E.
Jones, J. Lloyd
Jones, Owen
Kerswill, George
Laidlaw, William
Leeds, E.
Ling, W. Squire
Lord, Richard
Long, H. P.
Lovegrove, Washington
Makins, John
Marshall, W. N.
Maughan, Samuel
Martin, H. Arthur
Marshall, W. T.
Minns, P. R. J. B.
Milburne, T. Dodd
Mortimer, William
Morgans, J.
Morton, Thomas
Moore, John Thomas
Newby, Thomas
Nimnis, B.
Oliver, Richard
Onley, Samuel
Owen, Owen
Payne, William
Parker, H. P.
Phillips, J. M.
Phillips, G. B.
Pocock, C. J.
Rawlins, William P.
Reilly, Frederick J.
Ridsdale, W. Everard
Roper, Arthur
Robson, M. J.
Searle, F. F.
Sharood, E. J.
Shaw, James
Smith, W. Towers
Soper, William
Spurgin, F. W.
Spyers, T. C.
Swain, J. H.
Thorne, T. H.
Thomas, Evan
Thornburn, J. E.
Tyley, R. Purnell
Waters, J. M.
Watson, William
Ward, Martindale C.
Webber, Hutton J.
Webster, M. H.
Williams, John
Woodman, W. Bathurst
Wynter, D. R.
Yates, James

The following gentlemen also passed their Examination on Wednesday last:—

Brown, John Barr, Sunninghill, Berkshire
Folkes, W., Dukinfield, Manchester
Foulds, Samuel, Whitwell, Derbyshire
George, Ambrose Brook, Liverpool
Middleton, John William, Brussels
Miller, William, Liverpool
Moore, John Thomas, Newton Butler, County of Fermanagh
Piggott, William Cummings, Barbadoes, West Indies
Robinson, Andrew, Newbliss, County of Monaghan
Smith, J. K., Yeadon, near Leeds

UNIVERSITY OF ST. ANDREWS.—List of gentlemen on whom the Degree of Doctor of Medicine was conferred on May 11, 1860:—

Appelbee, Edward, M.R.C.S., Cropthorne, Worcestershire
Bannister, Alfred James, M.R.C.S. and L.A.C., Chelsea
Barlow, William Henry, M.R.C.S. and L.A.C., Manchester
Bernard, John Celestin, M.R.C.S., Trinidad
Bower, Edmund, M.R.C.S. and L.A.C., Weymouth
Brown, Edward Adolphus, L.R.C.P. Edin. and M.R.C.S., Eastwood, Notts
Bubb, Horatio Warner, M.R.C.S. and L.A.C., Wellyn, Herts
Cann, Thomas, M.R.C.S. and L.A.C., Seaton, Devon
Cary, Tristram, M.R.C.S.I., Ireland
Charlton, Egbert, M.R.C.S. and L.A.C., Tonbridge
Cheesman, John, M.R.C.S. and L.A.C., Huntingdon
Cook, John, M.R.C.S., London
Cuthbert, Clarkson, L.R.C.S. Edin., Edinburgh
Danson, Henry, M.R.C.S., London
Dickson, John Steele, Lic. Fac. Phy. and Surg. Glasgow, Belfast
Drewry, George Overend, M.R.C.S. and L.A.C., London
Duckworth, Frederick, Madras
Earle, Frederick John, M.R.C.S. and L.A.C., Sydenham
Fawkner, John, M.R.C.S. and L.A.C., Manchester
Gardiner, William, M.R.C.S. and L.A.C., Cork
Gibson, Thomas, M.R.C.S. and L.A.C., Liverpool
Gillespie, Franklin, L.S.A.I., Cork
Coyder, David, M.R.C.S. Edin., Glasgow

Hall, Egerton Francis, M.R.C.S. and L.R.C.P. Edin., Thetford, Norfolk
Holland, Robert Carr B., M.R.C.S. and L.A.C., Clifton, Bristol
Howard, James Fielden, M.R.C.S. and L.A.C., Shaw, near Oldham
Hudson, George, M.R.C.S. and L.A.C., Newport, Yorkshire
Lawrence, Arthur J., M.R.C.S. and L.A.C., St. Mary's Hospital, London
Leachman, Albert Warren, M.R.C.S., London
Ledward, Ralph Worthington, M.R.C.S., Manchester
Monro, William, M.R.C.S. Edin., Arbroath
Mott, Charles, M.R.C.S. and L.A.C., Walton-on-Thames, Surrey
Orton, George, M.R.C.S., Leicestershire
Rea, Hugo Porter, M.R.C.S., Belfast
Ringrose, Ernest, M.R.C.S. and L.A.C., Barnet
Snape, Charles, M.R.C.S. and L.A.C., Great Stanmore
Southwood, Joshua, L.R.C.P. Edin. and M.R.C.S., London
Stovin, Cornelius Frederick, Rotherham, Yorkshire
Stutter, Frederick Augustus, M.R.C.S. and L.A.C., Upper Sydenham
Thin, George, M.R.C.S. Edin., Penicuick
Thompson, Abraham, M.R.C.S and L.A.C., Sandford, Cumberland
Tronson, John Mortlock, M.R.C.S., Assist.-Surg. H.M.S. *Hogue*, Greenock
Turner, Roger, M.R.C.S., Petworth
Walker, George, M.R.C.S. and L.A.C., Manchester

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, May 10 :—

Baines, Charles William, Bradford-on-Avon, Wilts
Hayward, Henry, Brighton
Kitching, Thomas, Mount Stead, Yorkshire
Pritchit, James Lechmere, Osbourne, near Folkingham
Sequeira, James Scott, 1, Jewry-street, Aldgate, E.C.
Thompson, Herbert, Westerham, Kent
Whalley, William, Oxenhope, near Keighley

The following gentlemen also on the same day passed their First Examination :—

Clarke, Alfred Frederick Stafford, Manchester School of Medicine
Hunstone, George, Broughton, Manchester

APPOINTMENT.

JAMES.—Dr. M. Prosser James was elected Physician to the City Dispensary at the meeting of Governors on the 7th inst.

A SOCIÉTÉ D'ANTHROPOLOGIE has been lately established in France, with M. Geoffroy St. Hilaire as its President, and is already flourishing.

MAJOR-GENERAL W. H. LAW has left, by will, £500 to each of the following charitable Institutions :—St. George's Hospital, St. Mary's Hospital, Westminster Hospital, Cancer Hospital, Brompton; United Service Institution, Soldiers' Daughters' Home, and the Cambridge Asylum for Soldiers' Widows.

COUNTRY NEWS!—"It is the intention of the governors of most of the London Hospitals to institute free Schools of Medicine and Surgery in connexion with their establishments, at which the so-inclined youth of the metropolis will be enabled to partake of a course of valuable lessons without the expense of a single shilling to themselves."

SCOTCH PAUPER LUNATICS.—It appears from a return just issued that there are about 5000 pauper lunatics in Scotland. In the last year 392 died, and 497 were cured, which is a larger proportion of cures to deaths than in most of the previous years comprised in the return, but the proportion has been improving since 1855.

THE authorities in command at Chatham have decided on placing several hundreds of the troops at that garrison under canvas during the present summer, the experience of former years having shown that the men encamped are far more healthy, and the per-centage of sick much less, than when the troops are living and sleeping in their close and crowded barrack-rooms.

IN a will drawn up by the late Count Stephen Szechenyi in 1833, is the following singular passage :—"I wish my body, if possible, to be taken to England, a country in which I have learned so much, in order that it may there be dissected. My reason for wishing this is, that my example may tend to diminish the dislike which is felt by the English to the dissection of the bodies of their relatives."

M. GUISLAIN has left 50,000f. to the Hospitals of Gard. His library and magnificent paintings are to be placed in the model Lunatic Asylum at Bruges. The Government of Belgium have ordered a marble bust of him to be placed in the large hall of the Academy of Medicine.

"How many Doctors are there," says Montaigne, "who disdain medicine in their own persons, following a free sort of life very different from what they recommend to others? What is all this but abusing shamefully our simplicity? For their life and health are as dear to them as they are to us, and they would accommodate their proceedings to their doctrines if they did not know their falseness."

M. PORCHET has invented an instrument by which he is enabled to concentrate, on an exceedingly minute surface, all the solid corpuscles which are invisibly floating in the air, so as to enable him to ascertain their nature. He collects on a surface two millimetres square all the particles contained in a cubic metre of air.

ROYAL SOCIETY.—The Council of the Royal Society have recommended the following fifteen gentlemen for election into the Society. The election will take plac on Thursday, June 7 :—F. A. Abel, Esq.; T. Baring, Esq., M.P.; J. F. Bateman, Esq.; E. Brown-Séquard, M.D.; R. C. Carrington, Esq.; F. Galton, Esq.: J. H. Gilbert, Esq.; Sir W. Jardine, Bart.; T. H. Key, Esq.; J. Lister, Esq.; the Rev. R. Main; R. W. Mylne, Esq.; R. Palmer, Esq., Q.C.; J. T. Quekett, Esq.; and E. Smith, M.D.

THE following is Professor Way's calculation of the quantity of dry solid matter in the daily excreta of 2,500,000 people :—"The fæcal discharge of a quarter of a pound per day for each individual is . . 277 tons.
Deduct moisture, 75 per cent. . . . . 208 ,,

Dry solid matter from the solid manure of 2,500,000 people . . . . . 69 tons.

The urine of 2,500,000 people, at 3 pints or 3 lbs. per day each, will be 3,348 tons of fluid daily; but as this urine contains 3 per cent. of dry solid matter, you will no doubt be surprised when I tell you that this liquid excreta contains 104 tons of dry solid matter, or 50 per cent. more than is contained in the so-called solid fæcal excreta. These excretal matters are mixed in the closets and sewers with about 214,000 tons of water, the remains (after evaporation, etc) of the daily supply of 80,000,000 gallons to the population. The rain-fall would be a large addition to this."

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—The annual meeting of the Society took place on Friday evening, May 4, A. B. Barnes, Esq., President, in the Chair, when the following officers were elected for the ensuing session :—President—D. E. C. Seaton; Vice-Presidents—Mr. Keen, Dr. Fincham, Mr. Leggatt, Mr. Cumberbatch; Council—Mr. J. R. Lane, Dr. Cahill, Dr. Barclay, Mr. H. Brown, Dr. C. G. Brown, Dr. Marcet, Mr. Turner, Mr. Scannell, Mr. Pollock, Mr. Mould, Dr. Anstie, Dr. Stackpoole; Treasurer—Dr. E. C. Seaton; Honorary Secretaries—Dr. Baines, Mr. Milner; Honorary Librarian—Mr. Thomas Dickinson; Auditors—Mr. Stevens, Mr. C. Hunter. The reports of the Auditors and Council were read and adopted. A vote of thanks was proposed to the officers of the past session, to which the President replied, making a few remarks upon the satisfactory condition of the Society. The meeting then terminated.

THE NEW YORK ACADEMY OF MEDICINE AND QUACK MEDICINES. — A New York Correspondent of the Paris *Archives Générales* supplies some interesting observations upon this subject. He writes :—"The movement for the amelioration of the condition of the Profession in America is a genuine one, and if, as there is every reason to expect, it continues, Professional dignity will be as well cared for in the States as in Europe. Associations are on the increase, and are becoming transformed into true disciplinary bodies; and an increasing number of journals, edited in a very honorable spirit, become the organs of every variety of Medical societies. It is by publicity and association that everything is accomplished in America, even the moralising a Profession, repressive laws and penal sanctions being dispensed with. An example of this not long since occurred. We have at New York a very excellent Academy of Medicine, organised partly on the English method, and partly upon the erroneous Parisian plan. It is every day acquiring greater consistency and within its walls very learned discussions are listened to. It has come to two decisions, which may be regarded as revolutions, if we bear in mind the kind of reception such propositions would have met with twenty years since. The one is

that reporters from non-Medical journals shall be excluded from its sittings; and the other is still more important, and is as follows:—'Seeing that the Academy has neither the power or the means of controlling the preparation of remedies known as nostrums, and is only able to judge of them by means of the samples submitted to its examination, it determines in future not to make any report on such medicinal substances.' The 'nostrum' answers to the French 'secret remedies,' and professes to enable every patient to become the judge and the dispenser of what is proper for his malady. But in America it has acquired proportions of which foreigners can form no idea. Commercial competition has seized hold of so large a source of profit, and has worked it in the most shameless manner. The approbation of the Academy was worth its weight in gold, and Heaven only knows the price that would have been given for it. The best course in order to prevent possible persuasion, was to approve of nothing, and to leave the traders in remedies the responsibility in their own wares. This has been done, and well done. To appreciate the character of this determination the extreme to which charlatanism will carry these things must be known. The Medical journals with their cautious advertisements do not give the slightest idea of the contents of the political and literary journals, the nostrum being to them the most profitable article of their advertisement sheets. Perhaps you think I am speaking of them with the severity of the Physician, or even the moralist; but I will leave you to judge by some examples, the impudence of which may well seem to measure the credulity of the public. Every journal is inundated by these invitations to the public, columns and pages being filled by them. Is it surprising, then, that a poor, ignorant, easily-duped patient, should give ear to these magnificent promises, rather than to the honest reserve of his attendant? Drug vendors are more active in this demoralisation than are the few Physicians who have ventured on such a course: but you may judge whether the New York Academy, in default of other means, has not done well to at least protest by its silence." [The writer gives specimens of some of these impudent advertisements, in which the names of the highest Medical celebrities are ruthlessly made use of. Unfortunately readers in this country have no need of such illustrations.]

New Clinical Wards at Guy's Hospital.—The lunatic house which was built by Guy for the reception of about thirty inmates, although fulfilling a want which was much needed at the time of its erection more than a century ago, has been long rendered superfluous, if not altogether superseded, by the spacious accommodation now afforded in the various asylums throughout the country. The authorities, therefore, with wise consideration, lately determined to remove the inmates elsewhere and to convert the premises into a better use. The cells having been pulled down, two very spacious wards have been made in their room, which are to be devoted to the special purpose of clinical teaching. A large room has been fitted up between them for the accommodation of the pupils, and where the reporting-books, chemical apparatus, and microscopes are kept to aid in the thorough investigation of the cases. The wards were opened at the beginning of the present month, and placed in charge of the Assistant-Physicians during the summer, according to custom.

BOOKS RECEIVED.

Manual of Human Microscopic Anatomy. By A. Kölliker. London: 1860.

The Medical Knowledge of Shakespeare. By J. C. Bucknill, M.D. London: 1860.

Churchill's Midwifery. Fourth Edition. London and Dublin: 1860.

Illustrations of Puerperal Fever. By E. Copeman, M.D. London: 1860.

The Science of Life, Health, and Disease. By C. Searle, M.D. London: 1860.

Ure's Dictionary. Part VII. May, 1860.

Second Annual Report of the Commissioners in Lunacy for Scotland. Edinburgh: 1860.

Sixth Report of the Postmaster-General. London: 1860.

Mind and Brain. By T. Laycock, M.D. Edinburgh: 1860.

Combe's Management of Infancy. Ninth Edition. Revised and Edited by Sir J. Clark, Bart. Edinburgh: 1860.

De la Circulation du Sang dans les Membres, et dans la Tête. Par J. P. Sucquet, M.D. Paris: 1860.

Annual Report of the North and East Ridings Lunatic Asylum. York: 1860.

Annales de l'Electricité Médicale. Nos. 1 and 2. Brussels: 1860.

Consumption in Dingle. By H. Blennerhasset, M.D. Dublin: 1859.

The Turkish Bath. By W. J. Cummins, M.D. Dublin: 1860. (Reprint from the *Dublin Hospital Gazette.*)

Criminal Lunatics. By W. C. Hood, M.D. London: 1860.

Descriptive Notice of the Sussex Lunatic Asylum. By C. L. Robertson, M.D. Exeter: 1860. (Reprint from the *Journal of Mental Science.*)

Cattle Cookery. No. 2. By W. Burness. London: 1860.

The Sabbath, the first Sanitary Agent. By H. Goodday, M.R.C.S. Second Edition. London: 1860.

Amyloid Degeneration. By F. Harris, M.D. Westminster: 1860.

The Natural History Review. April, 1860.

Obscure Diseases of the Brain. By Forbes Winslow, M.D. London: 1860.

On Asthma. By Hyde Salter, M.D. London: 1860.

Obstetric Transactions. Vol. I. London: 1860.

The Aspects of Medical Science. By John Gay, F.R.C.S. London: 1860.

Syphilitic Affections. By L. Wetzlar, M.D. Aix-la-Chapelle: 1860.

A Manual of Botany. By J. H. Balfour, M.D. Edinburgh: 1860.

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 12, 1860.

BIRTHS.

Births of Boys, 786; Girls, 819; Total, 1605.
Average of 10 corresponding weeks, 1850–59, 1626·8.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	556	555	1111
Average of the ten years 1850–59	543·3	524·1	1067·4
Average corrected to increased population..	..	..	1174
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	43	32	75

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	7	8	1	8	9	2
North ..	490,396	4	11	5	2	12	3	..
Central ..	393,256	3	4	1	2	8	9	2
East	485,522	..	13	7	..	7	5	2
South ..	616,635	7	18	4	2	7	8	3
Total . ..	2,362,236	16	53	25	7	42	34	9

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29·639 in.
Mean temperature	52·2
Highest point of thermometer	66·8
Lowest point of thermometer	32·5
Mean dew-point temperature	46·7
General direction of wind	S.W.
Whole amount of rain in the week	0·64 in.

TO CORRESPONDENTS.

Matruelis may find the subject of Marriages of Consanguinity treated in our volumes last year.

A. E.—The letter shall appear next week.

Dr. Reed.—A L.R.C.P. of Edinburgh is styled Doctor by courtesy, not by right.

Mr. S.—The Medical Department of Queen's College, Birmingham, has been reopened.

Melitus.—In the year 1664 John Evelyn "with three other gentlemen, Parliament-men; viz. Sir W. Doily, Knight and Baronet; Sir Thomas Clifford, and Bullein Rheymes Esq." were appointed Commissioners for the care of the Sick and Wounded in the Dutch War, "with power to constitute Officers, Physicians, Chirurgeons, Provost-marshalls, and to dispose of half of the Hospitals through England."

Mr. Nankivell.—"When a Physician," says M. Levy, "interferes too much with nature, he is inclined to attribute all his success to medicines, and

give them the credit of properties which they do not possess. Thus M. Piorry has discovered that sea-salt is a wonderful cure for intermittent fevers. I believe it, but intermittent fevers will also get well of themselves. I am persuaded that if in place of salt he had given his patients Seine-water he would have been equally satisfied with his cure. This is in fact, according to Voltaire, what a Physician of his time did, and made a large fortune and reputation. There is no better way of being successful than attacking off-hand and at once diseases which will get well of themselves. People are as wrong in acting when they ought to be passive, as they are in being passive when they ought to act."

ERRATUM.—Pass-list of Royal College of Surgeons, page 486, *read* "James Reeve *Shorto*."

QUEEN'S HOSPITAL, BIRMINGHAM.

We are informed that Dr. Wade was elected Physician to Queen's Hospital, Birmingham, in place of Dr. Bond, resigned; not, as stated before, in place of Dr. Waller, who has not resigned.

ACUPRESSURE IN ANEURISM.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I see in the Nos. of your Journal for February 11 and 18, that acupressure has had a fair trial, and has in every case been quite sufficient to restrain hæmorrhage from divided arteries. Why not recommend some of your readers of large practice, and who have many opportunities, to try acupressure in external aneurisms? If sufficient to restrain hæmorrhage from a divided vessel, it will, no doubt, be also sufficient to suppress the flow of blood in an undivided artery,

I am, &c.

J. MCDONALD, Assistant-Surgeon, 13th Regiment, M. N. I.

Trichinopoly, April 1, 1860.

[This suggestion has been already made at the Medico-Chirurgical Society. —ED.]

ASSUMPTION OF MEDICAL TITLES BY SURGEONS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the semi-official announcement of the election of the Court of Examiners of the Royal College of Surgeons in Ireland in the *Medical Times and Gazette* of May 12, 1860, p. 486, it is stated that seven Doctors have been elected. On reference to the *Medical Register*, I find that only two of the Examiners possess Medical Qualifications. It is very undignified on the part of the College of Surgeons to permit such a statement to be published, and it is unbecoming on the part of the five pure surgeons to sanction the assumption of a title to which they have no more right than the English or Irish Apothecary has to the title of Surgeon.

I am, &c. M.D.

POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I beg to inform those Poor-law Medical Officers who think they can forward the present movement in our favour, by enlightening the public, either generally through the means of the newspaper press, or by putting into the hands of their friends and neighbours a short printed statement of the present state of the question and a brief resumé of our case, that I have directed the printer of a local paper, in which I have inserted letters on the subject, to strike off a number of copies and to keep up the types for a short time. The quantity of printed matter is equal to that of between one and two columns of the *Times* and consists mainly of extracts from official documents, evidence given before the Select Committee of the House of Commons, Mr. Griffin's letters and tables, etc. Those who think it too long for insertion in the local papers can curtail it; or some parts may be omitted in favour of statements of facts of local interest.

It is hoped that gentlemen will find the whole suggestive; they will assuredly save much time and trouble necessary to collect and arrange the materials for themselves, by procuring these printed slips. To pay for postage, printing, etc., they will be charged thus:—1 or 2 copies, 4d.; 4 for 5d.; six and above, 1d. each. They will be sent on application by letter enclosing the proper number of postage-stamps, to "L." Brown's Library, Canal-street, Salisbury. I am, &c.

May 16. MEDICUS.

THE TRUSTEES OF ST. MARY ISLINGTON, THEIR TREATMENT OF MEDICAL OFFICERS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—It is with much pleasure I observe that you have advocated in your Journal the cause of my friend and neighbour Mr. Kesteven, whose eminent services at the Infant Poor-house, Holloway, have been so thoroughly disregarded by the Trustees of St. Mary, Islington. I have seen and read much of the treatment of Medical Officers by Poor-law Guardians, but their conduct may be considered as most courteous in comparison of the former.

As a sample, permit me in a few words to refer to my own dealings with them during the prevalence of diarrhœa and cholera in the years 1853-4. I was then desired to undertake all cases that applied to me at all hours, and to supply medicines. On asking the terms, I was told to make whatever charges I thought appropriate. The amount for the two years was only £34 14s., which these liberal gentlemen thought fit to reduce to £22 5s. 6d. On applying to the Assistant-clerk to know the cause of this arbitrary reduction, that functionary replied that my services were rated at 1s. the case for diarrhœa, and 7s. for cholera! A common errrand-boy sent to deliver a parcel would have been better remunerated.

When, Sir, you consider these facts, together with the treatment by the Trustees of their former Medical Officer of the workhouse, Dr. Semple, you will readily perceive how all this is on a par with their conduct to Mr. Kesteven. Having had occasionally to act as Mr. Kesteven's substitute at the Infant Poor-house, I know the nature of his duties, and when I consider the valuable suggestions and improvements in many departments there made by him, it does seem most wonderful that services like his should be thus lightly valued. I am, &c.

THOMAS GRAHAM, M.R.C.S. and L.S.A.
Surgeon to the City Prison, Holloway.

Upper Holloway, May 15.

UNIVERSITY OF LONDON.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As one of the committee for promoting the return of Sir Charles Locock as a Member for the University of London, you will perhaps permit me to extend your remarks in your impression of the 12th inst., in reference to the claims that gentleman has on the Graduates of the University. Politically speaking, Sir Charles Locock is what has been termed a Liberal Conservative; in what this differs from a Conservative Liberal it would be difficult to say. If any single word is adequate to express concisely his political opinions, it is Moderation, and no quality is, I maintain, better calculated to represent any learned body, but more especially one containing such a diversity of political and religious elements as does the University of London. But Sir Charles Locock possesses claims not only on the Graduates of the University, not only on the Medical Graduates, but on the whole Profession, and I might even add on the community at large, whose most vital interests may not unreasonably be said to be involved in the due representation of Medical Science in the House. I regret to say that the disunion of the Medical Profession has become proverbial; that it has thus seen its best prospects thwarted, and that it is thus, that while rendering the most important services to the public, these services if not ignored, have at any rate been but insufficiently recognised. I do, however, trust and hope, that we shall on the present occasion prove true to ourselves, and that at any rate the Medical Graduates of the University will to a man support Sir Charles Locock, who from his whole public conduct, his uniform urbanity towards his brethren in the Profession, and his high social position is preeminently qualified to take his place in the House of Commons with credit to himself and advantage to his constituents. I am, &c.

May 14. J. Z. L.

COMMUNICATIONS have been received from:—

Professor SIMPSON; Dr. BUDD; Mr. STARTIN; Dr. WALLER; Mr. SANDS COX; Dr. TAYLOR; Dr. SALTER; Dr. WILKS; Dr. WINSLOW; Dr. A. SMITH; Mr. ECCLES; Mr. W. COLLES, Putna, Bengal; Mr. LAURENCE; Mr. GREEN; Mr. SPRATLY; Mr. MCDONALD, Trichinoply; Mr. EWENS; Mr. HART; Mr. AYRTON; Mr. WHEATLY; Dr. DEVENISH; Dr. TURNER; Mr. GOLDING; Mr. ELLIOTT; Mr. PRICE; Dr. FRANK, Berlin; Mr. PARKINSON; REGISTRAR-GENERAL; and REGISTRAR-GENERAL, Edinburgh.

APPOINTMENTS FOR THE WEEK.

May 19. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Mr. F. A. Abel, "On Heat and Chemical Force."

ROYAL BOTANIC SOCIETY, 3¾ p.m.

21. *Monday*.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Lettsomian Lectures.—H. Haynes Walton, F.R.C.S. "On the Ophthalmoscope and its Application." With Practical Illustrations.

22. *Tuesday*.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. Spencer Cobbold "On Herbivorous Mammalia—the Zebra, etc."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Dr. H. Kennedy, of Dublin, "On Typhus and Typhoid Fevers, as seen in Dublin." Dr. Jenner "On Congestion of the Heart and its Local Consequences."

23. *Wednesday*.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

HUNTERIAN SOCIETY, 8 p.m. Mr. Hutchinson "On Diseases of the Skin, considered as Symptoms."

24. *Thursday*.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Ansted "On Decay and Preservation of Building Materials."

ROYAL SOCIETY, 8½ p.m.

LINNÆAN SOCIETY, 8 p.m. Anniversary, 1 p.m.

25. *Friday*.

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION, 8 p.m. William Pengelly, Esq. "On the Devonian Fossils of Devon and Cornwall."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Hare-lip (two cases); Fistula in Perineo; Fistula in Ano (two cases); Varicose Veins; Division of Extensor Tendons of Foot; Hydrocele. By Mr. Bowman—Excision of Hip-Joint; Necrosis of Tibia. By Mr. Henry Lee—Varicose Veins (by Subcutaneous Section).

St. Thomas's Hospital.—The following Operations will be performed this day (Saturday) at 1 o'clock:—

By Mr. Solly—Excision of Knee-Joint, and for Disease of Tarsus.

ORIGINAL LECTURES.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture XIV.

EXPERIMENTAL PATHOLOGY— ON THE GENERAL EFFECTS OF MEDICINAL SUBSTANCES.

Summary: The various Explanations hitherto brought forward on this Subject entirely Unsatisfactory—Attempt to discover a rational Solution—The Effects of Medicines must be viewed in the light of Physiological Phenomena—Absurdity of Doctrines which invest Disease with mysterious Powers—The various Tissues which enter into the Body, severally endowed with Distinct and Special Properties—Two general Systems in Communication with the rest, viz., Nerves and Vessels—The Blood is the Medium in which all our Tissues exist—The Blood alone Conveys Nutritive Substances to their Destination—Blood is also the Vehicle of Medicines and Poisons—Medicines to be Viewed as Physiological Agents of an unusual Nature—Are enabled to act upon our Tissues through purely Physiological Properties—The Action of Oxygen adduced as an Instance—The Properties of Histological Elements of Different Kinds, entirely Different from each Other—The Agents capable of modifying them, equally so—Action of Strychnia, Woorara, Digitalis, Oxyde of Carbon, Arsenic, Described and Explained—Vast Difference between Sensitive and Motor Nerves—Medicines as well as Poisons Act not upon Organs, but upon Tissues—Difference between Animals of various kinds, as regards the Intensity with which certain Poisons act upon them—This Difference also exists with respect to Homologous Tissues in the same Animal—The Fact explained by the superior Vitality of certain Animals, and certain Organs—Digitalis arrests the Action of the Heart long before Paralyzing other Muscles—Galvanism acts more powerfully upon Voluntary than upon Involuntary Muscles—The general Effects of Medicines rationally explained by their Action upon Histological Elements.

Gentlemen,—In the preceding Lecture it has been our object to explain, as far as possible, the action of medicinal substances; to appreciate their effects, and discover the secret springs through which they are enabled to act upon the living frame; and, as you have seen, nothwithstanding the ingenious views suggested by several observers, no satisfactory solution of the difficulty has, up to the present time, been propounded.

In order to succeed in this attempt, and to arrive, at last, at a rational explanation of the effects produced through the agency of these foreign bodies when introduced into the economy, it becomes indispensable, we believe, to view these phenomena in the same light as ordinary physiological ones, discarding entirely the doctrines which invest disease with the mysterious power of modifying the natural conditions of life, creating within the body new biological powers, and producing physical and chemical phenomena of an entirely different nature from those we are acquainted with.

In examining the various tissues which enter into the composition of the living frame, it is easily ascertained that peculiar and distinct properties are separately enjoyed by each of them; and that, in this manner, they are enabled to fulfil the various functions which devolve upon them. At the same time we discover that certain general systems exist, which by their distribution are brought into constant communication with all the various elementary tissues of the body; you have already named the vascular and nervous systems. The blood, as you are well aware, is brought through the capillaries to every part of the body, and its presence being indispensable to the physiological existence of all living tissues, they rapidly perish when accidentally deprived of this all-important and vivifying fluid. The blood, therefore, must be looked upon as the medium in which all our tissues have their being; it brings them in contact with an immense number of substances, derived from various sources, some of them drawn from the atmosphere through the process of respiration, others contained in the animal's food, and assimilated by the digestive organs; others again introduced into the economy through various absorbent surfaces, and all of them equally necessary to the continuance of the physiological conditions of life.

Such, however, are not the only bodies which the circulating fluid brings into contact with the primitive elements of which our organs are composed; the blood is, at the same time, the véhicle through which medicinal agents, intended to modify their properties, are conveyed into living tissues, and penetrate into their substance. We must, in consequence, consider medicines as physiological agents of an unusual nature; introduced into the system through the same channel as the bodies with which it is naturally supplied, they reveal their presence exactly in the same manner, viz. by giving birth to a series of phenomena, peculiar to each substance, and widely different from those which exist in the physiological state. But another question now presents itself; *how* are these foreign substances enabled to act upon our tissues? Not through their physico-chemical properties, as has been sufficiently proved in our last lecture; a *physiological* property must therefore be had recourse to, as in the case of all the powers which support life. When oxygen, for instance, is brought into contact with elementary, nervous, or muscular fibres, it quickens their activity, and keeps alive all their properties within them; and, when deprived of so powerful a stimulus, both nervous and muscular fibres quickly die. Similar actions are, no doubt, in their intimate essence, of a physical or chemical nature; but in the present state of our knowledge, the observer can only point to a physiological agency.

Histological elements, as we have already shown, are in every case endowed with special properties; and the wider is the difference which separates one tissue from another, the higher is the animal's rank in the scale; in the nobler species peculiar organs are adapted to each individual function; and in no other animal is their number so great as in man. We are, therefore, justified in supposing that the primitive muscular fibre, for instance, is widely different, in every respect, from the nervous filament and the glandular cell; and, in consequence, that agents entirely powerless as regards all other tissues, may be found to exercise, over the muscles, an almost unbounded influence.

It is therefore our opinion that medicines, as well as poisons, exert their power exclusively upon certain histological elements, even in cases in which they appear to produce a general perturbation of the whole system. Thus, for instance, we find that strychnia localises its action entirely upon the sensitive nerves; and that wherever the torrent of the circulation conveys it, all the properties of the recurrent nervous fibres are destroyed: so that even before reaching the spinal chord it has already paralysed the extremities of the nerves which revert towards their central axis. On the other hand, woorara concentrates upon the motor nerves alone its noxious influence, and wherever it meets them, paralyses at once their properties; and in this manner, without doing the slightest injury to glands, muscles, vessels, or other tissues, it arrests at one blow the most indispensable functions of life. But the action of poisons introduced into the blood is not invariably directed towards the nervous system. All the other tissues, and even the blood itself, have their own peculiar poisons, capable of modifying their vital properties. Both digitalis, and the juice of the upas antiar, enjoy the power of destroying muscular contractility throughout the entire system. We find, however, a difference in the intensity with which these poisons act on the various orders of muscles; a difference with which the stimulating properties of electricity, which act so powerfully upon certain systems of muscles, and are comparatively so feeble as regards others, has already rendered us familiar. But the nervous system, after the introduction of these poisons into the economy, remains wholly unimpaired; and through the suspended action of the heart alone is it in their power to produce death. A substance of a very different kind, the oxyde of carbon, neither attacks muscular nor nervous fibres. It acts exclusively on the blood-globules, which of course are to be viewed in the light of a living tissue, as well as other histological elements. Introduced into the lungs, the oxyde of carbon fixes upon the globules which circulate in the pulmonary vessels; and such is its affinity for the blood-cells, that a perfectly stable chemical compound appears to be produced, which the presence of oxygen is no longer able to destroy. In this

manner is the important function which devolves upon the globules abolished at once. How, in fact, would it be possible any longer for them to imbibe carbonic acid, and exchange it for oxygen in the capillaries of the lungs? The purposes of respiration being in this manner eluded, the blood-globules circulate in the vessels side by side with carbonic acid gas held in solution in the blood, without contributing in the slightest degree to the natural process of elimination which takes place in the lungs; and the animal at last dies in a peculiar state of asphyxia, the blood still retaining as before its ruddy arterial colour. Here, then, we find an influence of the most extensive and general kind, exerted over the whole economy through exclusively local means; a peculiar histological element having been modified, all the other tissues are deprived of an indispensable stimulus,—a fact which amply illustrates the mechanism through which the effects of poison ultimately pervade the whole frame: the toxic substance, circulating with the blood, fixes upon its favourite tissue wherever it exists. To adduce one more instance of this: the action of arsenic entirely resembles that of the substance we have just mentioned. It fixes also upon the blood-globules, but does not entirely suppress their action; it only tends to diminish the activity of the perpetual exchange carried on by their means between oxygen and carbonic acid; a state of things which, when confined within proper limits, is not wholly incompatible with health, and, under such circumstances, produces, as a natural result, a certain degree of obesity.—(Schmidt.)

The action of medicinal substances must not be viewed in a different light; it resembles, in every respect, that of poisons. Nerves, muscles, blood-globules, and other tissues, enjoy peculiar vital properties, the intensity of which is modified through Medical interference, sometimes for the purpose of increasing, sometimes for that of lowering their activity; and the action of foreign bodies, whether medicinal or poisonous, can be rendered general only through the nervous or vascular system. But, in this respect, a wide distinction arises between sensitive and motor fibres, which experiments on living animals have placed in a strong light. Let woorara be injected into an animal's veins, or simply introduced under the skin after the vessels of one of its extremities have been tied, the motor nerves are paralysed throughout the system, and it becomes impossible to produce muscular contraction by acting upon them; but the nerves of that single limb, the vessels of which have been tied, alone retain their physiological power, and provoke contraction when galvanized or otherwise excited. It is therefore clear that motor nerves give merely birth to local phenomena, and are incapable of acting reciprocally upon each other, through the central axis, in which they all unite. Far different is the mode of action of the sensitive fibres: let strychnia, or any other poison which holds them under its influence, be introduced into the circulating fluid, after tying, as before, the principal vessels of one limb, and it will be found that the operation has been performed in vain, convulsions being produced in that very limb, through mere nervous agency, as well as on other points. Supposing *all* the posterior roots which arise from the spinal chord to have been divided, no convulsions, of course, would be produced; but let a single root be left untouched, and through this single channel the necessary impulsion will be given; the blood which circulates throughout the system, and conveys the toxic substance into every part, brings it in contact with the extremities of that sensitive root, which alone remains uninjured, and still communicates with the spinal chord; and general effects are at once produced. How different, therefore, do we find the part played by sensitive and motor nerves to be!

It would therefore appear that the various substances which the physician employs exert their influence, not upon organs, but upon tissues; not upon the apparatus itself, taken as a whole, but upon *some* of the histological elements of which it is composed. It would be an entirely mistaken notion to suppose that digitalis paralyses the heart; not upon the heart itself, but upon the muscular fibres which enters into its structure, is the action of that body directed, the nerves, vessels, etc. remaining, in the meantime, perfectly sound.

There is, besides, no room whatever for astonishment, in the extraordinary energy which poisons display, when administered to the higher animals, while the lower classes remain infinitely less sensible to their action. A bird is struck dead, as if by lightning, by a dose of digitaline, which slowly destroys a mammiferous animal of an equal size, and is not sufficiently strong to kill a reptile. The fact is averred with regard to other toxic substances, as you are perfectly aware: histological elements are submitted, in fact, to the influence of external agents, in direct proportion to their vital energy.

But not only do the tissues of various animals differ with respect to the degree of sensibility which they exhibit under the action of foreign bodies; the proposition is equally true, when applied to homologous tissues, in the very same animal. Thus digitaline, long before it acts upon the contractile powers of other muscles, arrests the motions of the heart; a result which may, no doubt, be attributed to the ceaseless activity of the cardiac fibres: being, therefore, of all muscles the most energetic in the performance of their functions, they are naturally found to be, at the same time, those which experience long before the rest, the noxious influence of poisons. We are aware, besides, that a striking inequality is observed in the results obtained by stimulating various systems of muscles through different means: and that muscular fibres which act in obedience to the will, are infinitely more sensible to the galvanic stimulus than those which it is not in our power to contract at will.

You therefore, perceive, gentlemen, that the general effects obtained by the use of medicinal agents, are to be explained by the modifications which they produce in the primitive elements of which our tissues are composed. It now remains for us to investigate their local action: to this new subject we shall devote our next Lecture.

CLINICAL REMARKS ON VARICES, Etc.

AND THE

BAR-NEEDLE AND CLASP.

ADDRESSED TO THE STUDENTS AT THE

Hospital for Diseases of the Skin.

By JAMES STARTIN, F.R.C.S.

Senior Surgeon to the Hospital, etc.

Gentlemen,—Varicose ulcers, and cutaneous eruptions dependent upon varicose veins, may be regarded as among the most troublesome and least satisfactory maladies, in a curative sense, both to the Surgeon and the patient, which our daily duties bring into our almost hourly consideration: consequently few, if any, ailments have had so varied, yet so general a consideration, whether in the shape of monographs, or as an important subject in every treatise on the principles and practice of our Profession. To these varied sources I must refer you for the anatomy and description of these disorders, if the instances, which may be numbered by thousands, presenting themselves at this Hospital, have not rendered you sufficiently conversant with their characteristics. I shall, therefore, only remind you that there is commonly a plexus of smaller and deeper veins behind or beneath the large venous superficial trunks, which are often, in like manner, enlarged and varicose, and that this is more especially observable in the vicinity of the varicose ulcer; and, it must further be borne in mind, that although the veins may be varicose in perhaps every part of the body, yet varicose ulcers are found almost exclusively on the legs, if we except the few rare instances where they have been observed on the scrotum.

The cause of this phenomenon is the dependent position of the parts affected with cutaneous disease or ulceration, very constantly confined to the lower third or half of the legs, which situation, as all authorities agree, permits the pressure of the column of blood in the dilated vein, the valves of which have ceased to act owing to its increased calibre, to impinge upon some weakened portion of the vessel; and occasions the skin to inflame, so as to produce various forms of eruptive disease, as erythema, œdema, eczema, impetigo, etc., or to ulcerate; and an ulcer once formed is kept from healing, and maintained an ulcerating sore by the constant pressure of the column of blood upon the minute vascular structure concerned in the production of a cicatrix; a morbid condition which may be readily observed by a microscope of low power to consist in a congested state of the capillaries through

which the fluid parts of the blood are pressed as through a sieve, and which seem scarcely to form granulations, but to end in minute ulcerations, discharging a sanious pus.

As a means of correcting this abnormal state, numerous expedients have been adopted by different Surgeons, such as the use of bandages of calico, or of flannel, strapping with plasters, or with strips of wetted linen, various elastic or laced stockings; of pads, pieces of bougie, etc., confined on different parts of the varix by adhesive plaster; and of the "Elastic Spiral Band," contrived by myself some years ago, and described in vol. xxxvii. of the *Medical Times*, March 15, 1851. Various operative measures also, consisting of caustics to cause obliteration of the varicose trunks; of ligatures variously performed, with or without division of the vein, subcutaneous or otherwise; of needles passed behind the vein and secured by ligature, as in hare lip; injections of perchloride of iron subcutaneously, to cause coagulation of the contents of the varix, etc. The situation on the limb selected for these operations has been always, I believe, at some distance above the ulcer or diseased varix, and generally immediately beneath the knee in the course of the internal saphena vein; and their constant object, whichever expedient or operation has been performed, is the closure of the varicose trunks, thereby removing the superincumbent pressure from the diseased or ulcerated parts, and obliging the returning blood to find other routes than through the varicose vein, thus placing these parts in a more favourable condition for returning to their healthy or normal state by the ordinary healing process.

It has been known to the students at this Hospital, that for many years past special attention has been given to varicose ulcers and eruptions; and the plan of treatment now accomplished by the Bar-needle and Clasp I am about to describe, has been effected by other means, which have consisted, like the expedients and operations I have briefly alluded to, in endeavouring to prevent the pressure of the column of blood upon the granulating surface of the ulcer, and this has been brought about, either by the spiral elastic band before-named, so applied as to have one turn of the band immediately below, and one turn immediately above the ulcer to be treated; or a similar result has been accomplished by a graduated compress placed over the sore, taking care to make it greater above than below the wound, and the daily careful and uniform application of the "Domett" bandage (a); the varicose ulcer itself being dressed in both instances with mildly-stimulating dressings, for the most part with the Unguentum Rubrum of the Skin Hospital Pharmacopœia, (b) with the view of removing the congestion of its capillaries, and during this local treatment, the inflammatory state of the vein itself, very constantly existing, has been subdued or moderated by long-continued but minute doses of mercury and colchicum, or other appropriate means.

The success of this mode of treatment, as known to you, has been so considerable as to render it superfluous for me to say anything more than point to the numerous attendance of such cases: and were there no restrictions as to their admission by the Hospital Board, this attendance would be quadrupled.

Six or eight months ago I contrived a sickle-shaped tubular needle, described in the pages of the *Medical Times and Gazette*, and since used by Professor Simpson, and many Surgeons, for making sutures in deeply-seated parts, cavities, etc. not readily accessible to the ordinary needle. This needle I soon afterwards employed for passing a strong wire ligature around varicose veins, as I now do the bar-needle, which closely resembles the tubular needle in shape.

The situation selected for these operations was the sound skin immediately above the ulcers or eruptions; *i.e.* one, two, or three inches, according to the case, so as not only to environ and obstruct the large vein itself, but the smaller veins behind it before described. This strong wire ligature passed behind the vein by the tubular needle was fastened in front by twisting over a piece of gutta-percha or metal, so as to prevent the skin being cut, and being allowed to remain *in situ* some days, was found to cause the healing of varicose sores.

In the midst of these experiments, my friend Professor Simpson published his paper on "Acupressure," and I immediately saw its adaptation to the end I was endeavouring to accomplish by the tubular needle, and forthwith constructed a needle from a No. 19 knitting-pin (c), which I employed with such marked success as to induce me to get the instruments which are before you made by Messrs. Savigny and Co.

They consist, as you will perceive by the instruments and diagram, of six or eight inches of No. 19, 20, or 21 steel wire,

properly tempered, so as to bend and yet break short when required; one end being ground to a triangular point, and bent into a curved form of different sizes, to the extent of two or more inches of its pointed extremity, so that the needle represents a sickle with a long handle, the curved part being constructed to pass under and around the veins, the other straight portion or stem to form three or more bars. The point of this needle should project the sixth of an inch above the wire of the stem, and, as before said, the temper of the steel requires to be regulated so as to permit it to bend, and yet break short if pressed against any solid resisting body, as the pair of forceps also shown in the diagram. I have found some difficulty in obtaining the exact tempered steel required, so that were it not better to avoid a multiplicity of instruments; it might be preferable to direct the needle to be made soft enough to be divided at the required place by cutting nippers; if such cutting portion could not be added to the present forceps. These forceps, you will observe by the diagram, somewhat resemble the ordinary tooth-forceps, save that their descending blades are made to fit accurately by plane surfaces, excepting where two grooves cross them at acute angles, one of which grooves is to hold the needle for insertion beneath the vein—the other for withdrawing it when its point has passed the skin.

By reflecting on the shape of this needle, it will be seen that when its curvature has passed the vein, that its straight portion will compress the part to which it is applied with considerable force, which I have practically found quite sufficient to intercept the flow of blood through the vein and secure the obstruction of the vessel in all cases where much adipose tissue is not present, or where the vein is of medium size only; but, in the event of either of these occurrences, or, indeed, in many instances, for additional security during the first ten or twelve hours, I have latterly used the second part of the contrivance, which I have called the Clasp. This

(a) This is the name given by drapers to a kind of flannel composed of wool and cotton, used by upholsterers and to line ladies' garments; it costs about fourpence or fivepence a bandage. These bandages have been some years in use at the Skin Hospital, as they possess the advantages of retaining their place without slipping, owing partly to a degree of elasticity in the material, and partly to the nap on its surface; it is also more readily applied by patients themselves, and less liable to make indentations in the skin than the common calico bandage, while it does not shrink in washing like ordinary flannel.

(b) Churchill. Third Edition.

(c) Any ordinary workman can convert these pins into the bar needle, the numbers to be employed being Nos. 18, 19, 20, and 21. They will afterwards require to be properly tempered.

consists of a piece of tinned iron-wire, varying in length and strength to suit the curvature of the needle and consequent length of the bar employed and left beneath the vein. One end of this clasp, as seen in the drawing, consists of a small circular ring or eye, and the other of a hook of corresponding size.

I have now, I fear not too intelligibly, described the Bar-needle and Clasp, a simple, yet, I believe, most efficient apparatus, which, if I mistake not, is destined to occupy as wide a sphere of utility in Surgery as glycerine—an introduction of mine sixteen years ago—has held in therapeutics; for this needle is doubtless applicable to various other purposes than those indicated.

It may be mentioned that this instrument seems to be adapted to the treatment of aneurism by arterial compression; to the operation for the radical cure of hernia for closing the ring; to the treatment of many forms of nævus; and as a readily applied tourniquet, either before operations or after arterial wounds, or hæmorrhage. In the latter instance I have once successfully employed it,—viz. in the case of a schoolmistress residing at Peckham, who is suffering from fungoid tumour of the breast, from which she lost a large amount of blood daily, reducing her to a hopeless condition; three bar-needles, introduced at different parts of the base of the breast, and the clasp applied, have not only arrested the bleeding, but have produced a sloughing of the diseased mass, thus conveying a hint which, when a more favourable case offers, I shall not fail to turn to account. I have also used the bar and clasp with success, instead of Professor Simpson's wire seton, in hydrocele.

Little more than a month has elapsed since I substituted this apparatus for the tubular needle and wire ligature in the treatment of varices, and I have already employed it in nearly thirty cases in public or private practice with a degree of success which has followed no other treatment with which I am acquainted, as the examples about to be cited will testify; but, to prevent disappointment, let me earnestly request those who adopt my suggestions, to take especial care that no complications exist in the cases selected; but that varicose ulcers and eruptions, and varicose veins, pure and simple, are alone to be considered amenable to the treatment recommended, and that any specific or other cahexy will render the procedure worse than useless. I must also beg it will be remembered that as yet I cannot decidedly pronounce on the effects of the bar and clasp upon very deep or chronic indurated ulcers, such as run the round of the London Hospitals, and nearly environ the limb; nor has sufficient time yet elapsed, nor have my applications of the instrument been numerous enough to enable me to speak with much certainty, upon its ultimate effect upon varices, and very chronic varicose eruptions, with much cutaneous hypertrophy; such cases, however, will claim my early attention, and a record of the result in future clinical remarks.

The following is the method employed in operating with the apparatus above described:—The patient being placed in good light, with his limb upon a chair, the bar-needle is to be seized by the forceps, near its curvature, taking care that its stem rests in the horizontal groove of their blades, its spare portion passing between the handles of the forceps so as to be grasped with them by the hand of the operator—as seen in the diagram. The point of the needle is then to be raised with the hand until it becomes nearly perpendicular to the spot at which it is to be inserted, when the needle is to be depressed so as to occasion its curve to pass deeply behind the varicose veins and the smaller dilated plexus behind it, when a little pressure with the left hand on the place where the needle projects on the opposite side of the vein, will occasion its point to pass through the skin, when it is to be grasped by the forceps, and a little pushing with one hand and traction with the other, will bring the stem of the needle into the position it is to occupy, *i. e.* within two inches or thereabouts of its blunt extremity, so as to allow half-an-inch or more to project on each side of the vein, as shown in the diagram. This portion of the needle now requires to be broken off, which is readily done if the steel be properly tempered, by taking the needle's stem between the blades of the forceps, half-an-inch or so from the point at which it first penetrated the skin, when pressure from the left to the right or from above downwards, made by moving the curved end of the needle, will break off the stem at the desired point, and leave the bar behind the vein with about half-an-inch projecting out of the skin on either side. The clasp is now to be applied, if required, (see diagram,) by passing its ringed extremity over one projecting side of the bar, carrying its middle portion, previously bent to fit, and yet gently compress the parts across the vein, when its hooked extremity may be passed behind the other projection of the bar, and the whole apparatus becomes firmly fixed like the pin in a brooch. By this procedure, of course, all circulation in the vein is arrested, and a coagulum forms on both sides of the bar, which may be rendered more or less permanent by retaining the bar a longer or a shorter time.

In my first essays with the tubular needle, four, five, or six days were the periods adopted for keeping the ligature inserted; but latterly I have found fifty to sixty hours quite sufficient, whether in the case of an ulcer, eruption, or simple varix, though the last requires the longest insertion of the needle.

As the *modus operandi* of the bar-needle upon an ulcer, is to check very materially all secretion from its surface, so that it may be said to dry up, I have found the most suitable dressing, as it assists in this drying process, to be blotting-paper, which I fold into a thick compress and wet with water, and apply directly to the sore, the pad being large enough to cover all surrounding inflammation; this is secured by the domett bandage before mentioned, the bar-needle being covered with a piece of lint or adhesive plaster, and left between two of the turns of the bandage, which enables the clasp to be taken off the bar, without disturbing the dressings, should it cause pain after ten or twelve hours; and it is perhaps prudent, as a rule, always to attend to this point, as otherwise the wire may cut the skin, and make, while it cures, a wound, though this may be obviated by a pad or plaster under the clasp.

The blotting-paper dressing and the bar may remain forty, fifty, or sixty hours, when the needle must be taken out, and the ulcer dressed again as before described, taking care not to remove any portion of the paper which may adhere to the ulcer, as this forms an artificial scab, which favours the healing process.

If the case be a varix or varicose eruption only, all that will be necessary will be to apply the wet pad of blotting-paper over the site of the needle, and afterwards roll the limb with the domett bandage, which also may be put on wet with warm water, if pain or inflammation be present: and the eruption itself may be painted with the calamine and zinc lotion of the Hospital Pharmacopœia.

Any subsequent uneasiness in the limb or parts affected, may be moderated by passing a compress wet with tepid water around the bandage, and in very irritable patients the clasp may be required to be removed after a few hours. But the detail of the following cases, selected out of many for their supposed fitness for the bar-needle, will exemplify these points, and as they are reported in the rotation they have occurred, judgment upon the merits of the operation will be unbiassed. My own experience of this matter leading me to believe that as far as we have yet gone, the treatment of varicose ulcer, pure and simple, is reduced from weeks into days by this operation.

H. S., aged 49, of Walworth, mother of five children, has suffered from varicose veins for twenty years, but never had an ulcer until two years ago, when a vein "bursted;" a sore was the consequence. She applied to the Skin Hospital as an out-patient a short time afterwards with an oval ulcer the size of a pap-spoon in the course of the internal saphena vein, two and a-half inches above the internal maleolus. The wound healed by the usual Hospital treatment in about two months, and remained well for nearly a year, when it "broke out again" in the same situation, and extended to about the same size, and has since remained open and very painful, although she has attended the Hospital as out-patient for nearly four months. She has been constitutionally treated to relieve the inflammatory action in the vein, and the wound has been dressed with the unguentum rubrum of the Hospital Pharmacopœia, and the domett bandage has been constantly worn, applied by the patient herself.

This case being free from complications, if we except the age, 49, and consequent constitutional change in the patient, was deemed, from previous experience with the tubular needle and wire ligature, suitable for the operation of the bar-needle, which was accordingly performed in the manner described, about one inch and a-half above the ulcer, the

point of the needle entering about half-an-inch to the right of the sore, and making its exit half-an-inch to the left, so as to interpose a bar or support between the column of blood in the varicose vein, and deeper plexus of veins, and the ulcer. No clasp was used in this case, but the projecting ends of the bar were covered with a piece of adhesive plaster, doubled over them, so as to keep them from being disturbed. The dressing of the wound was simply a pad of blotting-paper wetted with water, and the domett bandage was lightly but evenly applied from the toes to above the calf of the leg; leaving the needle between two of the circles of the bandage. The patient being directed to ride home from the Hospital and rest the limb, but not to remove the bandage; but, in the event of much pain, to fold a piece of linen wet with warm water round the affected part, and regulate the bowels with the magnesian colchicum mixture of the Hospital. The bar at once obstructed the circulation, as evidenced by the flaccid state of the veins on either side of it, the blood having found other channels for its returning route. The operation caused very little pain, and, *as in every other case, not a drop of blood was shed;* and so little subsequent inconvenience was experieneed on the patient's arrival at home, that after the first day, when she rested the limb, she went about her usual avocation, that of attending to a small shop, instead of going to bed as desired, until the following Tuesday, April 3, four days from the operation, when she attended to have the needle removed, the dressings never having been disturbed since they were put on, though she had kept a wet rag round the lower part of the limb. The needle had occasioned very little inflammation, and came away without pain or difficulty. There was a hard and rather tender portion of the vein immediately over it, which might be traced to the extent of half-an-inch above and half-an-inch or less below the bar. On removing the blotting-paper, a small portion of its under surface adhered to the ulcer, which was perfectly dried up, and in fact well; so that I told the patient to attend at my house in a week, that these notes might be taken, when she was seen by my friend, Dr. Brodie Sewell, who happened to be calling, and to whom I read this account of her case; whereupon he at once supplied himself with the needle, etc., and writes me that the instanee in which he has employed it has been followed by a like successful result.

April 10.—The patient attended this day at the Hospital to be examined by the students. The ulcer had entirely and firmly healed; and having presented a sovereign to the Charity, she retired highly satisfied, in which feeling it is perhaps not too much to say I sincerely participated.

For the next case I am indebted to Mr. Dunn, long a diligent student at the Hospital:—

S. P., aged 52, a washerwoman, has generally had good health; is the mother of ten children; change of life occurred at 40; had an attack of dropsy three years ago. She had varicose veins for twenty years; they first began to enlarge when she was pregnant with her third child. One day, after a long walk, and having had a great deal to do, one of the veins in her left leg burst. The wound was nearly healed in fourteen months. She lost a large quantity of blood. Nine years ago it broke out again, when she was pregnant with her last ehild. The wound was nearly healed when she had the dropsy, but it soon became as large as before. After the change first occurred, the ulcer altered its appearanee at the periods.

Present Condition.—A healthy-looking woman, having an ulcer about the size of a five-shilling piece on the inner surface of the left ankle, whieh is very painful to her when following her occupation; has varicose veins of both legs; has been under treatment at different Hospitals for the ulcer for nine years, without much relief. As the uleer does not improve as fast as Mr. Startin wishes, he determined to interfere with the vein, as has lately been done in other cases.

April 2.—Mr. Startin placed one of his needles under the internal saphenous vein about two inches above the left ankle and one inch above the uleer; it gave no particular pain to the woman.

3rd.—Had a good night; no pain.

4th.—Has been about a great deal to-day; no pain, the uleer healing.

5th.—Has been about all day long following her occupation; a little pain is felt on pressure along the eourse of the needle.

6th.—Not so much pain; has given the leg rest all day long.

7th.—Much the same; ulcer healing.

8th.—I removed the needle to-day, which gives no pain.

12th.—Came to the Hospital to-day. The ulcer about the size of a shilling, without much pain. Advised the colchicum mixture and blotting-paper dressing, bandage, etc.

21st.—This needle was left inserted too long—six days. The ulcer, however, has nearly healed, but one of the points of the insertion of the needle has suppurated and slightly ulcerated to the diameter of a large pea.

24th.—A piece of the paper dressing adheres to the ulcer, which has dried up.

May 7.—The patient attended the Hospital this day cured, thirty-five days from the insertion of the needle.

Mrs. H., of Marylebone, aged 35, mother of four children, had varicose veins for sixteen years, commencing after severe labour with second child. These veins were from the first very painful, and ulcerated about two years afterwards, remaining open two or three years, when she applied to Mr. Startin, and in about a month, with the ordinary treatment, the wound healed. This was ten or eleven years ago; since when any extra exertion or injury has caused the leg to ulcerate again, and remain ulcerated for seldom less than two months, so that she has never been free for more than sixteen months at a time. On this last occasion, the ulcer has lasted four months. The wound is situated on the right leg, on the inner side below the calf, and with the erythematous patch around it, occupies a space equal to the palm of the hand. From its upper margin two large varicose veins arise, and join the internal saphena of the thigh; the ulcers have never been very deep, but excessively painful; indeed, the patient says, "I have suffered I do not know what or how to explain." The bar-needle was employed on the 10th of April, and the clasp on the 13th, as the vein did not seem entirely obstructed, but as it caused pain was removed the same night.

April 15th.—The needle was removed, having been inserted five days; the ulcer well.

20th.—As the second vein is still large and painful, a second needle and clasp used, by the patient's own request.

23rd.—The clasp was removed by the patient herself, on the evening of the 21st, the day after its application, and the needle on the morning of the 23rd, three days after its insertion.

24th.—Mr. Spencer Wells saw this case with me to-day, fourteen days after the operation, and found the wound quite healed, and that the varicose veins had nearly disappeared There was, however, a little tenderness in the course of the veins. The patient experienced a little pain also in the situation of the needle.

Mr. C. M., a commercial traveller, residing in Bow-road, had suffered from varices of both legs, chiefly of the right, for twelve or thirteen years, for which he had worn various bandages, laced and elastic stockings, and Startin's elastic spiral band, but he was subject to constant attacks of pain and inflammation of the right leg, which prevented his following his occupation, consequently I explained the nature of the bar-needle to him, and on April 7 inserted the needle and applied the clasp upon the internal saphena, where it passes below the knee; a dommet bandage previously wetted with warm water, being the only other application, and an ordinary aperient pill at bed-time, composed of eolocynth, blue pill, and colchicum, the only internal remedy. On the third day the bar was removed, and the veins were found materially diminished both above and below it, yet there was still a considerable varix in the vicinity of the calf of the leg, for which a week afterwards, April 17, I applied a second needle and clasp, which I allowed to remain four days, at the end of which time when it was removed the varix was wonderfully lessened. April 27.—I repeated the operation about the upper third of the thigh where considerable venous enlargement still existed, and this I suffered to be inserted four days as regards the clasp, and six days as regards the bar; when it was removed with most satisfactory improvement, if not a perfect cure of the varicose vein. I recommended my patient, who was leaving for a journey, to wear one of my elastic spiral bands from the instep to the hip, directing him to put a wetted pad of lint beneath the turns of the bandages, over the sites of the operations.

W. C., Esq., a banker in a north country town, had suffered for a long period from varicose eezema impetiginodes of the

left leg, which though greatly ameliorated by treatment, yet did not get quite well, and caused the patient much annoyance by discharging and irritation; the disease extended from the instep to above the calf, and had been subjected to varied treatment. He had been under my care as a corresponding patient for two or three months, and came to London in the early part of April to seek further relief; consequently as the internal saphena vein was very much enlarged, and was evidently the cause of the eruption, I proposed the bar-needle as a means likely to remove the complaint, as it had done in similar instances. I therefore,—assisted by Mr. Spencer Wells—April 23, inserted the bar-needle beneath the main trunk of the vein just below the knee, on its inner part, and applied the clasp, which, as it caused pain, was removed on the following day, the bar remaining until the 26th (three days) when it was drawn out, causing little or no inconvenience to the patient; the eczema was found dried up, and the varicose vein had nearly disappeared; the only local or general treatment being the calamine and zinc lotion used as a paint, and a bandage with pad of blotting-paper over the vein; a magnesian aperient with small doses of colchicum being prescribed to regulate the bowels. The cure of the case thus occupying not more than a week; though, of course, some inconvenience would be experienced for a longer period.

The remaining eleven cases to be cited are arranged in the subjoined table; and are the only instances of which detailed records have been kept:—

TABULAR REPORT OF CASES TREATED BY THE BAR-NEEDLE AND CLASP.

No.	Name, Age, and Address of Patients.	Date and Situation of Insertion of Bar-needle.	Description of Case, Ulcer, etc.	Duration of Disease.	Duration under Bar-needle before cured.	Results.
1	E. B., aged 60, Providence-row, Waterloo-street	April 7. Two inches above ulcer	Deep oval ulcer on outside of left leg, four inches above maleolus, size of dessert-spoon; ancient dislocated hip on affected side	Varicose veins many years; ulcer of one-and-a-half year's standing	Needle only used; removed fourth day; cured twentieth day	No bad or unpleasant symptoms until cured.
2	C. R., aged 43, Compton-street, Soho	April 16. One inch above ulcer	Oblong ulcer, size of a large almond, middle third of the leg, front and inner side of tibia	Always varicose veins; ulcer of five years' duration. In several Hospitals	Needle and clasp used; removed third day; cured in thirty days	This ulcer on the first dressing appeared dried up; but the skin was very callous around it, and a fissure remained extending to the periosteum of the tibia.
3	C. W., aged 45, Bankside	April 16. Below knee, inner side	Varicose eczema of right leg; large varicose saphena vein	One-and-a-half year's standing; no ulcers	Needle and clasp used; removed fourth day; cured tenth day.	No bad symptoms, but pain and some inflammation, subsiding quickly under the wet bandage.
4	M. K., aged 44, Durham-road, Holloway	April 16. One and a-half inch above ulcer	Veins were enormously large; ulcer foul and large, nearly size of tablespoon; patient deaf	Thirty years' varicose veins; ulcer two years	Needle and clasp used; removed fourth day; wound nearly healed in a mouth	This patient misunderstood directions, and suffered much in consequence from pain and inflammation, ending in abscess in ham. Wound nearly well, May 16.
5	L., aged 44, Battersea. A foreman in Price's Candle Factory	April 23. Two inches above ulcer	Ulcer on left leg, two inches above internal malcolus, size of a florin	Two-and-a-half years open; varicose veins many years	Needle and clasp used; removed third day; ulcer healed in nine days	Some pain attended this case, but all went on well; cured May 1.
6	T. P., aged 64, Henrietta-street	April 23. Two inches above the ulcer	Three ulcers on left leg,—two in the course of saphena vein, two-and-a-half inches above inner ankle, and one below outer ankle. None larger than a shilling; both dependent upon the same varicose trunk	Fifteen years open; varicose veins for fifty years. Had been in several Hospitals; in St. Bartholomew's one year	Needle and clasp used; removed third day; cured in eight days	This was the most fortunate case of the series; no pain scarcely, and the wounds gradually closed up by May 1.
7	H. T., aged 38, Queen's - road, Grange-road, Bermoudsey	April 30. Two inches above ulcer	Very large varicose veins, and a stout flabby limb; foul deep ulcer, size of half-a-crown, on the right leg; lower third, above internal maleolus	Varicose veins since the age of 24; been open two years. Had much advice	Needle and clasp used; removed fourth day. May 15.—Wound contracted and filled up; getting well, and all inflammation subsided; salivated	This was the most unfortunate case, as a specific taint existed, which was overlooked; much inflammation came on; calomel and opium had to be given, etc.
8	Mrs. B., aged 45, Kennington-cross	April 30. Two inches above upper wound	Two varicose ulcers, size of a shilling, right leg; one inside, above the maleolus, and one outside, below it; both caused by one varicose trunk	Varicose veins eight or nine years; sores nearly all the time. Constantly under Medical care	Needle and clasp used; removed third day; external wound healed, internal half the size. May 15.—All proceeding most favourably	This operation was done in presence of Mr. Buck, the patient's Medical attendant. All pain in the ulcers immediately ceased; scarcely any inconvenience.
9	S. B., aged 23, Old-street, St. Luke's	April 30. Three inches above ulcer	Varicose ulcer on left leg, size of a small teaspoon, below external maleolus	Ulcer open a year or more. Had been patient of Skin Hospital since Feb. —three months	Needle and clasp used; removed third day; attended by Mr. Jackson, one of the students at the Skin Hospital; cured in twelve days	This was a weak anæmic woman, who suffered great pain before the operation, which ceased immediately afterwards.
10	S.W., aged 44, Nicholsquare	May 4. Two inches above ulcer	Three ulcers in this case on left leg, two above internal malcolus, one small below external; had been stationary for some months	Very large varicose veins and ulcers of fourteen years' duration. Two years under treatment at Skin Hospital with much relief	Needle and clasp used; removed third day; all wounds diminished; external dried up. May 15.—Improving fast	This was a severe case, and the clasp was too tightly applied, so that it cut the skin slightly, and will perhaps ulcerate.
11	H. A., aged 52, Reid's-buildings, Gray's-inn-lane	May 4. One and a-half inch above ulcer	Large varicose veins; one oval ulcer, size of a florin, on the middle of left leg; very painful, and preventing the patient's moving much about	Ulcer open six years. Much advice; attended the Skin Hospital for six months	Clasp removed second day; needle third; wound drying up. May 15.—The paper adheres to the ulcer, which appears well	This was a good case, as the patient obtained freedom from pain at once from the needle, and will probably be well in fourteen days.

No case in this table could be regarded as a very severe instance of varix and its consequences; yet all the ulcers were of the true varicose kind, *i. e.* excessively painful, not very large or deep, discharging much sanious fluid mixed with pus; with no disposition to heal and situated upon the varicose trunk or its immediate branches in the lower third of the limb. After the insertion of the bar-needle there was always some tenderness and pain in the veins above it, sometimes reaching to the upper part of thigh, but no pain or tenderness in the diseased parts below it; and the pain, etc., above the needle commonly ceased in a day or two after its withdrawal, except in No. 4 where the patient did not hear or attend to the directions given, to remain quiet, take opening medicine, keep the bandage moist with tepid water, and not drink beer. In No. 7 there was a specific taint, not discovered until after the operation, which, however, quickly yielded to calomel and opium, and the sore is healing as in the ordinary cases. In two other instances the clasp slightly

injured the skin from being applied too tightly or from being kept applied too long a time.

The most fortunate cases are those of H. S., cited in detail, and No. 5 and No. 6 in the table; the latter having had two open ulcers for fifteen years, although subjected to Hospital and varied treatment during the whole time.

The advantages of the bar-needle and clasp, as regards the treatment of varicose ulcers and eruptions, may therefore, from the experience detailed, be said to consist—

1st. In the great and immediate relief from pain and irritation in the affected parts; several patients having declared that, as far as feeling was concerned, they believed the sores, etc. had healed before the first dressing was removed.

2nd. The comparatively facile, innocuous, and bloodless nature of the operation, as compared with any other operative proceedings for the cure of varix. And,

3rd. The rapid healing of the ulcer or eruption.

The disadvantages have not yet presented themselves, if we except the greater probability, as compared with complete division of the vein, there exists of a return of the varix when the clot obstructing the vessel becomes absorbed.

ORIGINAL COMMUNICATIONS.

ON THE

THERAPEUTIC EFFECTS OF AMMONIA,

AS A

DERMIC AGENT IN THE TREATMENT OF DISEASE.

By JOHN GRANTHAM, F.R.C.S. (Hon.)

The importance of the skin in the function of assimilation in nutrition is powerfully shown by Erasmus Wilson, who says:—"I counted the perspiratory pores on the palm of the hand, and found 3528 in a square inch; now each of those pores being the aperture of a little tube of about a quarter-of-an-inch long, it follows that in a square inch of skin on the palm of the hand, there exists a length of tube equal to 882 inches, or seventy-three feet!" Surely, such an amount of drainage as seventy-three feet in every square inch of skin, assuming this to be the average for the whole body, is something wonderful; and the thought naturally intrudes itself, —What if this drainage were obstructed? The number of square inches of surface in a man of ordinary height and bulk is about 2500; the number of pores, therefore, is 8,820,000; and the number of inches of perspiratory tube is 2,205,000; that is, 183,750 feet, or 61,250 yards; or nearly thirty-four miles! Of the fact of absorption by the skin, it has by many physiologists been fully proved, that after bathing in infusions of madder, rhubarb, and turmeric, the urine has been found tinged by these substances; it is also proved, that imbibition takes place in the skin according to the physical laws, in conformity with which they pass most readily into the vessels which present the thinnest walls and the largest surface. Excepting the notice taken of ammonia, being the principal agent in the Buxton waters, by Dr. Bradley, I am of opinion that no writer has given it the important position it merits, when combined with hot water as a dermic agent in the treatment of congestive diseases.

As far back as the year 1828, I remember a neighbouring Practitioner, Mr. Hurst, of Dartford, sponging the skin in some cases of scarlet fever, with tepid water containing a few drachms of the spt. ammoniæ aromaticus; since which time I have frequently used the ammonia in a much more potent form,—viz. liquor ammoniæ fortior, one ounce and a-half to two quarts of hot water, at 120° of heat, as a sponging bath;—and as a general bath, the same quantity of ammonia in water, at 100° of heat. To render this statement more intelligible, I will relate some examples. Firstly, an extreme case of severe purpura hæmorrhagica. At the onset of the case, the patient was suffering from continuous bleeding from a decayed tooth, which tooth was immediately removed; still the bleeding continued from another decayed tooth, that, and a third, were taken out; it now became evident that the bleeding oozed from the whole surface of the mouth, resisting the application of the nitrate of silver, matico, zinc, alum, etc., then a further loss of blood from the kidneys and intestines occurred, with an eruption of maculæ on the skin, of a dark purple colour; these effects continued to an alarming extent, until I adopted the sponging of the skin with two ounces of strong ammonia, in two quarts of hot water, over the chest, body, and extremities: after this ammonia fomentation, the skin was dried, and then rubbed over with hot lard, and the chest and abdomen were covered with wool; from that time the nervous system became tranquil, and the exudation of blood gradually ceased; and with the internal administration of quinine, opium, milk, and beef-tea, etc., the patient in time became convalescent. This narrative being only written from memory, precludes my entering into particulars; nevertheless, it serves to prove the power of ammonia when so applied, as a compensatory measure. I am also of opinion that the inhalation of ammonia gives a stimulus to the change of the blood as it passes over the air-cells of the lungs, and may assist the vital law of generating animal heat. Secondly, in a case of scarlet fever, when the patient was delirious, the skin of a dark red colour, and the body slightly tympanitic, the ammonia bath when so applied, at 120° of heat, bore unmistakeable evidence of its salutary effects in quieting the nervous system, procuring sleep, and abating nausea. Thirdly, a case of stridulous breathing in a child three years old, yielded to the effects of the ammonia bath, at 100° to the chest, and the after application of hot lard and wool to protect the animal heat and keep up the action of the sudoriperous function. Lastly, the ammonia bath at 90° as a sponging bath in the morning, I have known to be very beneficial to the anæmic patient.

I trust that by this statement I am not advocating a particular for a universal; but simply proposing a means of treatment which may be advantageously adopted in the management of fever, particularly in the congestive or comatose forms.

Crayford, Kent.

BLOWS ON THE EYEBALL, AND ABOUT THE ORBITAL REGION,

AS ILLUSTRATING THE USE OF THE OPHTHALMOSCOPE.

By H. HAYNES WALTON, F.R.C.S.

Surgeon to St. Mary's, and to the Central London Ophthalmic Hospitals.

A blow on the the eyeball from a grain of shot, or a cork, or the lash of a whip, may considerably injure or annihilate vision, with but slight, perhaps without any trace of mechanical violence. Fortunately it is seldom as compared with the number of accidents, that vision is at once and completely destroyed, even when the lesion is extensive.

Beer records an instance of a man having lost his sight from a person who, being behind him, suddenly covered his eyes with his hands, using at the same time some pressure. Yet loss, or impairment of sight from a blow, is rarely ultimately unaccompanied with some external symptoms of degeneration or change of some part of the eye. Ordinarily the pupil is dilated, and sometimes to such an extent as to give rise to the supposition that the iris has been totally destroyed. This is attributed to shock of the ciliary system, meaning particularly the ciliary muscle and the ciliary nerves, which really explains nothing. The iris is likely to lose its colour and to become tremulous, shaking with every movement of the eye, while the vitreous body will probably become dissolved, a condition indicated by the eye-ball feeling soft. Either may be the beginning of change which ends in entire atrophy. As an example of a severe case, I may mention that of a young woman, who was struck in the eye, but not violently, by the corner of a baker's tray; inflammation soon followed for which no particular treatment was adopted. Some months afterwards, when I was applied to, I found the iris discoloured, and partly adherent to an opaque capsule. The lens nearly or entirely absorbed, the globe was soft, and not the slightest perception of light remained. Another circumstance connected with the case is worth noting. A band of lymph united the capsule to the cornea, to admit of which, the capsule must have been at

some time in contact with the cornea, and the connecting medium must have been gradually elongated, as the lens was absorbed.

The lesser injuries are those that are more frequently met with, and it requires judgment in prognosis not to be deceived by a patient's exaggerated expressions, nor to be misguided by mere conjunctival redness, ecchymosis, or chemosis; for so long as the sight is not impaired, the cornea is clear, and the iris is bright, all will end well. But there may be an exception as to the iris. The change in colour may be apparent and not real, being due only to a serous state of the aqueous humour. After an operation for internal squint the conjunctiva became much chemosed, the iris seemed changed in colour, a light auburn turning into a misty hue. Vision was unaffected. A natural condition of parts was soon restored. A week after the extraction of a cataract, and a more successful case was never seen; a light blue iris presented a bright russet tinge, and the colour was deepest at the lowest part; this also became natural.

Yet the worst effects as regards sight may result from a blow on the eyebrow, without the eyeball having been touched. I have known a stroke on the temple from a stick, which, although not followed by a bruise, has nearly destroyed vision in the contiguous eye. An engineer was striking a bar of iron with a sledge-hammer, a piece of the metal broke off, was projected against his face, and fractured his nasal bones. I saw him three days after the accident; the conjunctiva of the left eye was slightly ecchymosed, and the pupil greatly dilated, and vision was extinct.

Within a short period, the prevailing theory referred defective sight from a blow on the eyeball, or its vicinity, unattended by acute inflammatory action of the eye, to concussion of the retina; even more, it attributed also to the same cause many of the physical changes that I have alluded to as consequences. When the blow, or the pressure, was thought to be insufficient alone for the concussion, spasmodic action of the orbital muscles was blamed, false analogy of spasmodic muscular power in other parts of the system was adduced in confirmation, and the fact of the cushion of fat in the orbit on which the eyeball rests, and specially provided for to prevent such an occurrence quite ignored.

When wounds about the circumference of the orbit were followed by blindness, the nutrition of the eye was supposed to be damaged through lesion of some ophthalmic division of the fifth nerve ramifying on the face. One wonders how the idea could have originated. It appears to me to be confounded with injury of the nerve-trunk, when it enters the orbit. The literature of the subject is extensive, and strange opinions are expressed therein. Dr. Mackenzie has entered fully into it, and combats many of the theories put forth to explain the mode in which the inference is conveyed. He commits himself to this explanation.

In all such cases I should suspect that injury of the branches of the fifth nerve, having communicated irritation to the nervous centres, a reflex disease, probably inflammatory, was propagated from them to the optic nerve, and to the other nerves concerned in the function of vision. Such considerations would lead us, in cases of suspected injury of the branches of the fifth nerve, not only to enjoin rest, but to treat the patient antiphlogistically, and to administer calomel, with opium in doses sufficient to affect the system.

In the great mass of such cases we have now a demonstrative explanation. For the last twelve months I have submitted to a careful ophthalmoscopic examination the accidents of this class that have occurred to me. In all I have found marked physical changes, the effect of violence that could be pointed to as the direct disturber of sight; or, internal inflammatory action of the eye produced by the injury. So far, then, as my recent investigation goes, the rationale of the impairment of the sense is mainly to be found in actual and perceptible alterations in the interior of the eye, sometimes accompanied with external symptoms, sometimes not. But this must be known to all enquiring ophthalmologists. Among the physical changes I have met with are detachments of the retina and laceration of it posteriorly. Extravasation of blood, especially in the vitreous humour. Dislocation of the crystalline lens backwards.

I will illustrate some of these direct effects of violence. A workman, in middle age, was severely struck on his forehead, just over the left eye-brow, six years ago, and quickly lost all useful sight. He could not exactly say how quickly it went, as his memory did not serve him; but it was an immediate consequence, for, when the swelling of the eyebrow and the ecchymosis had passed away, the eye was useless. It would be difficult to name any method of treatment that had not been tried, for the man had been to some of the general hospitals in London, and to several of the special ones. He could not read type of any size, but only just count his fingers when they were held up against the light. There was now no objective symptom whatever, and therefore it was impossible, from a mere external survey of the eye, to say what was at fault. Detachment of the retina was at once discernible, in a cloudy whiteness, at the fundus of the eye, instead of the natural red colour of the choroid. The optic disc could not be seen, nor any parts in detail; instead, there appeared the uneven white cloud, with a few vessels, not very definite, in irregular arrangement. Here was, of course, an irremediable injury, probably from an early period; and far better would it have been for the patient, and more for the credit of Surgery, had this been earlier made out.

Of inflammatory action consequent on a blow I shall give two examples. A lad applied at the Hospital because he saw imperfectly with his right eye. He could only count his fingers. He had visited several Ophthalmic Institutions, and had been submitted to divers kinds of treatment. Sixteen months before he had been struck on the eye with a dead pigeon, and it became merely blood-shot, pain ensued, and vision was soon lost. I examined him to determine whether there was any external sign of injury, and whether also I could, by a concentrated light on the pupil, get any indication of deep-seated alteration. Not the slightest defect could be observed. Atropine was then used, and with the ophthalmoscope minute black specks on the surface of the capsule of the lens showed that, during the inflammation which followed the injury, and of which the patient declared he knew nothing, the posterior part of the iris had been in contact with it. But a greater change was yet to be observed. In the turbid vitreous humour hung shreds, or threads, which, from their arrangement, appeared to be of an inflammatory origin. The optic disc could not be seen. The choroid coat had undergone much pathological change. The external evidence of inflammatory action was slight, and, except so far as the loss of sight was a symptom —of course a great one—there was nothing to arouse suspicion of the great mischief going on in the eyeball.

A boy was struck on the eye with a stick, and brought to the Hospital a week afterwards, having in the meantime been bled and blistered because of the pain that ensued. The eyelids were swollen from the enormous blister on the temple, causing much effusion around. The surface of the eyeball was a little injected, but the pupil dilated under atropine—no slight evidence of the absence of much inflammatory action in it. The lens was clear, but the vitreous humour was turbid, and the state of the retina could not be made out satisfactorily in consequence. The choroid seemed spotted, as if from the removal of the choroidal pigment. There was scarcely any vision, and as all evidence goes to show that the eye was perfect before the accident, the conclusion is that the changes which were seen were the result of the injuries, and were all effected in a very short space of time, and that with but little, if any, external evidence of what was passing within.

Towards the end of last month, and since the above was written, the question of damage to vision through injury to the orbital branches of the fifth nerve has been practically brought before me. I was engaged, on behalf of the London and North-Western Railway Company, to attend a trial at Guildhall, in which they appeared as defendants to resist an exorbitant demand for damages by the plaintiff, a watch-finisher in a small business, who alleged that the slight superficial wound which he received in the integuments of the eyebrow incapacitated him from using the peculiar eye-glass employed by the trade.

Mr. Skelding, one of the Surgeons to the Company, Mr. Skey, and Mr. Lawrence were also for the defendants.

There could be no doubt that there was some loss of sensation, or impaired sensation of a very limited portion of the scalp; that some of the branches of the supra-orbital nerve had been injured. One of the plaintiff's witnesses stated that there was a probability of impairment of sight as an ultimate consequence, although the eyeball was at the time in perfect integrity. This produced a great impression on the jury. The Chief Baron questioned the witness on the

point; and when, in answer, he was told that the archives of Surgery bore such records, he commented on the worthlessness of many things that are recorded. He asked whether witness had ever met with such an example in his own practice, and was answered in the negative. But still the jury had received what I thought to be a wrong bias, and I did my best to remove it, and so did Mr. Skey; and I believe that we were successful, from the small damages allowed, much less in amount than the Company had offered. In my evidence I gave concisely the views which I have expressed in this paper, —that mere injury to the nerve-branch on the head can have no effect on the function of the retina; that loss of sight, when associated with such lesion, is due to coincident injury of the eyeball; that in the case in question, as nearly a year had elapsed since the accident, and the plaintiff's eyesight was unimpaired, the eyeball must have escaped unhurt, and there was not a shadow of a chance of untoward consequences in that direction.

The method by which the watchmaker's glass is kept to the eye was fully discussed; and as I had previously studied the subject in reference to the trial, and had consulted many watchmakers and others, I was prepared to give an opinion. The plaintiff declared that he held it by muscular power, and in attempting to do this, pain and uneasiness ensued. I learnt by experiment, that the glass may be so adapted to the eye by a purely mechanical process, and there held for an adequate time. This is done by pressing the rim against the integuments of the lower eyelid, depressing them a little, and then locking the upper part under the edge of the orbit. I found that I could do this readily on either side of the face, and have perfect command of the glass as an optical instrument. This is doubtless the correct way of using it, and that employed by most workmen. But, strange to tell, there are hosts of mechanics who do not know this fact, and by muscular power only keep the instrument in position, and thereby produce fatigue and require rest, and somewhat limit the application of the appliance. Besides, they are obliged to use the one eye always because only one eye is tutored; a decided and obvious disadvantage as regards the function of vision, to say nothing of other drawbacks that occur in the details of workmanship.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ROYAL LONDON OPHTHALMIC HOSPITAL.

IMPAIRED VISION—APOPLEXY OF THE RETINA FOLLOWED BY HEMIPLEGIA—RECOVERY.

(Under the care of Mr. WORDSWORTH.)

G. W., aged 39, a warehouseman, was admitted an out-patient on January 21, 1860, when the following history was obtained:—He had much heavy work in his business in packing goods. He was a temperate man (teetotaler), and considered himself to have had good general health. There was no history of syphilis, rheumatism, or gout. He said, however, subsequently, that for the last five or six years he had been subject to a heavy, excruciating pain, like a weight on the top of the head. This pain, which occurred two or three times a month, would last about a few hours each time, and did not keep him from business. He never had any epistaxis, nor, as far as could be ascertained, excepting the pain in the head, any warning of cerebral disease. He was first attacked about eight weeks ago with defect of sight, when he found one morning on awaking that there was a mist before his eyes, and an appearance as of dark streaks before them, but no distinct black spots. Faces looked dark and indistinct. He could still manage to read by day, but not in the evening. The focal distance for best vision was unaltered: he could see the outlines of a clock, but not distinguish its hands. He stated that he had been treated for this affection, but without benefit. Three weeks ago, and about five weeks after the vision became first affected, he was attacked with paralysis of the right side. This attack occurred suddenly, as he was seated: he fell off his chair, and found that he could not move his right arm and leg. There were no convulsive movements, no insensibility, no pain or headache. He states that he could always move his fingers a little, and that sensation was not impaired. He had at this time a difficulty in speaking, though he says that he could always make himself understood. He gradually recovered from the paralysis, and attended his work. His face, he thinks, but does not speak confidently, was "drawn to" the right. Hearing was good, and has continued so. (He subsequently, March 24, stated that he had some difficulty in swallowing—viz. that he was obliged to swallow by teaspoonfuls when he drank hot fluids. To use his expression, there was "a check in swallowing.") On admission, January 21, it was noted, "There is still some paralysis of his tongue, face, and the entire right side of his body, with coldness, numbness, etc. There is nothing abnormal about the appearance of the eyes, except that the pupils are widely dilated. He sees slightly better with a convex lens. The ophthalmoscopic examination, which was not assisted, but rather the contrary, by a convex lens, showed,—

The Left Eye.—A general haziness and indistinctness of the outline of the optic entrance; much of the fundus obscured by patches—white, with black streaks interspersed. There were other patches which seemed to be spots of blood lying upon the retina, and overlaid by obscure vitreous.

The Right Eye.—The appearances were similar, but not so extensive. There was a general irregularity of the optic papilla with ecchymoses, an obscure vitreous with patches of deposits—blood-clots having apparently been effused into the vitreous humour, and some absorption of the colouring matter, and other parts of the blood, having taken place. A mixture of decoction of aloes, and compound mixture of gentian, with eight-minim doses of the tincture of nux vomica, was prescribed. From that time he gradually improved in health and in sight. On March 28 the eyes were again examined by the ophthalmoscope. Atropine was used, and the pupils freely dilated.

The Right Eye.—No blood-spots. The vessels are thin, and have small indistinct white patches round them; all round, but not at the yellow spot, are silvery-white brilliant small dots.

The Left Eye.—The dots are the same as in the last eye, being around, but not at the yellow spot. They are, however, much larger.

As might be expected in this case, the very axis of vision (the yellow spot) being left pretty free, the sight is not damaged in proportion to the amount of surface implicated by the disease. The man can find his way about, and can see to read well and rapidly with each eye.

The urine was examined, and was found to contain a very large quantity of albumen. In spite of this symptom, however, his health was much improved, and he did not complain of any special symptom. There was no œdema of the feet, hands, or face. The patient considered himself in good health. Mr. Wordsworth desired him to present himself occasionally, in order that his case might be watched, although the eyes, as regards the foregone apoplexiæ of the retina, were as much restored as they were likely to be.

KING'S COLLEGE HOSPITAL.

REMOVAL OF NECROSED BONE AND SUBSEQUENT EXCISION OF KNEE-JOINT—GOOD RESULT.

(Under the care of Mr. FERGUSSON.)

[From Notes by Mr. FRANCIS MASON.]

E. H., aged 14, was admitted on December 27, 1859. He states that in May, 1858, he was being carried down some steps when his knee came in contact with some iron railings. The joint was slightly painful at the time, but he thought little of it, and it improved by fomentations. About six weeks after the accident, however, he found a good deal of sharp, shooting pain in the joint, with considerable swelling. He sought Medical advice, but no remedies appeared to have a beneficial effect upon it. This state of things continued for three months, when an abscess was discovered to exist in the joint, which was opened, and an immense quantity of pus evacuated. This gave him some temporary relief, but the knee had now become considerably flexed

use crutches to enable him to get about. He had been much in this state up to the time of his admission.

State on Admission.—He is a pale, delicate, and strumous-looking boy. He lies on the left side, the thigh being flexed on the trunk, the leg on the thigh. There are several sinuses in the region of the joint, leading to bone. One sinus on the inner and lower part of the thigh leads to an extensive bare surface of the femur. The patient has no brothers or sisters. The father and mother always healthy. No affection of the lungs; other functions of body natural.

January 7.—To-day the patient having been put under chloroform, Mr. Fergusson proceeded to remove a piece of the shaft of the femur about six inches in length, by an incision of two inches, made at the lower end of the thigh. The removed portion was easily detached, and found to be necrosed.

8th.—Has had a good night; complains of slight thirst; limb rather uncomfortable. Pulse 106.

10th.—Wound suppurating healthily; patient says the limb is not so painful as before the operation. Appetite good.

February 2.—Has gone on well since last report; eats, drinks, and sleeps well; is anxious to have his leg put straight.

March 3.—To-day the operation of excision of the knee-joint was performed by Mr. Fergusson, the patient being under chloroform. The H incision having been made in the integuments, sufficient of the ends of the femur and tibia was removed so as to bring the limb in the straight position. The patella was removed. There was very little hæmorrhage during the operation—no vessel requiring a ligature. A splint having been applied, the patient was sent to bed.

4th.—Has had a restless night, the limb having been very painful, but the pain has been much mitigated by an opiate draught. Pulse 120.

5th.—Is much better in health, but the leg continues to give great pain at intervals. Takes a draught containing decoction of bark with ammonia.

10th.—Wound discharging healthily; no bad symptom; appetite good; bowels regular; all pain has disappeared.

20th.—Is still going on well. The wound is discharging a thin serous fluid, mixed with pus. Splint removed; the joint seems firm. Splint re-applied.

May 1.—Gutta percha splint applied to back of leg.

9th.—Discharged to go into the country.

GREAT NORTHERN HOSPITAL.

OSCILLATORY MOVEMENTS OF BOTH EYES—DIVISION OF THE INTERNAL RECTI—GREAT IMPROVEMENT IN SIGHT.

(Under the care of Mr. LAWSON.)

J. S., aged 7, was admitted as an in-patient under the care of Mr. Lawson. He was quite blind with the right eye, having a corneal staphyloma, the result of purulent ophthalmia in infancy. In the left eye the pupillary edge of the iris was adherent to a cicatrix in the cornea, consequent on a perforating ulcer. Both eyes oscillated very much, so that he was unable to distinguish clearly any object. In going about the ward he frequently ran against the beds, and he was unable to pick up from the ground small bodies. If the boy wished to examine anything he pushed the globe with the fingers of his left hand to the inner canthus, and there held it steadily while he directed his head towards the object. There was a convergent strabismus and the internal recti and superior oblique appeared to be the muscles which produced the greatest amount of oscillatory motion. With the hope of somewhat steadying the eye, Mr. Lawson divided the internal recti of both his eyes. This proceeding was followed with marked benefit. Not only is his appearance much improved, but he is able to run easily about the ward without ever striking himself against a bed, and he can discern objects at fifteen or twenty feet, and pick up pins from the floor. He is able now to run up stairs, whereas before the operation he could only venture [illegible] hands and knees. The oscillatory movements of the [illegible]ch diminished, and he no longer requires to [illegible]is fingers.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1859.

The subjoined Report comprises the cases supplied by the following Hospitals (a):—

Addenbrooke's (Cambridge), the Carlisle Infirmary, the Derby Infirmary, the Cheltenham, the Dorset County, the Gloucester, the Hull, the Leicester, the Leeds, the Liverpool Northern, the Norfolk and Norwich, the Nottingham, the North Stafford, the Sheffield, the Sussex County, and the York County.

OVARIOTOMY.

The Carlisle Infirmary: Mr. Page.—Elizabeth D., aged 42, unmarried, and without children. Tumour of seventeen years' growth; circumference at umbilicus 38½ inches; os uteri healthy, and uterus free; abdominal walls perfectly smooth over surface of tumour. These circumstances, together with the good health of the woman, appeared to warrant the operation, an opinion in which Professor Simpson fully concurred. Chloroform was administered at commencement of operation, but sickness threatening, it was abandoned. Incision four inches in length; tumour found to be quite free, and walls of cysts thin. Puncture being made, 18 pints of fluid were withdrawn from first cyst, and 14 pints from a second, which, together with 1½ pints from smaller cysts, and 4 lbs. the weight of the sac, gave an entire weight of more than 37 lbs. The tumour contained the right ovary, from which the cysts were developed; the pedicle included the right Fallopian tube, and the broad and round ligaments of that side. The walls of the tumour were altogether free from adhesions, and the removal was accomplished without difficulty or the smallest untoward circumstance. A clamp was applied to the pedicle, which was divided beyond it, and the wound was brought together by means of hare-lip pins, the divided pedicle passing out between two of them. There was no immediate evidence of shock from the operation, and the woman expressed herself as feeling well and comfortable through the day; she slept at night, and awoke on the following morning in excellent spirits. Symptoms of peritonitis afterwards appeared, and gradually increased, the woman finally sinking at the end of four days. A post-mortem examination exhibited the ordinary results of peritoneal inflammation, more especially in the pelvic portion of the cavity.

PARACENTESIS FOR OVARIAN DROPSY.

Case 1.—The Nottingham Hospital: Mr. Thompson.—A girl, aged 18, for three years the subject of ovarian dropsy. Paracentesis. Still under treatment. *Case* 2.—The Norwich Hospital: Mr. Nicholls.—A woman, aged 39, under the care of Dr. Ranking. The cyst was unilocular. Paracentesis. The woman did well after the operation, and left the Hospital *relieved*. *Case* 3.—The Norwich Hospital: Mr. Cadge.—A woman, aged 23, a patient of Dr. Copeman. Paracentesis. The contents of the cyst were so thick that they escaped with great difficulty through the canula. The patient left the Hospital relieved. *Case* 4.—The Norwich Hospital: Mr. Cadge.—A woman, aged 55, a patient of Dr. Copeman. Multilocular cyst full of viscid glairy fluid. Death took place on the seventh day after the operation *Case* 5.—The Gloucester Infirmary: Mr. Lovegrove.—A woman, aged 25, the subject of ovarian dropsy of four years' duration. Paracentesis. Death took place eight days afterwards. At the autopsy the tumour was found to be multilocular. At the operation nine pints of viscid fluid were withdrawn. On the third day a rigor occurred. It was followed by febrile symptoms, sickness, and uneasiness in the abdomen. The pain in the abdomen and the vomiting continued more or less

(a) Two or three other Institutions also furnish a few cases which had been omitted in previous reports, and are now inserted in order to completeness, although the Hospitals referred to do not supply us with their cases operated upon during 1859.

until the eleventh day after the operation, when death occurred. At the post-mortem, sero-purulent fluid was found in the peritoneal cavity, and there were bands of old adhesion connecting the cyst with the liver and the omentum. The ovarian mass weighed, after removal, forty-six pounds. *Case* 6.—The Leeds Infirmary: Mr. Teale.—A married woman, aged 35. The cyst was multilocular. Thirty-five pints of fluid were removed, and the woman left the Hospital relieved.

OPERATIONS FOR THE RADICAL CURE OF HERNIA.

Case 1.—The Nottingham Hospital: Mr. T. Wright.—T. L., aged 50, was operated on for inguinal hernia by Wutzer's method. On removal of the cylinder on the 8th day, the invaginated plug of skin came down. The ring, however, appeared almost entirely closed. A truss was ordered to be worn. There had been no re-descent of the rupture up to the time of the man's leaving the Hospital. *Case* 2.—The Leicester Infirmary: Mr. Macaulay.—W. G., aged 69, was admitted suffering from an inguinal hernia of forty years' duration. Notwithstanding the use of a truss with a large pad, the bowel was accustomed to come down, and had been strangulated on several occasions. He was the subject of chronic cough. Mr. Macaulay performed Wutzer's operation. All seemed to go on well until a fortnight after the cylinder had been removed, and the hernia again forced itself forward. The cylinder had been kept in for a week, and all the steps of the operation had been carefully attended to. A small slough had formed at the point of the exit of the needle. When the man left the Hospital it was noted that his hernia did not come down steadily as formerly, but it still did so sometimes, even in spite of his truss. *Case* 3.—The Sunderland Infirmary: Mr. Page.—J. S., aged 50, the subject of inguinal hernia. Wutzer's operation was performed, and the cylinder retained until the ninth day. He was afterwards kept in bed for fourteen days, with a spica bandage. At the date of report, one month after the operation, the plug of skin was firmly retained. *Case* 4.—The Sheffield Infirmary: Mr. Barber.—A healthy-looking man, aged 32, was admitted with a large scrotal hernia, which had existed several years, and which no truss would keep up. On February 20 Wutzer's operation was performed. Considerable suppuration took place. This subsided, and he was discharged much relieved, the size of the hernia being much reduced. He was ordered to wear a truss, and discharged. On October 21 he was readmitted, the hernia having now become nearly as large as ever. Wood's operation was now, therefore, resorted to, and was performed on November 10. A good deal of inflammation was set up, and suppuration took place among the abnormal muscles. He however recovered, and was discharged cured on December 19. The hernia has never descended since, although he wears no truss (April 25). *Case* 5.—The Sheffield Infirmary: Mr. Barber.—A boy, aged 12. Mr. Barber performed Wood's operation for the radical cure of inguinal hernia of the right side on December 29. Inflammation and slight suppuration followed, but ceased on January 17. He was discharged on the 24th, the hernia not descending on coughing or straining. He was seen a month after the operation, and, though he wore no truss, the hernia had not again descended.

TREATMENT OF GALL-STONES.—"The first advice," according to M. Trousseau, "is to make the patient take a great deal of exercise, in order to burn up the fatty matters accumulated in the blood, and to prevent their forming too abundantly in the liver. According to the powers of the stomach you recommend the use of fresh vegetables, such as cabbages, spinach, chicory, etc. Meat is not to be excluded, but it should be given with green food. Fatty kinds of food should be rejected, such as butter, oil, and meat-fat—an indispensible condition with those who form cholesterine in excess." Andral relates that certain butchers once informed Peyrilhe, that when they opened the gall-bladder of sheep and oxen in the months of March and April, they frequently found gall-stones in it, but that they rarely ever met with stones there in the autumn. The explanation of the butchers was simple enough. From May to November the animals were fed on green food, but during the rest of the year on dry food. While freely wandering in their pastures, they have no colic, and no stones form; but when shut up and motionless in stalls, stones form, and they have attacks of colic.

THE LONDON AND PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

REPORT ON OPERATIONS FOR INJURIES TO THE SKULL.

Case 1.—*Fracture of the Frontal Bone by a Hammer—Cerebral Symptoms on the Third Day—Operation—Death.*—A woman, aged 36, was admitted into the London Hospital, on account of a fracture of the right frontal bone, received by a blow from a hammer three days previously. No symptoms had been developed until the day of admission; and after the accident she had walked about as usual. On the morning of her admission she had become insensible, and repeated convulsive seizures had occurred. The trephine was used, and two portions of the inner table which had pressed on the dura mater were taken away. The fracture was not larger than the small hammer-head by which it had been inflicted, and was what might be called a punctured fracture. Very little relief followed the operation, and death took place forty hours after it. At the autopsy intense inflammation of the membranes of the brain was found.

Case 2.—*Compound Fracture—Operation—Death.*—A lad, aged 19, in the Bradford Infirmary, under the care of Mr. Terry, for a compound fracture of the skull and laceration of the membranes, with injury to the brain. The depressed bone was elevated. Death followed three hours after.

Case 3.—*Compound Fracture — Operation — Recovery.*—A lad, aged 15, admitted into the Bradford Infirmary under the care of Mr. Parkinson, for a compound fracture over the left parietal region with injury to the dura mater, and loss of cerebral substance. Two portions of bone, which had been driven in, and were quite loose, were removed. The lad recovered, and the parts healed over.

Case 4.—*Compound Fracture, with Laceration of Dura Mater — Operation — Death.*—A boy, aged 3, under the care of Mr. Parkinson in the Bradford Infirmary. The skull had been fractured, and the dura mater torn. Elevation, and removal of some portions of the shattered bone. Hernia cerebri followed, and death took place on the twelfth day.

Case 5.—*Compound Fracture with Depression, but without Brain Symptoms—Operation—Recovery.*—A man, aged 20, was admitted into Guy's Hospital for compound fracture of the left parietal bone from a severe blow There were no symptoms of compression, but as a portion of bone was found to be depressed, it was deemed best to operate. Hey's saw was used, and a fragment of bone, which had been depressed about a quarter-of-an-inch, was elevated. The dura mater had not been injured. The recovery was not interrupted by a single bad symptom.

Case 6.—*Compound Fracture with Depression—Operation—Recovery.*—A man, aged 25, was admitted into the Hull Infirmary, under the care of Mr. Craven, with a compound fracture of the posterior part of the left parietal bone. The depressed portion was two inches long and from an inch to an inch and a-half wide. A long narrow slip having been removed by Hey's saw, the depressed portion was elevated. The patient recovered without a bad symptom, and left the Hospital a month afterwards.

Case 7.—*Compound Fracture — Trephining—Death on the Day of the Operation.*—A labourer, aged 60, was admitted into the Derby Infirmary, under the care of Mr. Johnson, for a compound fracture at the back of the head, from the falling of a brick. He was comatose. The trephine was used, and the depressed portion elevated, but he remained insensible, and died an hour afterwards. At the autopsy the whole surface of the brain was found covered with clot, and the anterior lobes were much contused.

Case 8.—*Injury to the Skull without Head Symptoms—Supervention of Epilepsy and Convulsions—Operation on the Twenty-first Day—Recovery.*—A man, aged 30, was admitted into the Sheffield Infirmary, under the care of Mr. Gregory, on February 28. There was a lacerated scalp wound two inches in length, corresponding with the middle part of the coronal suture. There was no evidence of fracture, nor any symptoms of cerebral mischief, excepting slight deafness. Up to March 18 he gradually improved. Two or three epileptic seizures

then occurred, and were followed by paralysis of the right side. A small puffy swelling was now discovered over the anterior edge of the left parietal bone. An incision having been made at this spot, a piece of bone two inches long by one broad was found quite loose, and was removed. The dura mater was not lacerated. Two days later the paralysis had passed off, and no fits had occurred. The man was very ill for some weeks, but ultimately made a good recovery.

Case 9.—*Compound Fracture — Trephining — Death on the Fourteenth Day.*—A girl, aged 19, was admitted into the Liverpool Northern Hospital, under the care of Mr. Hamilton, for compound fracture of the left parietal bone. The trephine was used, and a triangular depressed portion of bone was elevated. She died on the fourteenth day. She had been sensible throughout.

Case 10.—*Compound Fracture from a Blow—Immediate Operation—Recovery.*—A man, aged 44, a patient in the Derby Infirmary, under the care of Mr. Johnson for a compound fracture of the right parietal bone, from a blow with a poker. The trephine was used and the fractured portion raised. The dura mater had not been lacerated, and there had not been from the first any serious cerebral symptoms. Recovered.

Case 11.—*Blow on the Head—Symptoms of Compression two Days afterwards—Trephining—Death on the Twentieth Day.*—A healthy man, aged 35, was admitted into the London Hospital, under the care of Mr. Critchett, having received a blow on the head. The symptoms were at first those of concussion only, but two days later they had developed into those of marked compression. The trephine was now applied over the situation of the middle meningeal artery. A large clot was found between the dura mater and the skull. It was removed, and profuse hæmorrhage followed. The artery was much lacerated, and was with great difficulty controlled. Consciousness returned after the operation and continued up to the time of death, which took place twenty days after. There had been paralysis of the right side for a week before death, and a free incision was made into the brain, in the hope of evacuating matter, but without relief. No autopsy was permitted.

Case 12.—*Compound Fracture without Laceration of the Dura Mater — Removal of Fragments — Recovery.*—A man, aged 50, a carpenter, was admitted into the York County Hospital, under the care of Mr. Husband, having suffered a severe compound fracture of the frontal bone. Several portions of detached bone were removed. The dura mater was extensively exposed, but not torn. He recovered without a bad symptom.

Case 13.—*Compound Fracture of the Skull with Depression —Operation—Death.*—M. —, aged 36, a tall and muscular seaman, was admitted into the Poplar Hospital, under the care of Mr. Webb, January 5, 1858. He had fallen from his ship into a dry dock, a height of twenty feet. He was profoundly insensible; pulse 60, small and weak; his surface pale, cold, and wet. The pupils acted. His breathing was stertorous. On examination a scalp wound was found on the anterior lateral part of the head, about four inches long, crossing the coronal suture; immediately beneath it was felt a large piece of depressed bone. Mr. Webb freely exposed the part, and removed two small pieces of bone and elevated the depressed portion. Next day the patient was better, but afterwards retrograded. On the 12th, symptoms of hemiplegia of the right side began to present themselves. An incision was at this time made into a tumefaction of the scalp, and a quantity of offensive pus was let out. There was no return of improvement, and he died next day. No post-mortem was obtained.

Case 14.—*Compound Fracture of the Parietal Bone—Operation —Death from Abscess in the Brain two Months afterwards.*—A man, aged 25, was admitted into the York County Hospital, under the care of Mr. Husband, on February 29, with a compound fracture of the skull. A piece of the left parietal bone, about the size of a crown, had been driven down, but the lines of fracture did not extend widely. Symptoms of compression being present, Hey's saw was used, and the depressed portion elevated and removed. The symptoms were relieved by the operation, and he did fairly for a week; after which he passed into a state in which he was at times only partly conscious. The right side was also paralysed. The dura mater had been lacerated in the injury, and hernia cerebri had now resulted. The fungus growth was kept down by the application of caustics. With some variation of symptoms the man lived on to April 29 (two months). At the autopsy an abscess was found by the side of the brain beneath the injured part.

Case 15.—*Compound Fracture of the Frontal Bone—Operation—Recovery.*—A healthy lad, aged 14, was admitted into the Durham Infirmary, under the care of Mr. Green, for a compound fracture of the frontal bone. The injury had been occasioned by a fall from a house, a height of thirty feet. The depressed fragment was lifted by an elevator, an overhanging portion having been first cut away by Hey's saw. The symptoms of compression passed off after the operation, but those of concussion continued for some days longer. The recovery was, however, uninterrupted. A simple fracture of the femur was sustained in the same accident.

Case 16.—*Compound Fracture of the Frontal Bone, with Laceration of the Brain-substance—Removal of Fragments—Recovery.*—A man, aged 59, was admitted into the York County Hospital, under the care of Mr. Hey. He had been struck over the forehead by a piece of timber. One eye had been completely crushed, and there was a severe compound comminuted fracture of the frontal, nasal, and ethmoid bones. The dura mater had been torn, and some small portions of brain lay in the wound. The man was quite conscious. Some small fragments of bone were taken away, and the finger passed readily into the brain. The patient did well, and the hole of the wound healed, excepting a small hole, which opened into the upper part of the nostril, and for the closure of which a plastic operation was subsequently performed.

Case 17.—*Compound Fracture with Depression—Operation —Recovery.*—A boy, aged 12, was admitted into the Derby Infirmary, under the care of Mr. Fearn, for a compound fracture of the skull. He had fallen a height of twelve feet, striking his head on the corner of a fender. A portion of the left parietal bone, about two inches long and half-an-inch broad, had been detached and depressed. The trephine was applied over the sound bone, and with the elevator the depressed fragment was removed. He recovered rapidly, and never had any cerebral symptom.

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Medical Times and Gazette.

SATURDAY, MAY 26.

PROPOSED REMOVAL OF WESTMINSTER SCHOOL.

The great public schools of England possess a very firm and a very deserved hold upon the affections of the educated classes, and nothing that affects their welfare can be a matter of indifference. Of these schools, Westminster always has been a favourite; even though poor quack-loving Lord Ebury did not get his nonsense licked out of him when he was there; and we confess that we should sadly miss the group of bright-looking hatless boys whom we often see in Dean's-yard, and the privilege of witnessing the time-honoured Play which we hope may long survive the squeamish Puritanism of the fig-leaf school.

But it is said that Westminster School must go; that it is now hemmed in by houses; that the atmosphere is therefore less pure, and the moral discipline of the school more difficult; that the opportunities for healthy exercise are abridged; and that the Thames, partly through contamination with sewage,

the Act. It was clear that both the defendants used the title of "Doctor," and that both of them participated in any benefits that might accrue from that use. Then, having used the name, it became a question whether or not they practised as Surgeons or Medical men. In the first place was this one great fact, the word "Surgery" was affixed to a bell. First, there was the name on a lamp by which they held out to the public the intimation that they were Medical men, and then there was the word "Surgery" under the bell-pull to direct enquirers to the owner of the title and name on the lamp. Then what took place inside? The patient was admitted, shown into the Surgery, and examined: not only was he examined, but the result of that examination was communicated to him; and not only so, but he was asked for some of his urine; this being supplied, it was taken away and brought back again, with the assertion that it had been analysed. Surely this was one of the false pretences within the meaning of the Act, if not, it would be difficult to find one. This being so, then it had been shown, not only that the witness Marston, not only made use of the false pretence (which would have been quite sufficient), but that the defendant himself had done so also. In conclusion, Mr. Motteram contended that the case was fully made out, that the defendant had been shown to have—both by himself and his partner—examined patients, prescribed medicines, charged a certain fee for a "perfect cure," and used the name and title of a Physician, by all of which means he had clearly held himself out and published himself to the world as a Medical Practitioner within the meaning of the Act. He therefore confidently asked for a conviction, in order that the law might be carried into effect, and the community protected.

Mr. Wright then addressed the Bench for the defence, contending that inasmuch as his client had taken every precaution to evade the law, it was not likely that he had brought himself so clearly within its provisions as the learned counsel would have them suppose. It was clear that the partnership existing between the two was—and this would appear by the articles of partnership—a partnership solely for the vending of patent medicines. Therefore, in so far as the partnership was concerned, the defendant could not be held responsible for any acts done by his partner beyond those connected with the vending of medicines. Mr. Wright then proceeded to argue that inasmuch as the lamp over the Museum was the property and sole project of Marston, the only piece of evidence that could affect his client was that respecting the word "Surgery" being placed under the bell-pull at No. 44. This he contended—and to fortify his position quoted from the case of Goold, of Kingston-on-Thames, argued before the Court of Queen's Bench, and recorded in the *Law Journal*—was not sufficient, without any act done, to secure a conviction.

The Magistrates were of opinion that the case for the prosecution was fully made out, and inflicted a fine of 40s. and costs.

Two other summonses had been issued, one against a man named Epsom, residing in Great Brook-street, and another against a man named Wilkinson, living in Nechells-park-road, for similar offences, but as the last case had occupied something like five hours, the hearing of these was adjourned for a month.

SUCCESSFUL PROSECUTION OF "DR." DENNIS TURNBULL, OF CHELTENHAM.

Our readers will remember the attempt of "Dr." Dennis Turnbull to obtain the diploma of the Royal College of Surgeons, and the protest sent in by the Practitioners of Cheltenham. Full accounts of this may be found in our early numbers this year. On the 14th inst. he appeared at the Cheltenham Police Court, to answer three informations, the offences charged being that defendant, by using the prefix "Dr." to his name, and also by appending to it the initials "M.D." had in so doing held himself out to the world as a duly-qualified Medical Practitioner—or in the words of the information, "did wilfully and falsely pretend to be, and did take and use the title of Doctor of Medicine"—and by so doing had incurred penalties in each case not exceeding £20. Mr. Boodle, in support of the information, said he should be able to show that the defendant not only held himself out as a Doctor of Medicine, that he had the words "Dr. Turnbull" on his door-plate, that he advertised himself as "Dennis Turnbull, M.D." but he should also show that he had attended in a case of strangulated hernia, that the patient did die while he was attending her, and that on the death of the patient he had signed the certificate of death as a "Medical Herbalist," that he advertised himself as a "Dr." and a "M.D."; and this latter term was specifically mentioned in the Act of Parliament as meaning "Doctor of Medicine," and it was distinctly laid down that any party using this title was to be held as giving out to the world that he was a duly qualified Doctor of Medicine.

The following witnesses were then called and examined:—

Neighbour Pearman: I am Registrar of Births and Deaths for Charlton Kings. I have no copy of the Register with me. I produce a duplicate of the certificate of the death of Mary Miles. [The certificate was put in, and bore the signature of the defendant, dated March 20, 1860.]

John Burrows deposed: Mary Miles was my servant. Drs. Gabb and Walters attended her; I sent for no one else until they had done what they could. They said they could do no more unless she was put through an operation. I said I would allow nothing of the kind in my house. After they had given their advice I sent for the girl's mother. She would not have her daughter operated on. She said she would not have it done for a thousand pounds. We then sent for Dr. Turnbull, and he did what he could for her until she died. No one else attended her. I do not know Dr. Turnbull's writing. I have been advertised as his treasurer. I never had any money of his. My daughter knows most about him; he is her doctor.

Cross-examined: Dr. Turnbull never told me he was a registered Practitioner; he never led me to believe he was registered under the Medical Act, or that he was regularly registered under any Act of of Parliament, quite the reverse.

Re-examined: When Dr. Turnbull attended the girl he did not say a Surgeon ought to be called in.

Ann Burrows deposed: I am daughter of the last witness. The girl died on March 20. I know Dr. Turnbull's handwriting; the certificate of the death is his writing. I had some conversation with the girl during her illness; she said she would not have Gabb and Walters any more. She felt better under Dr. Turnbull's treatment. Dr. Turnbull never held out any hopes of her recovery.

Cross-examined: Dr. Turnbull never held out that he was a Physician, Doctor of Medicine, Licentiate of Medicine, or that he was registered by Act of Parliament; I am quite aware that he is not either. It was, nevertheless, my wish that he should be consulted; he is my doctor. He professes not to follow the legal method. I like his system. I believe he is known not to practise in the regular way, and makes no secret of it. He was sent for to attend the servant; she understood what sort of practitioner he was. She was not led to believe that he was registered. She had been five and a-half years in our employ. Dr. Turnbull has attended us two or three years of that time. She knew what he was and what he professed to be. He never pretended to her that he had any English degree in my presence.

Mr. A. William Gabb: I am a Surgeon. I attended Mary Miles. I gave an opinion on the case. She was suffering from strangulated hernia. I applied the taxis to reduce it. I reduced it partially. She died.

Mr. Boodle: Did Dr. Turnbull attend the girl afterwards?

Witness: I heard so.

Cross-examined: I am not a member of the Medical Reform Association, or Protection Association. I am a member of the Gloucestershire Medical and Surgical Association. One of its objects is to take up such cases as these. I do not know anything about this prosecution. I have not been consulted as to its being brought.

Alfred William Boodle: I reside in Chancery-lane. I attended on Saturday at the Medical and Surgical Registration Office, and saw the manuscript Register; Dr. Turnbull's name is not there. I received the produced copy of the Medical Register from the office.

George Griffiths: I know the house of Dr. Turnbull. Yesterday morning I saw the plate on the door; it had on it "Dr. Turnbull;" not the letters "M.D."

Thomas Boodle: I produce the rate-book; "Dr. Dennis Turnbull" is on the rate-book for Sherborne-house; Mr. Turn-

bull lives there. I know Dr. Turnbull, and have known him ever since he came to Cheltenham. He has never said he was registered; in fact, he said he was not. I always understood he obtained his title from a foreign source.

Mr. Boodle said that was the case for the prosecution.

Mr. Pruen, for the defendant: This prosecution was got up by the Medical Defence Association, a number of Medical gentlemen who had banded themselves together to put down all who were outside their own pale. But these gentlemen had altogether mis-read the Act of Parliament under which these proceedings were instituted. The Act was not an Act to put fees into the pockets of the Medical Profession; it was not an Act to enable them to keep the whole practice of Medicine in the country in their own hands. The Act was made for the benefit of the public, not for the enriching the Medical Profession. It was designed to tell the public that, when they wanted Medical advice, there was a certain list of Medical Practitioners whom they might consult if they thought proper; but it by no means said that the practice was to be confined to the persons whose names appeared on this Register. The practice of Medicine was as open after this Act of Parliament was passed as it had been before. Any man might practise his own peculiar system as openly as he chose. All that this Act of Parliament did to interfere with him was to see that he did not hold himself out to the public as holding a diploma he did not possess, or as using titles of Medical distinction he was not entitled to use. In fact, this was an Act for Medical Registration, nothing more; under it any man might call himself an M.D. if he possessed the diploma of any foreign college, but he must not hold himself out to the world as possessing the diploma of an English College without he was duly registered. If a man who was not a registered practitioner did anything to lead the public to suppose that he was registered, that, no doubt, would be an offence under the Act. This Act was for the purpose of enabling duly-qualified Medical men to recover their fees in a Court of Law, and to fill any public Medical office. He (Mr. Pruen) might, if he thought proper, set up to-morrow as a Medical Herbalist, might obtain patients, might try to cure them, might succeed in doing so or not, might charge his fees which his patients might pay or not, and in all this he would be committing no offence. But if he led his patients to believe that he was a duly-qualified registered practitioner, then he would commit an offence. Now what were the facts in the present instance? On the merits of the case he should respectfully contend the prosecution entirely broke down. There was no tittle of evidence to show that Dr. Turnbull falsely represented himself as an M.D. There was not a tittle of evidence to show that Dr. Turnbull had not a right to be registered, and that up to January, 1861, under the amended Act, he might not yet get put upon the Register. Why, by one of the Sections of this Act provision was expressly made for "any man holding a diploma of a foreign University." Dr. Turnbull possessed such a diploma; he held a diploma from the Medical Reformed College of New York; he had sent in his claim to be registered, and that claim was at the present moment under consideration. The charge against Dr. Turnbull was that he had "assumed the title of Doctor of Medicine;" but not a single witness had been called who did not admit that Dr. Turnbull never held himself out as a registered practitioner; and why? why because he did not approve of the English system; because he followed the American system, which is in direct antagonism with it; and hence the deadly animosity of the English practitioners against it. In conclusion, the learned gentleman characterised this as a futile attempt on the part of the Medical Profession to make the people of England believe that none but themselves have the right to practise for the cure of diseases; and he called on the Bench both in law and justice to acquit his client without any rebutting evidence.

The Magistrates consulted for a minute, when

The Chairman said: Mr. Pruen, we call on you to prove to us what you have said—that Dr. Turnbull possesses some foreign diploma.

Mr. Pruen handed in the document alluded to, which was framed and glazed, and is, we believe, the one spoken of as being exhibited in the consulting-room of the Doctor's establishment at Sherborne-house.

Mr. Boodle, on looking at it, said: I shall apply to have it impounded. I don't believe he was in New York in 1856. I believe he was in Cheltenham.

The Magistrates retired, and on returning in about half-an-hour,

Mr. Harford read the decision of the Bench as follows:—"The case is dismissed, the evidence not satisfying us that it is a case of wilfully false pretence, within the meauing of the statute."

The result was received with applause.

Mr. Boodle said he must apply for a case for the superior courts.

The Chairman: We will consider about that when we have disposed of the other informations.

Dennis Turnbull was also charged with a similar offence upon the 27th of November last.

Mr. Boodle and Mr. Pruen again appeared for their respective clients.

John Bennett said: I am Registrar of Births and Deaths for Cheltenham. I produce certificate of the death of Francis Wood. It is signed "Dennis Turnbull, Member of Medical Reformed College, New York, U.S." dated November 27, 1859." From the certificate being so signed I wrote the word "certified" in a column of the register. I write the word "certified" when the case has been attended by a regular Medical man.

Mrs. Melvin was called and produced two papers, one of them being a receipt, dated September 27, and the other a letter, dated October 13, 1859.

The documents were then read; one was a receipt for money due for attendance upon witness's late husband, and signed "Dennis Turnbull, M.D.," the other was a letter about some blankets belonging to Mrs. Melvin, signed "Dennis Turnbull."

Mr. Bennett, re-called: I produce the register of deaths. I have an entry of the death of Francis Wood, November 27, aged 8 years. Looking down one column, I see an entry of some Medical title. I received the produced certificate; and thought from the signature that Mr. Turnbull was a member of some College; I, therefore, "certified" the death. I knew he was not a member of an English College.

Cross-examined: I have known the defendant three years, by sight. On one occasion, there being a vacancy for a surgeon at the workhouse, he asked me if he would stand a chance of getting the appointment. I told him I thought he would not as they required a qualified man. He told me he was not a member of the College of Surgeons, or of the Apothecaries' Society. I do not write "certified" to an entry of death unless it is certified by some Medical man. He never led me to believe he was recognised by law as a Surgeon or a Physician. The next certificate I received from him I did not enter as "certified," as I had been shown his name was not down on the Medical Register.

Re-examined: I have received another certificate (produced) signed "D. Turnbull, Medical Botanist," which I entered as not certified.

A. W. Boodle and George Griffiths gave the same evidence as in the first case.

Mr. Pruen made a few observations. He remarked that Dr. Turnbull had always, publicly or privately, stated he was not a registered Practitioner, and the very fact of his applying to be registered was a proof that he did not wish falsely to assume any title to which he had no right.

The Magistrates retired to deliberate, and after an absence of about twenty minutes returned into court.

The Chairman: The magistrates convict the defendant in this case, and inflict a fine of 20s., with costs.

Mr. Pruen applied for a new trial. He said other members of the Reformed College to which Mr. Turnbull belonged had been brought before magistrates for assuming the same title, but the cases had failed. Having a diploma from this College Mr. Turnbull had a right to be registered, and it could not be a false pretence in using a title which entitled him to be registered. He applied for a new trial upon the ground that the American diploma would exempt him from the magistrates' decision.

The Bench said they would consider the application and in due course give their decision.

There was a third information against the defendant for a similar offence, but it was abandoned.

The proceedings occupied altogether nearly five hours.

REVIEWS.

The Management of Infancy, Physiological and Moral; intended chiefly for the Use of Parents. By Andrew Combe, M.D. Ninth Edition. Revised and Edited by Sir James Clark, Bart., M.D., F.R.S. 8vo. Pp. 302. London and Edinburgh. 1860.

This work, even on its title-page, bears ample evidence of its intrinsic merit. It is not an unknown volume, and we welcome it as an old friend with a new dress. The simple statement of the fact that the work has gone through eight editions since it was published twenty years ago, shows that it is one of the most important and valuable works which has issued from the Medical press; and, if anything can now add to its original value and importance, it is the fact that the present volume has been most carefully revised and edited by Sir James Clark. The doctrines have thus been endorsed by one than whom no one in our Profession can speak with so great a weight of authority; and there is no one, at the same time, whose opinion will be so much esteemed and respected by the general public on the subjects treated of in the work before us. To him the author had originally dedicated this work in terms of warm affection, and with a meed of praise so graceful because so true, that all who know Sir James Clark must assent to the justness of Dr. Combe's estimate of his merits, and of his successful labours in this the highest and most philosophical department of Medical Science—the science of Hygiène; so that all who take an interest in this subject (and who now does not?) must rejoice that he has edited this most valuable work of his deceased friend. In dedicating the original work to Sir James Clark, Dr. Combe thus writes of him twenty years ago; and with how much greater force does not the statement apply now?—

"For many years, not only have you taken a deep and active interest in the improvement of Medical education, and in elevating the character, extending the scope and increasing the usefulness of our Profession; but, acting on the same principles which I have endeavoured to enforce, you have in your excellent works on Climate and Consumption, rendered no small service to science, by your instructive exposition of the manner in which fatal disease of the lungs so often, and so insidiously originates in apparently trifling causes connected with disregard of the ordinary laws of health. You have further shown, that when Medicine shall be cultivated in a more liberal and comprehensive spirit, and its principles be recognised as furnishing the only solid foundation for a proper system of physical, moral, and intellectual education, it will become one of its noblest uses, and, I may add, one of its greatest privileges to be instrumental, not more in the prevention of disease and suffering, than in contributing to the general happiness and permanent advancement of the human race. Even as regards the special subject of the present volume, you were the first, in your treatise on Consumption, to insist strongly on the necessity of adoping a proper system of management from the very commencement of infant existence, as the only effectual means of averitng that general deterioration of health in which the fatal pulmonary disease has had its origin, and of procuring for the individual that measure of health and vigour, without which life and its varied duties become sources of suffering rather than of enjoyment. . . . . It affords me no small gratification to know, that, while pursuing independently the same ends, we, unknown to each other in the outset, chose nearly the same paths, and arrived together at entirely consistent and not unfrequently identical results."

The trust, therefore, of revising and editing this work on the Management of Infancy, could not have been in better hands. The subject of the volume is one which the editor has always had most warmly at heart, while the doctrines taught, and the convictions entertained by the author, are all alike shared in by the editor; and we are sure he carries with him the sympathy of the Medical Profession when he writes:—

"Moreover, I had the feeling that I could not more usefully occupy my leisure, at the close of a long professional life, than in lending such aid as I could to carry out the benevolent intentions of the author; while I should, at the same time, have the gratification of paying a tribute of respect to the memory of a much esteemed friend.

"The work has been to me a labour of love; and it has not been a heavy one, as the last edition, which the author himself corrected, was left so perfect that little remained for an editor to do.

"In making the few alterations and additions which appeared to me necessary, I have endeavoured to identify myself with the author, and to do merely what I believe he would himself have done, if his valuable life had been spared. In this spirit, I have gone carefully and repeatedly over the whole work. I have altered the order of some of the chapters, with the view of bringing the subjects treated of more consecutively before the reader. I have also ventured to omit some portions, chiefly in the earlier chapters, as less necessary now than during the author's life. I have given some additional information on the causes and extent of infant mortality, taken chiefly from the recent Reports of the Registrar-General; and, lastly, I have added an Appendix, in which will be found some useful matter not so well fitted for the body of the work. My great aim has been to carry out what I know was the object of the author; namely, to make the work useful to young Medical Practitioners and teachers of youth, as well as to parents, for whose guidance the work was originally and mainly designed. To my younger Medical brethren, entering on the anxious and responsible duties of their Profession, I earnestly recommend a careful study of the work. I know none on the subject of Infant Hygiène, in which is to be found so much valuable practical information, to guide young Medical Practitioners in the management of infants and young children. I venture to give the same advice, and with equal earnestness, to teachers, both male and female, and more especially to the teachers of infant-schools."

The works which Dr. Combe has written on popular Medicine have enjoyed an amount of popularity almost unequalled among Medical works, and none perhaps has been more deservedly popular than this work. They have all been studied by a large proportion of the community in every rank of life; and perhaps no work has exercised so large an influence for good on the community, by the impulse which it has given to the study of infant hygiène, than the work before us. The Profession and the public are, therefore, greatly indebted to Sir James Clark for placing within the reach of all another edition of this valuable work. Although we do not usually bestow much space on subsequent editions of books, yet the nature of this volume, and the circumstances under which it appears, are alike so interesting that we have felt called upon to give it this lengthy notice and to express the hope that it will continue to influence for good the life, the health, and the happiness of mankind.

Dedications of literary works to illustrious personages are not now so usual as they once were. They are, therefore, more significant when they do occur, and naturally excite a greater share of attention. This revised edition of Dr. Combe's work on the Management of Infancy is dedicated to her Majesty the Queen; and in graciously accepting the dedication, our sovereign has given the public a proof of the interest she takes in the progress of sanitary science. The dedication also is most graceful and appropriate, for it is well known that the domestic management under which the Royal family of Great Britain have been brought up by their august parents stands forth as a bright example to the nation; and we rejoice to see our Queen thus most graciously bearing a living testimony to the wisdom of parents in being guided in the treatment of their offspring by the laws of health so clearly indicated by the Creator.

The volume is printed in so large and clear a type that it is easy and pleasant to read. The contents of each chapter are also fully given, and we would gladly have given such an abstract of the volume as the contents indicate, so interesting are the topics treated. But all stories must stop at the church door; and so our readers must betake themselves to the work itself. It will amply repay a prolonged and careful study.

Royal Medical Benevolent College.—Election, May 21, 1860. — *Pensioners:* Successful Candidate—Eliza Rickard, 5731 votes. *Foundation Scholars:* Successful Candidates—Charles Edward Winter, 6015 votes; Jacob Hawker Dinham, 5947 votes; William S. B. George, 4966 votes; Horace Pritchett, 4541 votes.

FOREIGN AND PROVINCIAL CORRESPONDENCE.

GERMANY.

BERLIN, May 16, 1860.

THE microscopical preparation which I have the pleasure to forward to you has not only a serious pathological importance, but, I may venture to say, with regard to the discovery of the new and alarming disease it tends to illustrate, is invested with a truly historical interest. It is a minute portion of the pectoral muscle of a rabbit, which died under symptoms of progressive muscular paralysis, after being fed with the flesh of another animal of the same species which died under similar symptoms from the same cause; for it had likewise been fed with a piece of muscle taken from a rabbit which had perished from the immigration of myriads of trichinæ into its muscular system, about a month after a piece of human muscle, in which a number of these parasites were imbedded, had been introduced into its stomach. The piece of human muscle, however, was taken from the body of the first patient, whose death was ascertained to have been due to trichinatous disease.

From the remarks made by Professor Virchow in the opening lecture of his most excellent course of pathological demonstrations for the present Session, and from a series of papers by that eminent pathologist and by Professor Zenker, of Dresden, I have compiled the following sketch, which will serve to illustrate for the information of your readers the salient points of this most important subject.

Trichina spiralis, known formerly only in a capsulated state, was considered more as a zoological curiosity than as a subject of pathological interest. No symptoms were known to betray its presence; and it was, perhaps, more frequently discovered in the dissecting-room of the students than at the post-mortems conducted by the pathologist. Since its discovery by Owen, numerous conjectures have been formed relative to the nature, origin, and propagation of this singular parasite. Herbst believed it to be identical with filaria, Meissner and Davaine regarded it as a larva of trichosoma, and Küchenmeister considered it to represent an undeveloped, juvenile stage of tricocephalus dispar. The latter idea seemed to be confirmed by some experiments of Leuckart, who found trichinæ in the muscles of an animal fed with tricocephali; these experiments could, however, not be considered as conclusive, as the examination of the muscles before the experiment was commenced had been neglected. Herbst was the first to institute feeding experiments with trichinatous muscles. He found trichinæ in the muscles of the animals experimented upon; but the connective links between the parasites introduced into the stomach and those found in the muscles being deficient, no perfect light was thrown on the subject by these observations. The first experiments of Virchow, instituted last summer, tended materially to supply these deficiencies. In the intestinal canal of an animal fed with trichinatous muscle, he found the villi crowded with psorospermia; and free in the intestinal mucus numerous thread-like worms of the form of trichinæ, of both sexes, the sexual utricle of the male filled with sperm-cells, that of the female densely stocked with ovules. Trichinæ were thus proved to be bisexual. Their non-identity with tricocephali was also placed beyond doubt. The numerous points still requiring elucidation were being reserved for further inquiry, when in January of the present year, the following case was observed by Professor Zenker, of Dresden, which, in conjunction with the experiments to which it gave the impetus and for which it supplied the material, not only served to bring about a final settlement of the zoological part of the question, but disclosed the startling and alarming pathological fact, that trichina spiralis, hitherto considered to be an innocent parasite, is in reality the most terrible and dangerous of its kind,—that it can actually kill a healthy adult in a few weeks, under the most distressing symptoms:—

On January 12, 1860, a robust maid-servant, 24 years of age, was admitted into the Dresden Hospital. She had been indisposed since Christmas, and confined to bed since New Year's-day; complaining of depression, lassitude, sleeplessness, loss of appetite, heat, and thirst. These symptoms persisted on her admission; there was considerable pyrexia; the abdomen painful and tympanitic; and although neither splenic tumour nor roseola were present, the case was put down as one of typhoid fever. A remarkable affection of the whole muscular system now rapidly supervened, consisting in extreme painfulness of the extremities, with contractions of knee and elbow-joints, and œdematous swelling, particularly of the legs. The pain was so severe that the patient was continually moaning. Pneumonic symptoms supervened, and death took place on the 27th inst. preceded for twenty-four hours by an apathetic condition. The post-mortem examination showed in the internal organs merely an atelectatic condition of the left lung, with numerous small lobular infiltrations, bronchitis and hyperæmia of the mucous lining of the ileum. The muscles, however, which showed a greyish-red colour and a slightly freckled appearance, were found on microscopic examination to harbour vast numbers of non-capsulated trichinæ. The parasites were living, some coiled in spirals, others with extended bodies; and all (as Professor Virchow was the first to show, in a fragment of muscle which was forwarded to him for examination) living within the sarcolemma of the primitive fibrils. They showed various stages of development; they were diffused over all the striated muscles of the body, with exception of the heart, and that in such vast numbers, that under a small magnifying power, as many as twenty were in the field of vision simultaneously. The muscular substance was otherwise fragile, homogeneous, non-striated, and showed numerous transverse fissures. The intestinal mucus was found to be swarming with mature trichinæ of both sexes; and the remarkable fact was elucidated, that female trichinæ are viviparous; the central portion of the bodies being observed to be full of well-developed embryos.

Inquiry being directed to the probable source of the trichinatous infection, it was ascertained that on December 21, four days before the patient was taken ill, two pigs and an ox had been slaughtered in the establishment of her master. Some smoked ham and sausage, prepared from the meat of one of the pigs, were fortunately obtained, and on examination proved to be full of trichinæ. The parasites had a shrunken appearance; otherwise unchanged: reassumed a normal appearance on addition of water, but showed no signs of vitality. It is particularly worthy of remark that to the naked eye the ham appeared perfectly healthy. It is very likely that the deceased had partaken of some of the raw meat. The butcher of the establishment (butchers notoriously indulge in raw meat) had also been taken seriously ill a short time afterwards, and was confined to his bed for three weeks with severe muscular pains, his whole body being semi-paralytic, etc. This complaint was ascribed to rheumatism at the time, but Professor Zenker correctly surmises that an immigration of trichinæ, not sufficiently extensive to prove fatal, may have been the cause of the attack; and that capsulated trichinæ would very likely be discoverable in his muscle. Professor Virchow immediately commenced a series of feeding experiments with the pieces of human muscle forwarded to him by Professor Zenker.

The following is a brief statement of the results, as published in the last number of Virchow's Archiv.:—

Rabbits fed with trichinæ die in about a month under symptoms of general muscular paralysis.

The trichinæ, which as long as they reside in muscle have no perfect sexual organs, become perfectly developed in the ileum. They are found free in the duodenum about six hours after a piece of trichinatous muscle has been introduced into the stomach. In about a month they attain a length of four lines, and during that period not only mature eggs and sperm-cells, but numerous embryos, resembling small filariæ, are developed, which leave the maternal body through the anterior sexual orifice, are found in the mesenteric glands, and rapidly invade the whole muscular system, dwelling within the sarcolemma, and feeding upon the contractile substance of the muscular fibres. They are found in all the striated muscles of the body, with the exception of the heart (Zenker states that he found a few in the heart of a rabbit fed with trichinæ); liver, lungs, kidneys, etc., are free. In case the immigration is not sufficiently extensive to cause a fatal result, the trichinæ become enclosed in a capsule, which consists originally merely in a thickenning of the sarcolemma, and this is the only condition in which they were formerly

known. The trichina now shows the highest development it is able to attain within the muscle, into which it originally penetrated in an embryonic stage. It still retains its vitality, and quietly waits for an opportunity to find its way back into the intestinal canal, where, as Virchow's observations have shown, the two sexes attain the stage of puberty, and a wonderful productiveness, so pernicious to the individual who is unfortunate enough to harbour such terrible guests, is displayed.

The same applies to the non-capsulated trichinæ, which the enclosed preparations will make you acquainted with. The flesh of the rabbit had to the naked eye a perfectly normal appearance. The trichinæ are not near as numerous in this case as they were on former occasions. The intestinal mucus contained mature trichinæ of both sexes.

Professor Zenker made a feeding experiment with a piece of the ham. No trichinæ were found in the rabbit a week after. These experiments will no doubt be repeated, as the time elapsed was far too short to enable a definite conclusion to be formed.

SCOTLAND.

Edinburgh, May 21, 1860.

Edinburgh Ph.D.'s at a distance will be glad to hear that we have at last got our Chancellor, and that the ceremony which married their Alma Mater to her first lawful spouse, Henry Lord Brougham, went off to everyone's satisfaction. The Music Hall began to fill by noon on Friday, and by two o'clock it was filled to suffocation. There were fewer ladies than at Mr. Gladstone's inauguration as Rector, not but that the dear creatures wished much to be present, and continued to ask for tickets and admission till within a quarter of an hour of the proceedings' termination. For ladies, however, the front gallery was reserved, but students and clergymen swarmed everywhere else. A little before two Alexander Smith, the Secretary, appeared, and the Life Drama's first act was to seat the distinguished visitors, who were mistaken by the students for Town Councillors and vigorously hissed, which they treated with great indifference, and seemed to say "*Academici, laudamur ab his.*" Then came the University Court; and we were glad to see that Dr. Alexander Wood, Lord Brougham's new Assessor, received as hearty a welcome when he mounted the platform as when some weeks ago he deposited his portly person among the students to listen to Mr. Gladstone. Now the organ played a few bars. Everyone stands up, and is called to sit down. Everyone cheers, and kicks, and thumps his umbrella on the floor; the front gallery pocket handkerchiefs flick about as if dusting each other's faces; the enthusiastic clergyman in for the General Assembly on my right gets purple in the face, and waves his hat with a long black weapon attached thereto. What an uproar, and all occasioned by two old men who follow the College painter up the central passage in the Hall. One has a purple robe and a white round head; the other has a square white head and a gorgeous robe, at a distance resembling a general display of nuggets on a black ground; he is followed by the Professors. But what of that; we only see that white square head and follow only that somewhat feeble figure as it ascends laboriously the platform, and sits on the right of the chair.

Now the Professor of Divinity stands up, so do we all, and pray, in straightforward Scotch fashion, for a blessing on the old College, and that Henry Lord Brougham may be spared to her as long as possible. Now comes forward Mr. Solicitor-General Maitland and introduces the Chancellor to the Principal and again do we cheer, again clatter the umbrellas, and again do the pocket-handkerchiefs dust the bonnets in the gallery, and Sir David Brewster shakes the Chancellor's hand and vacates the chair, and Lord Brougham takes it, and everyone present feels thankful that it is such an interchange, and that Sir David is not making room for any bundle of ducal purple or fine linen. Now Professor Swinton introduced the LL.D.'s, people cheered each as a matter of course; perhaps Dr. Stokes, of Dublin, got most and deserved most (he got a dinner too elsewhere from the Doctors), and we are all glad when the last man is LL.D.'d, and Lord Brougham gets up and struggles out of his grand robe, appearing in the black coat and velvet collar of Henry Brougham when he girds up his loins and goeth forth to battle with the Philistines,—if you wish to hear more, how he could not find his spectacles, and we all thought he had forgotten them, or that they had been borrowed by his host our Lord Provost to assist him in seeing through the Annuity-tax Bill, and how we were relieved by the sight of a red spectacle-case emerging from the second pocket on the right,—I say if you wish to hear more of these matters and read his speech and all that he did,—is it not written in the daily chronicles of our city, and is it not to be obtained with notes for one shilling at the shop of Adam Black, M.P., over-against the Tron Church of Edinburgh?

As we are so far on our way to the Infirmary, let us go in there and see how they cut for stone in these latter days. On Monday Mr. Syme had announced that chloroform induces pyæmia, and that he intended cutting a man for stone, on Wednesday, without having first rendered him insensible to pain; those desirous of a new sensation, therefore, went to see if the proceeding was so painless as Mr. Syme described. The patient was a wiry healthy man from Caithness-shire, evidently of great courage and endurance, who had made up his mind "to thole" anything with as good a grace as possible; so a staff was passed, and he was tied in the irksome position we all know so well, and Mr. Syme set to work. There are some peculiarities about this distinguished man's performance of lithotomy which may be interesting to your readers. The man being in position, the staff is held by an assistant, who stands on the patient's left side, and the operator sits on rather a low stool, rather sideways, and a little to the patient's right side. The first incision scarcely comes so low as that of most Surgeons, and the knife is now run upwards so as to extend the skin wound towards the pubes. The left fingers now pull the tissues downwards, and to the right side, and the knife is repeatedly introduced. Now Mr. Syme takes the staff-handle in his left hand and appears to push the knife into the groove; he now restores the staff and seems to run his knife toward the bladder, and the staff is withdrawn. The patient seemed to suffer in this case more at each succeeding movement of the operator's hands and instruments: now the forceps were introduced and opened, and they splashed and sucked in the bladder, and the patient groaned, and his fingers clutched among the tapes, and so another shape of forceps was tried—another, yet another,—at last the stone was seized between the blades of the forceps, and extracted. There was no search for any other stone, but a tube was introduced, and the patient, who seemed wonderfully little exhausted, was sent to bed. He had lost very little blood in the seven minutes and thirty seconds which the operation occupied, and has since, we hear, progressed favourably enough. Of course Mr. Syme is at liberty to hold what opinions he pleases, but the Profession have a right to expect some explanation of this association of chloroform with pyæmia, as it involves questions of great Surgical importance. If it should appear advisable to refuse chloroform to patients, it will be equally so to perform operations with greater speed and expertness than is the fashion at present. Rapidity of execution has been of late years thought a secondary matter in Scotland, except by the rectangular staff of the Glasgow Infirmary. Seven minutes and a-half of agony unspeakable ought not to be lightly inflicted upon even inmates of what are facetiously termed Charitable Institutions; and the Profession will wait anxiously to hear that they are authorised by the Clinical Professor to cast aside what they thought was the greatest triumph of modern science. Acupressure has not yet been tried in the Edinburgh Infirmary; and there are some who are glad to observe that the Surgeons appreciating the benefits to art from the pre-Raphaelite school have, with the Clinical Professor at their head, formed a pre-Celsian band of brothers, with the motto, "*Fiat experimentum in corpore vili.*"

All true Surgeons will hear with regret, many with real sorrow, of the death of John Lizars. This distinguished Surgeon lay down on Sunday afternoon complaining merely of weariness. Symptoms of compression of the brain came on and he died the next night, May 21, about ten p.m., ending a very long life entirely devoted to Surgery. His name will, so long as Surgery exists, be associated with that of John Bell, his master; and Liston, his friendly rival and colleague. He was the first in this country to tie

the innominata trunk for aneurism, and to propose and accomplish the removal of the upper jaw-bone. These matters as connected with his name will, with your permission, Mr. Editor, be laid more fully before your readers. I have only now to announce the loss to Scotch Surgery of one whose mind was wholly devoted to his Profession; who loved Surgery for its own sake, was a philanthropist in the real practical sense of the word, (as he gave his time and skill, and the rest so needful to the old, to all the many poor who flocked from great distances to him),—who was straightforward and honest to a fault, his only thought being how he could best serve Surgery, detesting all time-serving obeisances to temporarily-popular theories. Ever ready to help his younger brethren with advice and assistance, and to the last reading Surgery, working at it, considering it, and was up to two p.m. on Sunday as familiar as any man living with Surgical literature up to that date.

GENERAL CORRESPONDENCE.

TREATMENT OF HYDROCELE.

LETTER FROM MR. STAINTHORPE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The insertion of the following case in the pages of your valuable Journal will much oblige.

I am, &c. THOMAS STAINTHORPE.

Hexham, Northumberland, May 15.

Treatment of Hydrocele by the Iron-wire Suture as recommended by Professor Simpson and Dr. Young, Edinburgh.

E. G., aged 58, railway plate-layer, states that about twelve months ago, without any known cause, he observed the testicle begin to swell, the enlargement continued from below upwards. March 4, 1860. The scrotum was about six inches long. Discutients had been tried in vain. The operation was performed by passing a large sized curved needle with four-fold wire, the entrance and outlet were two inches apart. The fluid flowed freely and completely emptied the sac. The necessary inflammation was very slow in setting in, therefore the wire seton was allowed to remain until the fourth day. The patient went on favourably until the eighth day, when a small abscess formed in the anterior wall of the scrotum; warm poultices were applied. Quinine administered with nutritive food. On the tenth day the abscess began to discharge from the apertures made by passing the seton. From this time he improved rapidly and resumed his usual employment. On May 10 (nine weeks after the operation) I had the opportunity of examining him, and found the scrotum had regained its healthy appearance and size.

THE EASTBOURNE CASE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Medical Times* for the 13th inst. you allude to the very melancholy and horrible case of "manslaughter" which occurred at Eastbourne on the night of the 21st ult. and inquire "What was the cause of the lad's death?" The exact cause of death is involved in considerable obscurity, but the case, is in a medico-legal point of view, most interesting, and the inquiry before the magistrates brought out some points, which, so far as I am aware, have not received the attention they deserve. The report from which I quote is a very full one in the *Sussex Express* of May 5. Two Medical witnesses were examined—but as Mr. Roberts "did not examine the body," his evidence merely showed that when he was called in the poor boy was dead. Dr. Robert Willis deposed that he was on April 28 requested by the boy's father to make a post-mortem examination of the body, which had been removed from Eastbourne to Barnes. Mr. Prescott Hewett and Mr. Holmes assisted at the post-mortem but did not give evidence. Dr. Willis said: "The general appearance was that of a healthy, stout, well-developed boy." "Free from any appearance of putrefaction." There were extensive marks of bruising "on the arms, hands, legs, and thighs," none "about the head, back, or buttocks." "Over the fore part of the right leg were found two wounds, one the size of a sixpence," "round," and "led directly down to the bone," "recent." "The muscle was torn away from the bone so that the point of the finger could be inserted to the extent of three-quarters of an inch. Around this wound the muscular tissue was much infiltrated with blood. The second wound was about an inch in length, and gaping to the extent of about three lines. This wound was generally superficial, but in the middle a probe penetrated to the membrane of the bone." Dr. Willis then stated that, excepting some old adhesions and trifling atheroma, all the thoracic and abdominal organs were healthy. "The lungs were remarkably free from blood even at the back part." "The blood in the large vessels was quite fluid." "The head was *unusually large*, and the bones of the skull firmly ossified throughout. The membranes of the brain were quite healthy. The brain itself was well-developed—*firm* and healthy in structure. *The ventricles of the brain were all dilated and filled with clear fluid.* The spine was healthy, and the bones, ligaments, and spinal marrow were also healthy and natural." In answer to questions from the Bench, Dr. Willis said, "There was nothing whatever to lead me to suppose he died suddenly from natural causes. My opinion is that he died from fainting or syncope caused by the severe punishment he had received." "There must have been considerable bleeding from the wounds." The quantity of blood in the cardiac cavities is not noticed in the report, nor the bloodless or other condition of the body generally. From other evidence we learn that the deceased was fifteen years old, and on the 21st of April "was in his usual health." That night he was beaten by his tutor, Mr. Hopley, at intervals during two hours and a-half with a skipping-rope with wooden handles, and a walking-stick of hard wood about three inches in circumference. Ellen Fowler, the nurse, in answer to the defendant's question, said, "I thought you had lately had a great deal of patience with him." The chairman then said, "You mentioned the fact of Mr. Hopley having great patience. Was he a difficult boy to manage?" Ellen Fowler: "Yes, he was very obstinate." In his defence, and he was not contradicted, the defendant said, "The deceased was a very peculiar boy, indeed. He had two very peculiar characteristics—the most extraordinary spirit of obstinacy that can be imagined, and an equally extraordinary determination never to learn any thing. He had arrived at the age of between fifteen and sixteen, and literally either could not, or pretended that he could not, tell a sixpence from a shilling. If several pieces of money were put down before him, and he was called upon to say which was a shilling, which a sixpence, and which a fourpenny piece, he would indicate the wrong coins. Everything that he undertook was all in the same manner. He would now and then take an obstinate fit in his head, and determine to do nothing whatever for several days, and all the persuasion and gentle treatment in the world failed to make him alter that determination. He had one of those peculiar fits before Christmas, and I was compelled, every effort I could think of having failed, to punish him very severely." . . "I observed that before Easter he had fallen into one of his sad humours. I was in hopes that a little holiday would make a change, and that after Easter he would come back with a desire to do better, but it was not so. After eight or ten days of obstinacy, during which days I exhausted every expedient except severity, in trying to bring him round to a better way of thinking, I wrote to his father." In this letter the defendant indicated in precise terms the course he proposed to pursue. He looked on the poor boy as "a case not of 'cannot,' but of 'will not.'" He would use kind persuasion, then gentle, followed by more severe punishment, and if all failed he would "punish at intervals, till the wicked spirit was subdued." "It would be no use whatever leaving off with the boy's obstinacy still unsubdued. Such punishment would be entirely thrown away. His temper might be subdued in five minutes; it might not be subdued in an hour, but if it were necessary to continue the punishment at intervals for even more than an hour, or more than two hours, my opinion is that it should be done. Your son requires *tremendous firmness*." The reply not forbidding him, on the night of the day that he received it the defendant proceeded to carry out his idea and show "tremendous firmness,"—only, wretched man, to realise that life may be destroyed by beating, but that to no amount of punishment will mental disease succumb except that accompanied by

death; for there is scarcely a doubt that the poor boy was insane. The unusually large head, the firm brain—although examined a whole week after death,—and the dilated ventricles full of fluid, all point to this, and when taken in combination with the absence of all other post-mortem appearances of moment, and the history of the poor boy's life—the inability at the age of fifteen to distinguish between the commonest coins, the occasional fits of obstinacy and inability to learn lasting for several days—not the mere common obstinacy—not the mere perversity or ignorance of a wilful schoolboy—I think it must be conceded that this was a case of unrecognised mental disease. At the trial we may probably get an accurate history of the boy, personal and otherwise, with perhaps some further light on the post-mortem appearances from Mr. Hewett and Mr. Holmes. With our present information I can only look upon it as one of the numerous instances occurring in schools and penal reformatories of the punishment of insane children because the manifestations of their disease are mistaken for wilful naughtiness. Happily the occurrence of immediately fatal consequences is rare.

I am, &c.

A. E.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 8, 1860.

F. C. Skey, Esq., President, in the Chair.

A Paper, by Dr. W. Charles Hood, was read on

THE CONDITION OF THE BLOOD IN MANIA.

During the last few years, the attention of many scientific investigators has been directed to the condition of the blood in disease, and the discovery of some valuable facts has been the result. These have accumulated, and among them are instances which furnish support to the belief that there is some equivalent change in the blood in all diseases; and that the blood in acute mania forms no exception to the general rule may be gathered from the writings of Drs. Hittorf and Erlenmeyer. Much remains to be done before we can have any exact knowledge of the state of the blood in insanity, and the author, with the able assistance of his friend Dr. Marcet, has been induced to make careful analyses of the blood of six maniacal patients, during the paroxysm and in a state of convalescence, which induce him to think that the facts arrived at (not before indicated) show, that there is a marked deficiency of fibrine during the period of maniacal excitement, and a correction of this deficiency during convalescence. The blood was drawn by cupping at the nape of the neck to the same amount in each case, and immediately collected in earthenware pots containing about two ounces each; and it was in every instance within a few hours of extraction subjected to the same method of analysis. The six cases selected were three of "acute" and three of "recurrent mania." *Case* 1.—*Acute Mania.*—W. G., aged twenty-one, admitted into Bethlem Hospital in December, 1856, became maniacal one month before admission. Hereditary tendency traceable in both his father and paternal grandfather. There was no apparent bodily disease. The patient was of spare habit and an excitable temperament, and had not been subject to any medical treatment previous to his admission. Nourishing diet was prescribed, and the following sedative mixture: acetate of morphia, half-a-grain; tincture of hyoscyamus, one drachm; camphor mixture, eleven drachms,—three times a-day. At the end of a fortnight, the morphia was increased to one grain, three times a-day. In September, 1857, he was discharged cured.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	777·39	Water	784·93
Red particles	149·74	Red particles	110·07
Fibrine	1·74	*Fibrine*	2·20
Albumen, etc.	63·28	Albumen, etc.	90·63
Inorganic salts	7·85	Inorganic salts	8·00
Fatty matter	0·00	Fatty matter	4·17
	1000·00		1000·00

Case 2.—*Acute Mania.*—W. T. G., a drum major in the Guards, admitted into Bethlem Hospital in March, 1857; was married, and had lived a temperate life. He was very excited, noisy, mischievous, and incessantly talking. Morphia and sedatives, with full diet, were prescribed. In March, 1858, he was discharged cured.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	791·64	Water	758·76
Red particles	125·48	Red particles	140·61
Fibrine	1·55	*Fibrine*	2·75
Albumen, etc.	69·84	Albumen, etc.	87·28
Inorganic salts	8·98	Inorganic salts	8·82
Fatty matter	2·51	Fatty matter	1·78
	1000·00		1000·00

Case 3.—*Acute Mania.*—E. R., married, and the mother of four children, was admitted into Bethlem Hospital in June, 1857, and discharged cured in May, 1858.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	806·71	Water	800·90
Red particles	104·68	Red particles	109·32
Fibrine	1·67	*Fibrine*	1·75
Albumen, etc.	76·53	Albumen, etc.	74·99
Inorganic salts	7·41	Inorganic salts	8·89
Fatty matter	3·00	Fatty matter	4·15
	1000·00		1000·00

Case 1.—*Recurrent Mania.*—E. J. G., a single woman, was received into Bethlem Hospital in 1837; since which date she has been subjected to repeated attacks of recurrent mania, the paroxysms lasting five weeks, and being followed by two weeks' tranquillity and apparent mental restoration.

Analysis of the Blood.

During maniacal excitement.		During the convalescent stage.	
Water	769·66	Water	811·68
Red particles	121·77	Red particles	126·01
Fibrine	1·58	*Fibrine*	2·88
Albumen, etc.	98·44	Albumen, etc	47·54
Inorganic salts	8·55	Inorganic salts	9·31
Fatty matter	0·00	Fatty matter	2·58
	1000·00		1000·00

Case 2.—*Recurrent Mania.*—F. B., was admitted into Bethlem Hospital in the year 1838. The mental disease was clearly traceable to hereditary tendency. She suffered from alternations of mental excitement and tranquillity. The blood was taken in each of these states:—

Analysis of the Blood.

During the maniacal paroxysm.		During the convalescent period.	
Water	784·07	Water	765·73
Red particles	123·81	Red particles	139·05
Fibrine	0·06	*Fibrine*	2·46
Albumen, etc.	81·69	Albumen, etc.	81·75
Inorganic salts	8·62	Inorganic salts	8·09
Fatty matter	1·75	Fatty matter	2·92
	1000·00		1000·00

Case 5.—*Recurrent Mania.*—W. D—— was admitted into Bethlem Hospital in June, 1841, at the age of twenty-nine, since which time he has been subject to continued attacks of recurrent mania: for a month or six weeks he will be found rational and conversible; but during the succeeding five weeks or more his entire mental condition appears to have undergone a revolution; irritability succeeds the natural amiability of his conduct, and he assumes the habits and bearing of a congenital idiot. The analysis of the blood was made at such periods as would best represent a fair specimen of each particular state:—

Analysis of the Blood.

During the maniacal paroxysm.		During the convalescent period.	
Water	773·86	Water	779·93
Red particles	135·56	Red particles	121·65
Fibrine	1·96	*Fibrine*	2·97
Albumen, etc.	79·22	Albumen, etc.	87·16
Inorganic salts	7·99	Inorganic salts	8·29
Fatty matter	1·41	Fatty matter	0·00
	1000·00		1000·00

On comparing these cases with those of an analogous character which have been put on record by Drs. Hittorf and Erlenmeyer, the lesson taught by them becomes more pointed and cogent. M. Hittorf has recorded seven cases of acute mania in which he analysed the blood during the stage of maniacal excitement, and he concludes from them that there is in such cases a diminution in the amount of the globules, and an increase in the amount of water; the cases, however, show more than this, for they prove a distinct diminution in the amount of fibrine of the blood. Dr. Erlenmeyer states that he has made 304 analyses of the blood, principally in cases associated with other internal diseases. He only details three cases; in two of them mania was accompanied by epilepsy. The conclusion drawn by Dr. Erlenmeyer from these cases, and from others not quoted, is, that augmentation in the number of red particles or in the amount of fibrine is a very unusual occurrence in insanity, and that the opposite state is the most frequent condition. In all these cases, therefore, that have been instanced, there is a material deficiency in the amount of fibrine in the blood. Of Dr. Hittorf's seven cases, in six the amount of fibrine stands 1·3, 1·4, 1·8, 1·9, 1·9, 2·0. In Dr. Erlenmeyer's three cases the amount of fibrine stands 1·7, 1·8, 2·3. While of our own six cases, the fibrine *in all* falls considerably below the normal standard, as follows: 1·9, 1·7, 1·6, 1·5, 0·06. Surely these results express something more than an accidental coincidence.

A paper, by Dr. Hermann Weber, was read, giving

CASES OF CEREBRAL AFFECTION CAUSED BY DISEASES IN THE REGION OF THE NOSE AND EYE.

The first case was that of a man, aged 25, who was attacked by erysipelas of the right cheek, eye, and right half of the nose on December 14, 1850. Nine days later, when he was almost convalescent, he began to complain of a dull headache, which was followed by symptoms resembling those of acute hydrocephalus. On December 28 he was somnolent, and there was incomplete left-sided hemiplegia. On December 31, there was a marked improvement of all the symptoms; but already on the evening of the same day the patient became again comatose, and died on January 2. *Autopsy.*—The right cavernous sinus, and ophthalmic vein were extended and filled with a greyish-red coagulum, which adhered firmly to the rather thickened walls. The exterior layer of this thrombus was more discoloured and crumbly than the centre, the latter being softer, and of a cherry-red colour. There were, besides, sero-purulent effusion in the lateral ventricles, with softening of their walls, considerable swelling and redness of the choroid plexuses, and purulent meningitis on the lower surface of the anterior lobe of the right hemisphere. *Case* 2.—A man, aged twenty-four, had contracted primary syphilis in 1845, and had afterwards suffered from secondary and tertiary symptoms. He was first seen by the author at the German Hospital in November, 1851, when he was affected with syphilitic ozæna and necrosis of the vomer and other bones of the interior nose. By iodide of potassium and injections he was much improved; but discontinued the treatment before he was cured. On January 29, 1852, a few days after the discharge from the nose had ceased, and the nose had been "stopped up" by dried crusts, the patient was suddenly seized with headache and rigors which were at first of a strikingly intermittent character, returning every night; but after a few days the headache became constant. On February 7, stupor, sluggishness of pupils, pyæmic pleuritis came on. On February 9, there were, in addition, carphology, muscular twitching, ptosis of the left upper eyelid, and paralysis of the left rectus externus. On February 10, incomplete hemiplegia of the right side. The patient died on the following day. *Autopsy.* — The left cavernous sinus and ophthalmic vein were filled with a greyish, crumbly substance, firmly adherent to the walls, which were considerably thickened; the centre of the thrombus of the cavernous sinus was of pulpy consistence and greyish-red colour. The areolar tissue round the carotid artery and round the nerves on either side of the walls of the cavernous sinus was thickened. The lower surface of the left anterior lobe of the brain bore the signs of purulent meningitis, and the larger veins in connexion with the cavernous sinus were extended, and their contents coagulated. The longitudinal, circular, right cavernous and left petrosal sinuses contained likewise coagula, which, however, were dark-red, and easily separable from the unaltered walls. The blood in the other sinuses was not coagulated; the ventricles contained only a moderate amount of fluid. Inspection of the interior of the nose was not permitted. No disease of bone in contact with dura mater. Secondary abscesses in lungs and liver; sero-purulent discharge in left pleural cavity. The author remarked that these two cases, though different with regard to the original complaint, resembled each other in the manner of the propagation of the disease from the exo- to the endo-cranial regions,—that is, the meninges and the brain. In either case he was inclined to think that the introduction of morbid matter through the ophthalmic vein caused, in the first instance, coagulation of blood (thrombosis) in the corresponding cavernous sinus; that themeningeal inflammation of the adjacent inferior surface of the hemisphere was in both cases, and in the first case also the erysipelatous inflammation of the choroid plexuses, consequent on thrombosis of the sinus. The author was further inclined to consider as well the thickening of the walls of the sinus and of the ophthalmic vein, as also the thrombosis of the latter, as consecutive to the thrombosis of the cavernous sinus and the changes occurring in the thrombus; the coagulum in the ophthalmic vein having the appearance of being of junior date to that in the sinus. He alluded, however, to the possibility of explaining the propagation of the disease by phlebitis. Respecting the diagnosis of such cases, Dr. Weber pointed to our, as yet, limited acquaintance with the phenomena produced by thrombosis at the various sinuses of the dura mater. In the first case there appeared to be no symptoms directly dependent on the condition of the sinus itself; but in the second, ptosis of the upper eyelid, and paralysis of the external rectus of the same side, were observed two days before death. These phenomena, easily explained by the relation of the third and sixth pair to the cavernous sinus, the author considered as of great diagnostic value. In cases of short duration, however, these phenomena would probably be absent, on account of the sheath of areolar tissue by which the nerves in their passage through the sinus are surrounded and protected. Attention was drawn also to the incomplete hemiplegia of the opposite side, and its changing character: but this symptom was not considered as due to the condition of the sinus itself, but to the consecutive affection of the brain adjacent to it. *Case* 3 was that of an infant affected with chronic discharge from the left nostril and left eye from birth, contracted probably from the mother during parturition. At the age of ten weeks, while the child appeared otherwise in good health, the discharge ceased, the left nostril becoming closed by crusts; two days after this cessation, on May 8, 1859, the child was seized with epileptiform convulsion succeeded by coma. The epileptiform fits became, during the following days, more frequent, the convulsions being more marked in the right side of the body, until, on the morning of the 11th, the child sneezed repeatedly, and the discharge became re-established. From this time the fits became steadily rarer and weaker, with the exception of two days, during which the discharge had again become very scanty. The principal part of the treatment consisted in the injection of warm water into the left nostril, and the frequent application of a warm moist sponge to the nose. *Case* 4.—A child, eighteen months old, was suffering from syphilitic coryza (ozæna), with much sanious discharge, more from the right than from the left nostril. On December 17th, 1859, two days after the discharge had suddenly ceased (under the influence of cold), and the nostrils had become blocked up by crusts, the child had an epileptiform fit, followed by a comatose condition and incomplete paralysis of the limbs of the left side. The fits returned several times on the same and following day. The coma was continuous; but after the removal of the crusts, the application of leeches to the nostrils, and copious injections of warm water, the discharge from the nose became re-established, the fits became rarer, and did not occur any more after December 21. Dr. Weber observed, that although the nature of the original complaint had not been the same in these two cases, yet there was great similarity in the phenomena of both; that in both there had been chronic inflammation of a portion of the Schneiderian membrane, with considerable discharge; that in both epileptiform fits and complete coma followed, within two days, the sudden cessation of the discharge; that one side of the nose being in both cases more affected than the other, the opposite side of the body had been in both more affected; that

further, in both cases the symptoms of the endocranial affection, although very severe, disappeared almost immediately after the re-establishment of the discharge. The author remarked, that it appeared to him difficult to point out the exact nature of the endocranial affection. It might be supposed that in these cases, too, as in *Cases* 1 and 2, there had been absorption of morbid matter through branches of the ophthalmic vein; that this had led to stagnation of the blood to the corresponding cavernous sinus, and to further disturbance of the endocranial circulation, especially on the same side, which disturbance, in infants, more disposed to convulsive disorders than adults, had given rise to epileptiform fits; that the timely restoration of the normal passage for the discharge had prevented further absorption of morbid matter. The author felt, however, that other interpretations might be given. With regard to the immediate treatment, Dr. Weber attributed great value to the removal of the crusts, local depletion by leeches to the nostrils, and, above all, to the adequate use of the syringe.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, APRIL 19, 1860.

HENRY THOMPSON, Esq., President, in the Chair.

Dr. FULLER read a paper on

THE SUCCESSFUL TREATMENT OF HOOPING-COUGH, BY INCREASING DOSES OF SULPHATE OF ZINC AND EXTRACT OF BELLADONNA.

Dr. FULLER commenced his paper by calling attention to the commonly-received opinion, as stated in most books on the subject, that "Hooping-cough must run a certain course." He combatted this opinion by reference to the results of his own experience, and then proceeded to point out the causes which had led to its general adoption. Among these he mentioned the inefficiency of the treatment ordinarily employed, and the neglect of all measures likely to subdue the tendency to spasm on which the continuance of the whoop depends. Dr. Fuller regarded the complaint as consisting essentially of bronchitic irritation, usually not very severe, accompanied by reflex spasm of the air-passages, and expressed his opinion that in most cases the spasmodic symptoms are those which demand our most serious attention. Not only is the spasm a most painful symptom, but it is one which may give rise to life-long mischief. His object, therefore, had always been to subdue the spasm as speedily as possible, and the practice which, until the last twelvemonths, he had found most successful for the purpose, was the administration of sulphate of zinc in rapidly increasing doses. Dr. Fuller then referred to the discovery he had made as to the toleranee of belladonna by children, which is recorded in a paper published in the last volume of the *Medico-Chirurgical Transactions*, and he briefly stated the facts which are there detailed *in extenso*, as to the amount of belladonna which may be given with safety, and the conditions which should be observed in its administration. The conditions he specified were, first, that the remedy should be given at least four times daily, and should be administered at first in small doses, which may be increased day by day or on alternate days, by a corresponding amount. He pointed out that mere dilatation of the pupil need not be regarded as a bar to its administration, and stated that if the precautions just referred to are observed, the daily dose of the extract of belladonna may be safely increased up to a scruple or half-a-drachm without the production of any unpleasant symptoms. He then proceeded to state that he had brought these facts to bear on the treatment of hooping-cough, and from the conjoint use of sulphate of zinc and extract of belladonna, in rapidly increasing doses, had obtained results exceeding his most sanguine expectations. Rarely had he found the whoop to last above twenty-one days, and in some instances it had subsided in ten days. The mode in which Dr. Fuller proceeds is to give the zinc and belladonna as soon as the whoop declares itself. If the attack is accompanied by much febrile excitement, and bronchitic irritation, he prescribes a cough-drop containing a drachm of antimonial wine and a drachm of ipecacuanha wine to two ounces of water, and, if necessary, applies a blister to the chest. Of the cough-drop, a larger or smaller amount is given according to circumstances. In all cases, however, the zinc and belladonna are perseveringly administered. To children under three years of age he usually begins by giving one-sixth of a grain of extract of belladonna, and half-a-grain of sulphate of zinc four times daily; and to children above that age one-quarter of a grain of extract of belladonna and a grain of sulphate of zinc. These remedies are given in solution in water, and the dose of each substance is increased by a corresponding dose daily, or on alternate days; so that the child who began by taking one-quarter of a grain of the extract and one grain of zinc at a dose, would be taking one grain of the extract and four grains of the zinc at a dose, either on the fourth, the sixth, or the eighth day, according to the rapidity with which the dose is increased. Dr. Fuller concluded by citing cases illustrative of the value of this treatment; assured the members of its safety, and urged its general adoption.

UNIVERSITY COLLEGE.

THE examination for the Atkinson Morley Scholarship, "for the Promotion of the Study of Surgery among the Students of University College," took place on Wednesday, the 16th inst. The following were the questions:—

By the Professor of Clinical Surgery.

1. If retention of urine should arise from stricture of the urethra or from enlarged prostate, and a skilful Surgeon should in either case be unable to pass a catheter into the bladder, or to relieve the patient by Medical treatment, and it is desired to puncture the bladder in order to draw off the urine, how, in each case, would the operation be best performed? State the reasons of your opinion, and describe in detail the operations and instruments used. Add an account of the management of the cases subsequently.—Illustrate your answers by reference to what you have observed in cases in the Hospital.

2. A man, aged about 45, known to be a good swimmer, went to bathe in the sea, and plunged from a bathing-machine into the sea, the depth of water being inconsiderable. Persons who were near, seeing that he did not come to the surface, and that he was in fact drowning, rescued him from the water. The "ready method" of Marshall Hall was used for his restoration, and he recovered. Afterwards this person's intellect was entire, and his general health was good; but he had lost wholly the power of moving his limbs, and his breathing was "abdominal." In that state he continued to his death, which occurred a month after the accident.—State your opinion as to the nature of the injury the patient suffered, with the grounds of it, and give a full account of the morbid changes the parts you suppose to have been injured undergo in analogous cases. Illustrate your answer by reference to cases and to preparations in the Anatomical Museum of the College.

3. A man, aged 40, was precipitated from the top of a public carriage. He was found insensible, with a nearly verticle scalp wound on his forehead, about three inches long, and ending above the inner angle of the left orbit. At the same place a hair-like fissure of the skull, which was not discernible at first, became manifest afterwards. Blood dropped from the left nostril. No blood or other fluid escaped from either ear. There was ecchymosis of the left lower eyelid. Pupils of eyes, which were rather dilated, contracted readily on approach of a candle. Some bloody mucus was vomited. There was no other injury except a bruise of one knee. On the following morning the patient became conscious, and he asked for water to drink. But he was found to be completely deaf, having previous to the injury had good hearing. He wrote his name and address. A couple of days later he became very noisy, talked loudly—rationally at times, but incoherently for the most part. Later still, on the sixth day after the accident, he muttered and moved his hands about. Urine and fæcal evacuations were passed unconsciously. No rigor. Slight strabismus of left eye. It was now and after the pericranium had been detached, that a linear fissure of the skull was brought into view. On the eighth day the patient, lying uncon-

scious on his back, moved his left arm constantly. At the same time the right arm was rigidly extended, and when bent forcibly, was again extended when left to itself. He died in two days after.—Give a reasoned diagnosis of the nature of the injury this man sustained in the fall. And state the morbid conditions you would expect to find in dissection, with the grounds of your opinion.

By the Professor of Surgery.

1. Describe the process of healing by granulation up to the final completion of the cicatrix.
2. In the case of stone in the bladder of an adult male, what circumstances would guide you in the selcetion of the operation? (1.) Of lateral lithotomy. (2.) Of mesial lithotomy. (3.) Of lithotrity.

By the Professor of Ophthalmic Surgery.

1. Describe the symptoms of acute inflammation of the lacrymal sac, and indicate the affections with which it might, on a hasty examination, be confounded.
2. Explain the pathology of the two following states :—Incapacity to open the eye; and incapacity to shut the eye.
3. Describe the operation of excision of the eyeball, and indicate the cases in which you would have recourse to the operation.
4. Describe the operation of abscission of the front of the eyeball, and indicate the cases in which you would have recourse to it.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following Members, having been elected Fellows at previous meetings of the Council, were admitted as such on the 10th and 17th inst. :—

NAME.	RESIDENCE.	DATE OF DIPLOMA.
Rt. Rev. Bp. of Labuan	—	June 3, 1839
Alderscy, W. H.	Buntingford	March 2, 1855
Bennett, H.	Shaftesbury	May 20, 1825
Cardell, J. M.	Salisbury	November 3, 1854
Colgate, R.	Eastbourne	September 6, 18 5
Coulson, W. J.	Old Jewry	November 6, 1857
Cousins, J. W.	Portsmouth	March 7, 1856
Crosse, T. W.	Norwich	August 23, 1847
Dalton, W. R.	Royal Navy	April 24, 1835
Durham, A. E.	Trinity-square	May 14, 1858
Earle, E. S.	Forest-hill	April 21, 1856
Graves, R. W.	Gloucester	October 12, 1838
Gray, H.	Wilton-street	February 11, 1848
Greenwood, W.	Huddersfield	September 2, 1825
Hale, F. H.	Consul at Whampoa	January 14, 1842
Hall, W.	Hackney	June 1, 1821
Heath, C.	Sackville-street	March 14, 1856
Heslop, L. C.	Haverfordwest	January 2, 1846
Ness, J.	Helmsley, Yorks.	March 10, 1843
O'Connor, T.	March, Cambridgesh.	February 23, 1844
Prosser, T.	Monmouth	April 28, 1843
Randall, J.	Portman-street	May 8, 1840
Shillitoe, B.	Finsbury-circus	July 4, 1851
Shute, G.	Greenwich	November 14, 1834
Smyth, S. T.	Great Yarmouth	August 5, 1842
Strover, T. R.	H.M. Bengal Army	April 10, 1838
Woolcott, J.	Brook-street	December 3, 1841

The following gentlemen also having undergone the necessary Examinations for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 18th inst., viz. :—

Cleary, P., Wood-quay, Galway
Jackson, J., Usworth, Durham
Lumsden, W., Hull
Newbold, R., Claremont-sq.
O'Keeffe, M., Cork
Pim, F., Dublin
Rigg, C. M. Rochester, Kent
Smith, G.S.R.W., Kilburn, Middlesex
Williams, W., Talgarth, Breconshire

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, May 17 :—

Collings, F., Bridgewater
Hall, M., Sheffield
Jones, R., Hulme, Manchester
Sprague, C. G., Kimbolton, Hunts

The following gentleman also on the same day passed his First Examination :—

Griffiths, Richard, St. Bartholomew's Hospital

DEATHS.

CUMMING.—May 1, on board the steamship *Simla*, in the Red Sea, on the homeward passage from China, Dr. William James Cumming, Royal Artillery, aged 25.

GRELLIER.—May 9, at the Hills House, Douglas, Isle of Man, James Grellier, Army Surgeon, aged 83. He was for many years proprietor and editor of the *Manx Sun*.

HAYES.—May 9, at Cirencester, Richard Henry Hayes, formerly of Loughton, M.D., Mar. Coll. and Univ. Aberdeen; M.R.C.S.E., L.S.A. Lond.; aged 31.

KNAGGS.—May 14, after only a few hours' illness, William Angelo Knaggs, M.R.C.S., L.S.A., Assistant-Surgeon to St. Giles's and St. George's, Bloomsbury, aged 28.

MILLER.—May 15, at Chelmsford, Samuel Miller, M.D., formerly of the Island of Barbadoes, aged 81.

MOORE.—February 14, suddenly, at Christchurch, New Zealand, Thomas Richard Moore, M.D.

NIBLETT.—May 13, at Knaresborough, Yorkshire, Robert Niblett, M.R.C.S., L.S.A., aged 43.

PARRY.—May 5, Augustus ap Henry Parry, of Llanvoa, Holywell, Flintshire, M.R.C.S., aged 34. He was for many years one of the Medical staff of the Holywell Union.

SALTER.—May 10, at Surbiton, Surrey, William Salter, L.S.A., aged 51.

TAYLOR.—May 20, William Stead Taylor, of North-street, Leeds, M.R.C.S., L.S.A., aged 48.

WILLIAMS.—May 11, at Hafodwryd, John Williams, formerly of Castle-square, Carnarvon, L.R.C.S. Edin., L.S.A. London, aged 53.

THE 27th June, Wednesday, is fixed for the next (the thirtieth) meeting of the British Association for the Advancement of Science.

ST. MARY'S HOSPITAL, PADDINGTON, had its ninth annual dinner last week. Upwards of £1100 was netted on the occasion. The Royal Orthopædic took nearly £2000 on the same day; and the Brompton Hospital about £1722.

THE doors of Queen's College, Birmingham, are once more thrown open; the institution being under the joint command of Mr. Sands Cox, and Mr. Chancellor Law.

COMPOSITION OF SEWAGE.—The clear supernatant part of sewage contains a large quantity of amorphous organic matter, with the filaments of various fungi. It swarms with animal life, as beaded Spirulina, Vibriones and Monads; and soon after exposure to air the higher forms of infusoria appear, as Paramecium, Vorticella, Rotifera, etc. Besides which, it contains small particles of animal and vegetable tissues, as the fibres of cotton, wool, etc. The sediment, which is black and glutinous, consists of the remains of undigested food, as muscular fibre, husk and hair of wheat, the cells and starch of potato, and the tissue of cabbage, and other vegetables. It also contains the products of some of the secretions, yellow biliary matter, intestinal mucus, and the crystals of uric acid and triple phosphate from urine. As in the last case, the living animal forms are numerous; and the vegetable growths are Oscillatoria, Confervæ, Vegetable Spores, and numerous Fungi. The mineral part is composed of the *débris* of the streets, black sulphuret of iron, &c.—*Letheby*.

A PUGILISTIC AMERICAN M.D. AT THE LEVEE.—In the list of presentations to the Queen at the *levée*, is the name of "Dr. Augustus Rawlings, of New York, by the United States Minister." It appears, by the *Sporting Life*, that a Dr. Augustus Rawlings, of New York, is amongst the supporters of Heenan, and "is one of the American party who came over to England to act as a correspondent to one of the New York journals, and in conjunction with Mr. Wilkes, conducted the illustrated paper brought out in England after the fight." The same member of the Medical profession has written the following curious certificate, also printed in the *Sporting Life* :—"Morley's Hotel, April 20.—Dear Sir,—In answer to your request of this morning, relative to the journals who, in reporting the details of your contest with Sayers on Tuesday, stating that your eyes were blinded and rendered incapable of continuing the fight—I do hereby certify that I was called upon in the emergency, and immediately after the contest, to examine your eyes. The right was closed, but the left though swollen, the sight (*sic*) was clear and distinct.—(Signed) Augustus Rawlings, M.D. To Mr. J. C. Heenan." Mr. Wilkes was also presented to her Majesty.—*Express*.—[As the Poet and Doctor of the "muscular revivalist" were presented to her Majesty, it seems hard that either the "immortal Heenan" or "our noble Tom" should be left out.]

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 19, 1860.

BIRTHS.

Births of Boys, 867; Girls, 835; Total, 1702.
Average of 10 corresponding weeks, 1850–59, 1601·0.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	577	513	1090
Average of the ten years 1850–59	548·1	495·4	1043·5
Average corrected to increased population..	..	..	1148
Deaths of people above 90	1	1	2
Deaths in 15 General Hospitals	29	12	41

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	5	6	..	5	4	..
North ..	490,396	5	5	7	3	7	5	1
Central ..	393,256	2	1	4	2	7	1	4
East	485,522	1	9	7	5	6	7	3
South ..	616,635	4	21	6	1	9	7	3
Total . ..	2,362,236	14	41	30	11	34	24	11

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29 600 in.
Mean temperature	54·4
Highest point of thermometer	69·8
Lowest point of thermometer	43·6
Mean dew-point temperature	50·3
General direction of wind	S.W.
Whole amount of rain in the week	2·22 in.

TO CORRESPONDENTS.

Mr. Evens.—The report will be acceptable.

Mr. Dix's paper on Acupressure shall appear next week.

A. D.—We hardly like to print queries on such cases, but we would suggest that our correspondent should advise his patient to join a Rifle Corps, or engage in some other form of active open-air exercise, use a cold bath daily, and take some of the phosphate of iron.

Dr. Beavan.—As we have published similar petitions, it is only necessary to say that we are glad to find the Practitioners of Rochester, Strood, Chatham, etc., are actively opposing Sir W. Dunbar's Bill.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

We have not space for the insertion of the Report and Rules sent. Indeed it would be premature to publish rules which may be altered at the meeting advertised for the 31st instant.

UNQUALIFIED ASSISTANTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Please allow me the favour of space in your Journal for a few words in reply to your correspondent of the 12th inst. signing himself "Sic." "Sic" must be aware that if the suggestions his letter contains were adopted,—viz. that only qualified assistants be employed by members of the Profession,—a large body of hard-working and able men would be deprived of their only means of subsistence. Desirable as it is that the Profession should maintain its proper status, yet I would ask, What are those men to do, who, though having directed their strongest energies and highest hopes to Medical study and practice, have not partaken so largely of Fortune's favours as their fellows?

Could not some modified examination be instituted, and Diplomas be granted to those unqualified Assistants who are now engaged in Professional duties, but who solely from want of money have been unable to become qualified?

Pray, Sir, stir up this question so that those beneath you in the same Profession may have at least the means of obtaining an honest livelihood.

I am, &c.
AN ASSISTANT SINE DIPLOMA.

THE POLICY OF LIBERALITY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your remarks the week before last, on the Licentiateship about to be granted by the College of Physicians, appeared to me accurate and just. "Why not be wholly liberal," you say, "and admit General Practitioners of a certain standing. Once having been examined by a competent body, why should the old Practitioner submit to another examination, by men much his inferior in years and in practical experience?" I would not accept the Licentiateship unless it fully recognised my right to assume the title of M.D., as I have all I require without it. I contend that as a Surgeon, either Fellow or Member, the Practitioner is as respectable, as competent, and better remunerated on the average than the M.D., whose existence now as a "pure" is nearly exploded.

I have not met a M.D. in consultation above twice during the last seven years; in fact the General Practitioner is now a different man from what he was thirty or forty years ago, and the public (who fix the standard in most things) recognise in Medicine only the ordinary Practitioner, who is now scarcely ever asked to meet another person,—at least it is so with us, and this feeling is fast increasing.

I was recently in attendance on a person of some position in society, and, after giving my opinion on the case, was asked if I had any objection to meet a second person. I replied, "Certainly not; but it was superfluous, as nothing could be done." The question was again repeated, with a request that I would bring with me whom I pleased: I accordingly asked an old fellow-practitioner to accompany me, who had his fee, gave the same opinion as I had done, and there the matter ended.

Now then, Mr. Editor, what should I gain in any way by being tacked on to the list of Licentiates of the Royal College of Physicians, if even the right of the prefix Doctor be involved? What is there in a name? "A rose [and so forth] will smell as sweet," call it what you will; and the public call me "Dr. ——," and will do so, whether I enter the portals of the College of Physicians or not. After upwards of thirty years' practice, the honorary distinction would be of no real value, although it might gratify some men's vanity; but unless the offer be a fair and genuine one, constituting Membership, and a right to the Doctorate, the influx of candidates will be very few.

It is the College itself who would be the gainer by a liberal policy, not the Practitioner; the College would become strong in the accession of Members, and in funds, and its moral and actual influence would be greatly extended.

It is Members, and Members alone, that will give it this strength, and it is a liberal policy alone that will bring it Members. The plea put forth by some, of the hard work necessary for becoming a M.D., does not apply, because the work for passing the College and Hall will successfully carry a candidate through the College of Physicians.

Whatever may be the issue, one thing is certain, and that is, that the Edinburgh College will continue to strengthen itself by allowing candidates for its Diploma to enter its walls at a very easy rate; and in all probability will admit tho General Practitioner of twenty-four or thirty years' standing without any examination. And who can blame them, as long as they admit only those of a certain standing in their Profession? I say, Who could blame them? The *prestige* of "Doctor" is no longer exclusive; it is shunned by the Profession in common with the public; and it is legitimate and wise for the College of Physicians to obtain all the strength it possibly can, by the admission of all who choose to pay for it, as long as they have proved by previous examinations before the College of Surgeons that they are qualified.

I am, &c.
A SURGEON OF THIRTY-FIVE YEARS' STANDING.

COMMUNICATIONS have been received from:—
Professor SIMPSON; M. CLAUDE BERNARD; Dr. CONOLLY; Dr. BUDD; Dr. R. LEE; Dr. COBBOLD; Mr. GRANTHAM; Mr. H. WALTON; Dr. ALTHAUS; Dr. FIGG; Mr. PENGELLY; Mr. ARNOLD; Mr. PALMER; Mr. COMPTON; Dr. WHITBY; Mr. HAMILTON; and Dr. ADAMS.

APPOINTMENTS FOR THE WEEK.

May 26. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Mr. F. A. Abel, "On Gunpowder and Gun-Cotton."

ROYAL BOTANIC SOCIETY, 3¾ p.m.

28. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

MEDICAL SOCIETY OF LONDON, 8½ p.m. Clinical Discussions.

29. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m. Dr. Spencer Cobbold "On Herbivorous Mammalia—the Elephant and Rhinoceros."

ZOOLOGICAL SOCIETY, 9 p.m.

30. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

ETHNOLOGICAL SOCIETY, 8½ p.m. Anniversary.

GEOLOGICAL SOCIETY, 8 p.m.

31. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL INSTITUTION, 3 p.m. Professor Ansted "On the Action of Water in its Circulation through the Earth."

June 1. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION, 8 p.m. Professor Tyndall.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Lithotrity; Phymosis; Hare-lip; Removal of Tumour from Breast. By Mr. Bowman—Removal of Tumour from Groin.

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(Knight of the Order of Leopold of Belgium)

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OPINION OF

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"I believe that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as DR. DE JONGH. He was the first Chemist who gave an accurate analysis of the Cod-liver Oil, and the discoverer of an organic substance which it contains. He has also written the best Medical treatise on the Oil with which I am acquainted. Hence I should deem the Cod-liver Oil sold under his guarantee to be preferable to any other kind as regard genuineness and medicinal efficacy.—8, Savile-row, W., August 1st, 1859."

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the particular attention of the Managers of Hospitals and Dispensaries, and the Medical Profession generally, to the prices and quality of their Hot or Cold Water Beds. The prices hitherto charged being so high as to limit the sale of such articles to the affluent, they are induced to offer them at such prices as will enable the public generally to realise the advantage and comfort to be derived from their use.

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ORIGINAL LECTURES.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,
DELIVERED AT
The College of France,
DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture XV.
OPERATIVE PHYSIOLOGY—
ON THE SUBMAXILLARY GLANDS.

Summary: Anatomical Disposition of the Submaxillary Glands in the Dog entirely similar to that which they exhibit in Man—Wharton's Duct—Is entirely unconnected with Bartholin's Gland—Communication between Sublingual and Submaxillary Glands, requires farther Proof—Submaxillary Gland supplied with Blood from two distinct Sources—Enjoys two distinct Orders of Nerves; the First derived from the Ganglionic System; the Second from the Facial Nerve, through the Corda Tympani—Influence of the Lingual Nerve on the Submaxillary Secretion—Belongs to the Class of reflex Actions—Experimental Proof of this Hypothesis—Effects of Galvanization of the Corda Tympani—Description of the *modus operandi* necessary to lay open to view all the Parts concerned in these experiments—Description of the Surgical Region which contains the Submaxillary Gland, its Duct, Vessels, and Nerves—Experimental Proofs of the high Sensibility of the Submaxillary Gland—Peculiar Properties of Submaxillary Saliva—May be modified at will by the Section and Galvanization of the Sympathetic Nerve and Corda Tympani—Influence exerted by Ganglionic System on the Submaxillary Secretion, explains why the direct Introduction of Food into the Stomach acts at once upon these Glands.

Gentlemen, — Having, in our last Lecture, brought to a close the history of the parotidian secretion, we shall now successively investigate the physiological properties of the two other principal glands which concur in the production of the saliva; for, as we have already remarked, each of these small secreting bodies has its own peculiar functions to fulfil, and its place cannot, therefore, be filled by any of its congeners.

The submaxillary gland, the properties of which will fix our attention to-day, offers, in the dog, an anatomical disposition almost entirely similar to that which it exhibits in the human species. In both cases we find it to be a large conglomerated gland, endowed with a distinct excretory duct, quite large enough to admit a tube for the purposes of experimental investigation; this canal has received the name of Wharton's duct, and there only exists one on each side.

In former times anatomists had erroneously asserted that Bartholin's gland opened into the excretory duct of the submaxillary gland; a statement completely at variance with facts. Each of these two glands possesses its own proper duct, and they remain perfectly distinct during the whole of their course, although the buccal orifices of the two canals lie so close together as to open under the same papilla.

It has also been advanced that in the human species there exists a direct communication between the sublingual and submaxillary glands; some of the ducts of Rivinus, derived from the former, having been supposed to fall into Wharton's duct. But the real existence of a similar disposition still remains to be proved.

The submaxillary gland is supplied with blood from two distinct sources: its principal artery reaches the hilum of the gland, and through this point penetrates into its substance; while the lesser artery is mainly distributed to its upper and posterior part. Two different orders of nerves appear to preside over its physiological functions; the sympathetic nerve, in the first place, gives off several twigs to the submaxillary plexus; and, in the second place, a slender branch separates from the lingual branch of the lower maxillary nerve, in the immediate vicinity of the gland, and falls into the above-mentioned plexus, from which the nerves connected with the gland are all derived. By some of its fibres, no doubt, this nerve is connected with the branch from which it appears to derive its origin; but by far the greater part of this little ramus arises from a division of the facial, which unites with the lingual nerve, without becoming really anastomosed with it, and, after following its course for a short space, separates almost entirely from it, and reaches the submaxillary plexus. This *motor nerve* is styled the corda tympani; it arises from the facial, a few millimetres above the foramen stylo-mastoïdeum, follows an ascending course, penetrates into the middle ear, and, during a short space, is comprised, within the membrana tympani, between the incus and malleus. It then descends towards the scissura Glaseri, and emerges from the petrous process close by the *spine* of the sphenoid bones; after describing this curve, it meets with the lingual nerve, and follows its course as already described.

In what manner may we suppose the gland to be acted upon by this nervous filament? We meet here with one of those reactions of the sensitive on the motor fibres, generally described under the name of reflex actions; gustative impressions are conveyed towards the nervous centre by means of the lingual nerve, and the facial acts in consequence upon the submaxillary gland. The reality of this hypothesis can easily be demonstrated by direct experiment; let the lingual nerve be divided, and all sapid sensations having ceased at once, vinegar may be poured into the animal's mouth without eliciting a single drop of saliva from the gland; but if the central extremity of the divided nerve is galvanized, an abundant secretion is at once called forth. Lastly, the facial itself being divided, all reflex action is immediately suppressed. But, as we shall presently see, when the peripheric extremity of the motor nerve connected with the submaxillary gland is submitted to galvanic action, an abundant flow of saliva is again produced.

But in order to perform these various experiments, it becomes indispensable to lay open the surgical region which contains the organs on which the necessary operations are performed. The following *modus operandi* will enable the physiologist to realize all the conditions desirable for his experiments. Let an incision be made along the inner side of the lower edge of the inferior maxillary bone, extending from its anterior third to the immediate vicinity of the transverse process of the Atlas; let the platysma myoïdes be carefully cut through; then let the digastric muscle be divided, and its posterior half removed at its insertions; and nearly all the parts which are concerned in these experiments will then be laid open to view. The greatest care must be taken in performing the operation, not to injure the important organs which lie immediately under the muscles. The lips of the wound being now drawn apart, a cavity is discovered, which contains the submaxillary gland; and this body being itself drawn out of its lodge by means of a hook, its inner or deep surface is discovered, in the centre of which lies the hilum of the gland, through which penetrate the principal artery, the corda tympani, or motor nerve, and several ramifications of the ganglionic system. The inner paries of the cavity itself contains the external carotid, lingual, and facial arteries, accompanied by the trunk of the hypoglossal nerve. In front, the lower paries of the cavity is constituted by the mylo-hyoïdeus, which being divided perpendicularly to its fibres, and then raised by means of hooks, the ducts of the submaxillary and sublingual glands, crossed by the lingual nerve, are discovered; and, by following backwards the course of the latter nerve, the corda tympani is seen at a given point to separate from it, and to produce by its anastomosis with the ramifications of the sympathetic, that gangliform plexus, from which, as before stated, arise the nerves which penetrate into the gland's proper substance.

The operation just described has been already performed upon the dog that has been just brought in; we shall now open Wharton's duct, plunge a tube into the canal, and excite the secretion by means of vinegar; and you will at once be satisfied, that the submaxillary gland enjoys a much higher degree of sensibility then the parotid, a fact we have already endeavoured to prove in our last Lecture.

(The experiment is performed with perfect success; several drops of liquid escape immediately from the tube, and are collected in a glass.)

You perceive, gentlemen, that the submaxillary saliva is ropy and viscid; properties which vary considerably when one individual is compared to another. It is quite impossible to predict beforehand how great the viscosity of this liquid

will be found to be in given individuals; but, through nervous agency, these peculiar properties may be increased or diminished at will. We shall now cut the corda tympani after its separation from the lingual nerve, and direct a galvanic current through its peripheric extremity; the saliva obtained in this manner will be less viscid than that which we have already produced by means of gustative impressions.

(The experiment is performed on the same animal, and meets with perfect success.)

Another experiment now remains to be performed: we shall galvanize the sympathetic nerve; and the corda tympani being entirely paralysed by the operation which has just taken place, the saliva obtained will evidently have been generated under the exclusive influence of the ganglionic system; an experiment which proves that the sympathetic nerve, entirely unassisted, is capable of acting upon this gland; how different in this respect is the submaxillary from the parotid!

(The experiment is successfully performed; the liquid produced is more viscid than previously, but its amount appears insignificant, when compared with that recently obtained by exciting the motor nerve.)

You must have been convinced, by these experiments, gentlemen, that the submaxillary gland enjoys a double nervous system—that two distinct sets of nerves preside over ts physiological functions; those derived from the facial increase the abundance and diminish the viscosity of the secretion, while those which spring from the ganglionic system act precisely in the opposite direction. These results had already been, in some measure, made known to you during the protracted study we devoted to the motor nerve of the parotid gland.

The influence which the ganglionic system exercises over the submaxillary gland explains the power enjoyed over this secretion by various causes of excitement acting upon distant parts of the alimentary canal; thus, for instance, the direct introduction of food into the stomach generally stimulates the flow of saliva from the submaxillary glands—a fact easily ascertained in animals provided with an artificial opening into the gastric cavity.

ORIGINAL COMMUNICATIONS.

RECOLLECTIONS OF THE VARIETIES OF INSANITY.

Part I.—THE HANWELL ASYLUM.

No. VI.

By JOHN CONOLLY, M.D.

It was observed in my last paper that the various substitutes now employed in our asylums for the mechanical restraints formerly every hour resorted to, and now never employed, would be best understood and appreciated by the medical student or by visitors of any kind, if, instead of being satisfied, as too generally happens, by taking a formal walk through the wards, they could enjoy the advantage of observing what was done in such institutions during the whole of any one day. The scene presented to them might still excite less admiration than it would deserve, unless they had some previous information of the state of the usual buildings provided for the insane before mechanical restraints were discontinued. On the table before me are the latest reports of about twenty lunatic asylums, nearly all of which have been built and opened since mechanical restraints were abolished at Hanwell. All these reports contain statements of a gratifying character, and the details to be found in them relate in reality to innumerable substitutes for coercion. In the largest of these asylums, that of Colney Hatch, the details are rendered more impressive by the recollection that the immense building was at the very commencement thrown open to all the pauper lunatics in the county of Middlesex not already provided for at Hanwell, to lunatics of every variety of character, and subjected up to that time, in workhouses and elsewhere, to every variety of exasperating treatment; and that for all this influx of wild insanity, it was not thought necessary to provide any resources of mere mechanical coercion; not one chain, one leg-lock, one handcuff, one strait-waistcoat, one coercion-chair. The principle of non-restraint had at that time undergone about ten years' trial at Hanwell: already the substitutes for force had been found sufficiently efficacious to justify the magistrates in this courageous proceeding; and these substitutes have gone on increasing in number and variety.

The great result is, that at this time our asylums may be visited by the most fastidious without pain or disgust, and by the benevolent and the thoughtful with the deepest interest, and it may even be said, with gratification. To the poor, especially, whom the absence of every worldly comfort has so often driven mad, or struck down with despair, they are in the truest sense of the word asylums; sanctuaries and refuges from care, and want, and worldly grief; and yet these homes of the insane are chiefly made comfortable by the absence of evils prevalent beyond their walls, which one would fain hope are not so rooted in actual out-of-doors life as to be perpetual. They are only places in which the consequences of the neglect of, or departure from, the principles on which comfort, health, and happiness depend, are remedied by a regard for and a return to them, and by their continued observance.

In the morning the doors of all the dormitories and single sleeping-rooms are quietly unlocked; and no noisy or threatening voice awakens any patient. The melancholic are guarded from the peculiar dangers of that period of returning consciousness, when the oblivion or the pleasant dreams of the night give place to a returning sense of unhappiness. The more excited receive the particular attentions they require. The personal cleanliness of all is carefully ensured; and if the night "have gathered aught of evil," out of wild reveries, or delirium, or infirmity, it is remedied and dispersed without anger and without reproach. Decent clothing is provided for every patient, and all of them come out into clean and cheerful galleries and day-rooms, to partake of a wholesome and comfortable breakfast; before or after which physical refreshment they most of them are assembled in devotion, and hear and unite in humble yet consoling petitions for mercy and relief; and are thus made to feel that they are not castaways, or creatures without hope, and that however deeply afflicted they are yet not forgotten by their Creator, or by their fellow-creatures. Soon afterward, attendants with whom they are on friendly, or at least on peaceable terms, are ready to conduct them to the workshops or gardens, or farm, or to the kitchens, laundries, bakehouses, and dairies, where they are variously, and cheerfully, and usefully, but not too laboriously employed. A certain number of the female patients, dressed with a little more care than the rest, proceed to the fancy workrooms, the windows overlooking fields and gardens, and suitable occupation is also found for many who are not robust enough for heavier work, as the making and repairing of clothing; some attending in the schools, or in reading-classes, or singing-classes, at least in some asylums; and these applications are found salutary to all, curative to many, and a general relief from monotony, listlessness, moping, or the irritation arising from having nothing active to do, and nothing cheerful to think about. Even these are not applicable to all the patients; for some are infirm, some aged, and some love to be quiet and undisturbed, and are not to be hurried up and about with impunity; and all these receive especial care, adapted to each; while the sick in body are visited by the Medical officers in the infirmaries, where all the comforts and aids are supplied that sickness requires. As many even of these as possible are taken out into the fresh air in all fine or favourable days, and pass part of their time in the ornamental grounds.

There is, perhaps, no hour of the day in which the different state of the wards in the old asylums and the new is so conspicuous as at the hour of dinner. Formerly it was a part of the day peculiarly full of anxiety, and the disadvantages of severity and disorder, the absence of comfort, and the illustrations of neglect, were painful to witness. At present the dinner-hour is as welcome in an asylum as anywhere else. Excellent and abundant food, carefully prepared, and placed on the tables and divided with decency and order, is partaken of with unmistakeable satisfaction. Any disposition to quarrel is quietly suppressed, and the helpless are especially protected from any encroachments of their stronger neighbours. The numerous guests wait for

the distribution of this comfortable meal with patience, and join in offering their thanks in a brief grace both before and after it. If any are sick and unable to leave their rooms they are not overlooked. It is scarcely possible to over-rate the beneficial influences diffused by these arrangements, all of which were lamentably wanting when restraints were permitted. The idea of controlling the insane by forcible means became so habitual to the minds of those having the care of them as to exclude reflection on the circumstances already mentioned as important, on account of their being conducive to comfort, or happiness, or even health. In the older descriptions of asylums, given by travellers in every country, we read of a crowd of furious lunatics half famished; and in such days the idea of comforting a madman by a good dinner would probably have been received with derision. Now all is changed. The officers of asylums may be said to be constantly thinking of what is likely to give pleasure to the insane, or likely to displease them, and deriving new suggestions from reflections on human character, and on the dependence of the mind and the body on things extraneous, and common, and unfailing in their action on either or, as most usually happens, on both. They perceive, even in themselves, among other things, that varieties of mood, inequalities of temper, and pleasant or uneasy thoughts by day or dreams by night, are closely associated with placid or with painful digestion; and that the qualities they most prize in themselves are liable to disturbance or to abatement in different states of bodily condition. Such considerations have a peculiar relation to medical practice as respects disorders of the mind and nervous system. Precept may be found powerless, and all the resources of the Pharmacopœia of no avail, unless by a due consideration of the auxiliaries of good food there can be secured good digestion, healthy assimilation, and—what even Paley did not think unworthy to mention among the solaces of life—tranquil bowels.

It had early occurred to those engaged in the endeavour to make the inmates of the Hanwell Asylum more generally comfortable, that an improved dietary might be among the important means of doing so; and yet every apparent increase in the expenditure was rather dangerous under the jealous observation of those who were averse to every change. Small additions to the dinners made a large addition to the annual cost. To increase the number of days on which the patients had a meat dinner from three days to four days in the week, and the number of ounces of cooked meat allowed to each patient from four ounces to five, would alone, it was calculated, raise the cost for maintenance about one thousand pounds per annum. Yet the lower scale was evidently too low, and its inconveniences were seen to be so easily evaded by the stronger patients, and so extremely detrimental to the weaker, that the Committee resolved to increase the general allowance of food of a nourishing quality.

In this alteration an increase in the solid food of the patients was justly deemed of much importance. The predominance of fluid food in the older asylums, and in some of the Continental asylums, was with much reason suspected to dispose the patients to various maladies, erroneously regarded as accompaniments of the malady, and which have disappeared wherever the food of the insane has been improved. English people generally dislike soups, gruel, and other substitutes for what is more substantial; and the gruel suppers and even the soup dinners were often found to be thrown away, which was never the case as respected beef, or mutton, or Irish stew, or the large and excellent meat pies. To all such changes the increased expense incurred has probably often formed a serious objection; and at Hanwell this expense was further increased by the more liberal allowances of good beer and porter, and of wine and brandy whenever required. But the patients were evidently benefited, and the mortality was diminished. This greater liberality of diet was seen also to produce especially good effects on newly-admitted patients, whose state when they arrived was often deplorable; and it was thought, at the same time, that instances of refusal to take food became less frequent, and that cases of diarrhœa and other disorders incidental to most houses containing many persons in a feeble condition of health became of less common occurrence. The diet-tables now appended to the annual reports of our English asylums show the wise liberality of the governing committees, and are creditable to the judgment of the Medical Superintendents. After twenty years' additional observation, I am only the more firmly convinced that a liberal and varied diet constitutes an indispensable part of good treatment as respects insane persons, at all periods of life, and in all forms of the disorder.

After the comfortable dinners now provided, a certain afternoon character prevails in all our good asylums which it is not unpleasant to observe. If there have been some slight morning storms, they seem to have passed away; and small and great disquietudes, in the women's wards especially, find relief in invasive slumbers which overcome the slighter feminine occupations not too rigidly imposed. Several of the unemployed men, whose past work excuses their present inactivity, indulge in that muscular rest which is observed, both in towns and villages, to constitute a large part of the enjoyment of the labouring class of people on Sundays; while by other patients the ordinary occupations of the day, in the house and out of the house, are cheerfully resumed. Parties of the patients may generally be seen enjoying the shade of trees in the warmer days, and they are often enlivened by the little band of musicians, whose performances are always hearty, if not always skilful. Some of the male patients join in active games and amusements in the field with the attendants. By these means many patients are diverted, and others soothed and tranquillised, whose fretful or mischievous state of mind would formerly have caused them to be kept shut up in the "refractory wards." In a few hours more, the peculiarly English meal of tea, an introduction only recently made general in asylums, is found to be as welcome, both to the men and to the women, as it is to all ranks of people who are at large. Among many things gratifying to witness in lunatic wards, it is not one of the least to see the patients enjoying this simple and tranquil, and it may almost be said remedial refreshment. The visitor to the Asylum for Idiots, at the tea-hour of the younger and more imbecile inmates of Earlswood, will find that even there it is fully appreciated, and that children as well as grown-up people, variously limited in intellect, are observant of, and very much pleased with, a careful arrangement of their tea-tables, and can be taught to refrain from any interruption of the order and cleanliness carefully attended to by those who wait upon them; and these observances, however separately small, become incorporated with the habitudes of the mind, and sources of comfort to those whose range of pleasures is narrowed by bodily and mental infirmity.

In the summer evenings many of the patients who have been occupied during the day, enjoy a walk in the grounds; and of late years small parties of them have been allowed to walk out, under proper superintendence, in the neighbourhood. Groups of the male patients at least may now be occasionally met with whose orderly deportment prevents their being recognised as such by those whom they meet, although their holiday dress, and something in their general appearance not easily described, evidently occasion doubts difficult to solve as to who they can be. I have not heard of any inconvenience arising from this indulgence.

As my Recollections may possibly be perused by some students and young practitioners preparing themselves to be the Physicians of the Insane in future years, and who may feel some surprise on finding that the substitutes for so terrible a resource as restraint by leather and canvas and iron are, after all, resolvable into measures which are perfectly simple, almost obvious, and perhaps such as to appear at first sight trivial, forming, indeed, only the details of common daily life, I would beg them to consider the important influence exercised on every man's mind, whether sane or insane, by small things of constant recurrence. It is by reflecting on the influences experienced by men in general that we can best arrive at principles of government, whether it be the government of people within or without an asylum. The accustomed sleeping apartment, the dress, the breakfast, the occupations, the dinner, the relaxations and amusements of the day, constitute a man's life; the feelings, the emotions arising out of the comfort or discomfort attendant on these particulars of daily existence have a constant effect upon the nervous system, and become intertwined with habitual modes of thinking and acting, and with his sufferings or his happiness. Physiological studies, which constitute perhaps the most important part of Medical education, have taught the student truths not inconsistent with these views, and which become the most solid foundations of practice. All the visible effects of the exciting and the depressing passions would constitute but a merely curious kind of knowledge, if

the facts were not kept in mind when called upon to remedy the evils occasioned by their excess or their long continuance. It would be idle to notice the marked difference of results produced by sudden and violent impressions, and the general benefit or wrong effected by those of longer duration and of continued, although quieter, operation, if the notice of the phenomena produced, whether on the great nervous centres, or on the heart, or on the fine ramifications of the nerves and on the capillary circulation, had no reference to the relief of disorders, local or general, of the nervous system or the circulation, and of the functional troubles attendant on both. In treating the insane, we have ordinarily to deal with the effect of prolonged excitement or depression, and a general disorder has invaded the whole constitution of the patient. We do not expect cure or even relief from any sudden or violent applications, bodily or mental. Our task is to counteract by long, consistent, judicious means, all that has been produced by long and injurious influences; and this gives importance to impressions, however trifling they appear, which are habitual and constant. These things demand the careful consideration of all who would control, or direct, or benefit any section of their fellow-creatures; but the physician of a lunatic asylum, in whose hands the daily life of all under his care may be said absolutely to rest, must make such things his daily study. In the older arrangements for the mad none of these matters obtained attention. The lunatic was thought to be beyond recovery and beyond amendment; the jest of physiology, and the mere despair of treatment. If he was quiet, he was left to his fancies and to the indulgence of every morbid propensity; if troublesome, he was chained to his crib or to the wall. The morning brought him no hope, the day no variety, the evening no amusements, the night no rest. Neither the mind nor the body were regarded. It is the virtue of the modern treatment that all this is reversed; and that in endeavouring to restore disordered minds to composure it is not forgotten that the mental faculties, the reasoning power, the affections, the infinite desires, and the higher capacities of man are, in this mortal life, lodged in a bodily frame and allied with the due and regular performance of bodily functions; and that over these functions habit holds a powerful sway. This reflection presents itself more especially to the mind of the Physician when he undertakes the Medical treatment of a case of insanity, and he soon learns that strictly medical resources are somewhat limited; and that the auxiliaries of daily and hourly attentions, singly small, have an immeasurable influence on his patients; and that the proper treatment of the insane may be said to begin by whatever makes the body comfortable. He finds, as his inquiries extend, that in a large proportion of the cases brought before him, the mental disease supervened on long and complicated distress, and that at length the body and the mind failed together. In the survey which has been made of the daily order of a good asylum, we have seen that to allay this distress is the first object, and that—from the hour of a patient's awaking to the hour of his retiring to his clean and comfortable bed—everything that is done, however trifling, has for its object to secure his comfort and to promote his recovery.

It is unnecessary to enumerate the many opportunities of which the officers of our asylums now avail themselves for giving additional variety to the existence of patients in asylums. The seasons of Christmas and of the New Year are cheerfully observed, and certain birthdays are commemorated. Each returning Sunday is made a day of rest, for which a great number of the patients have a Sunday dress. There are also more or less frequent entertainments of varied character; all of which are found detailed in the annual reports of the different asylums, many of them having also been recorded by the public press. Even these entertainments must always be considered as subsidiary to the general system of treatment in asylums; and, like all other arrangements, should be modified according to the position and habits of the patients. I remember our first trial of a large evening party at Hanwell, which, although looked forward to with some solicitude, succeeded to the fullest extent of our wishes. We did not then assemble both sexes; and I am a little doubtful, even now, of the advantage of such a practice, which appears to me to induce an unavoidable constraint, frequent apprehension, and a certain diminution of the vivacity by which the separate assemblages of the male and female patients were characterised. In the earlier entertainments at Hanwell it used to be one of the triumphs of the occasion for the officers, but especially the matron and the female attendants, to introduce some even of the most troublesome of the patients, under promise of good behaviour, or some of the more heavily desponding; and these experiments were generally rewarded by the results. A neat dress, a well-lighted and decorated gallery, then our only ball-room, and all the circumstances attendant, sometimes produced surprising effects, the troublesome maintaining a studiously polite demeanour, and the melancholy expressing their satisfaction by unwonted smiles; and these effects were not transient. These little trials were so many lessons to the attendants, and encouraged them to make occasional indulgent experiments of their own devising. They cannot so confidently be ventured upon when insane men and women are collected together; and it is also probable that this arrangement, including the dancing of the male patients with the female patients and attendants, as well as of the male attendants with the female patients, throws some discouragement over the attendance of the officers of the asylum with their families, which would be a matter of regret, and would deprive the patients of a great satisfaction. It is, however, quite established, that all these entertainments diffuse considerable pleasure over asylums, and even promote habitual cheerfulness. No nights, I believe, are more tranquil than those which close on the evenings so passed. It is worthy of remark, as a gratifying proof of the views now generally entertained of the manner of treating the insane, even of the poorest classes, that, among the alterations made at Hanwell within the last few years—some of which I have taken the liberty of condemning—one among those deserving of all approval has been that of providing a spacious, handsome, and excellent apartment which, useful as a work-room by day, is especially intended for and devoted to the evening entertainments and recreations of the patients. Twenty years ago we should have feared to express even a wish for what would then have been derided as visionary, or censured as outrageous.

ON THE ADVANTAGES OF ACUPRESSURE OVER THE LIGATURE.

By JOHN DIX, M.R.C.S.
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Acupressure *v.* Ligature is the great cause now on trial before the Courts of Surgery throughout the civilised world. It is one of much interest and importance; and I desire to offer the testimony of my small experience thereon. I cannot, however, claim to be an unprejudiced witness, inasmuch as I have for years past been of opinion, that a substitute for the ligature was *the great desideratum* of Surgery,—that we needed something which could be readily removed so soon as its purpose of arresting hæmorrhage was effected, which would have less tendency to excite suppuration, and would less interfere with the adjustment and cohesion of the surfaces and edges of a wound. With reference to amputation especially, I have always looked on the ligatures as the chief obstacle to primary union, and "I have long thought and often said," that but for these, healing by "first intention" ought to be the rule, and not that exception so very very rare, as almost to lead some, to doubt the possibility of its occurrence.

I confess, then, that I had a strong bias in favour of this plan of "acupressure" even while it was announced as a mere theoretical idea, because it commended itself to my surgical judgment as likely to fulfil, some at least of the indications to which I have just alluded. The practical proof has not disappointed my expectations. Of course I am aware that a single case does not add much to the experience that has already been laid before the Profession; yet even a single case carefully observed and accurately reported, may not be altogether valueless. I feel, at least, that this isolated case has added something to my own knowledge of the subject; it may therefore be useful to others.

The following is the case, from the notes of my assistant, Mr. W. A. Rudd:—

J. C., formerly a gardener, now an inmate of the workhouse, 48 years of age—in appearance 60—and blind from the result of iritis, was condemned to amputation of the right

arm on account of disease of the elbow-joint. The limb had suffered injury in his youth, and had been lame ever since, though useful to a certain extent.

Seven years ago, from a slight injury (the prick of a thorn) he lost the second and third phalanges of the second finger of the right hand; and just as the finger healed, an abscess formed about the elbow (whether within or without the joint I cannot tell) and discharged for three years; it then healed, but the elbow remained much enlarged, stiffened, and deformed.

About a year since, two very large abscesses formed on the right side of the neck, which discharged for many months. As these healed the elbow again began to show signs of suppuration, and in a week or two the pus was evacuated. It is here worthy of remark that although the joint was open and the articular cartilages entirely destroyed, he never had any pain, and could bear any amount of movement or manipulation without exhibiting any suffering or inconvenience. But the profuse discharge of pus, with frequent bleeding from the sinuses, soon began to tell on his health, and amputation became necessary to save his life. He was already much emaciated and very feeble—not able to walk alone—and the joint was greatly enlarged.

April 23.—Chloroform being administered, amputation through the middle of the humerus was performed after Luke's method—viz. the posterior flap was first made by transfixion—the anterior flap of exactly corresponding size being cut from the surface towards the centre. The bleeding was arrested by acupressure. Six common darning-needles of the largest size, headed with black sealing-wax, were used,—four in the posterior flap commanding five vessels, and two in the anterior compressing three arteries. Thus it is evident that eight ligatures would have been requisite. Torsion was applied to two other quite small arterial branches. The needles were passed through the skin on one side, carried over the artery, and then again through the skin on the other side, according to Dr. Simpson's first proposal.

The edges of the flaps were accurately adjusted and retained by numerous sutures (twelve or fourteen) of iron wire. The surfaces of the flaps were kept in close and firm apposition by pads of lint secured by strapping as advised by Mr. Luke,—the projecting needles rendered this a matter of some difficulty. Over all a piece of wet lint was applied and kept constantly moist.

24th.—The man has slept well, takes his food with relish, and is very comfortable. There has been not the slightest oozing of blood, the lint is not even tinged; there is considerable œdema of the arm, to relieve which one or two of the straps were loosened.

25th.—The arm is still much swollen and somewhat vesicated. Four of the needles were withdrawn, all from the posterior flap. With one of them a single drop of pus exuded. This needle had compressed two vessels at some distance apart, so that about an inch of it had been exposed on the surface of the flap. [N.B. Avoid this for the future.] There is not a trace of blood. The needles are much blackened. The brachial artery was pulsating strongly. It was not deemed safe to remove its needle, and the other remaining needle was left because it had been forgotten which of the two commanded the large vessel. [Mem. Next time have one needle tipped with red wax, and use it for the chief artery.]

26th.—There is a good deal of serous oozing from the needle-holes, but no pus. The man is in excellent health and spirits. The fifth needle was withdrawn. The brachial artery still pulsates down to the needle, but not so forcibly; on the morrow it had ceased.

27th.—The last needle was removed. It had begun to set up ulceration, and about ʒss of pus followed from its track. The stump was dressed, fresh pads being applied.

29th.—The swelling is subsiding; the whole of the sutures were removed, most of them had cut their way through on one or other side. The edges of the flaps, which were almost entirely adherent, were supported with strips of plaster. There is no discharge, except a very slight sero-purulent oozing from the punctures of the needle last removed. The other needle-wounds are healed.

May 3.—Union appears to be complete, except at two small patches, where the edges of the skin did not adhere, which are filled with flabby weak granulations.

4th.—The stump is hot, swollen, and tender; the needle-holes are blocked up, the scabs covering them were removed giving exit to near a teaspoonful of healthy pus.

10th.—The needle-holes are still open, and weeping a very little thin pus; the unhealed points, before mentioned, are in the same condition; the rest of the stump is firmly and soundly healed.

I have given the details of the case thus *in extenso*, because I consider the man's history establishes the following noteworthy facts:—That he was a very unhealthy, ill-conditioned subject; prone to suppuration;—witness the repeated abscesses with which he was for years afflicted; also the protracted discharge from the track of the one needle which was left in too long; showing that no excuse for the formation of pus, so to speak, was allowed to pass over; and of low reparative power; mark the weak indolent granulations (still unhealed, May 20) which sprung up, where from the sutures having given way too soon the edges of the skin did not adhere; his unhealthy tendency again as it were availing itself of the only opportunity for non-union which presented itself.

Yet we have in such an one an amputation doing remarkably well, healing rapidly almost entirely by the "first intention." The whole amout of purulent discharge has certainly not exceeded ʒij, and this came exclusively from the needle-wounds, there never was any from the surfaces of the flaps. Would such a result have ensued with eight ligatures dangling from the wound? I certainly should not have anticipated it, or anything like it. For myself, I am more than satisfied with the issue of the case, and fully convinced that the use of needles instead of ligatures has mainly contributed to the speedy cure.

What, then, are the advantages of acupressure?

We were told the other day by a great Surgical oracle, a vehement but perhaps not unprejudiced opponent of this plan, that the collection of blood between the flap is the great obstacle to union (which is no doubt true), and that as the ligatures prevent this effusion of blood, they promote and aid the healing process. This is certainly a very curious argument; it means nothing more than that the avoidance of bleeding is essential to union, but it applies equally to any method by which hæmorrhage is averted—to the needle as much as to the ligature; and I shall be greatly mistaken if it does not turn out that this is one of the points in which the needle far excels the ligature, inasmuch as by acupressure *the veins are compressed as well as the arteries*, and so all oozing is most effectually prevented. Certain it is that in my case not a drop of blood was visible after the wound was closed, of which the foregoing is the probable explanation.

Again, an artery can scarcely be taken up by forceps for the application of a ligature, without more or less drawing out of the vessel from its sheath, and consequent disturbance of its own vascular and nutritive connexions. In the use of the needle there is none of this, and hence there is probably an earlier and firmer sealing up of the ends of the artery. This disturbance, too, of the vessel itself, and of the reparative action going on around it, is renewed each time that traction is made on a ligature supposed to be cast off, when it is not really detached. This, again, is avoided by the use of the needle. Ligatures, too, sometimes slip, or the end of a brittle vessel gives way too soon. These accidents cannot occur with the needles, and for each of these reasons there is probably less danger of secondary bleeding, *especially in cases of diseased arteries*.

Twigs of nerve are sometimes included in the knot of the ligature; not so with acupressure. If a ligature be deeply buried in a stump (as continually occurs) it cannot be withdrawn without breaking through whatever adhesion of the flaps has taken place betwixt the situation of the knot and the edges of the integument. Hence there is always more or less bleeding from torn granulations, etc., to the manifest derangement of the reparative process. The needles are withdrawn without a drop of blood.

Last and chiefest, is the immense advantage of early removal. How soon is safe with regard to the larger arteries we have yet to learn; but it has been abundantly shown that all the needles may be safely withdrawn long before the time that the ligature even of small vessels would usually become detached. And again, the metallic body, while it remains, has less tendency than the silk to excite suppuration.

Yet I do not look on the process at present adopted as by any means perfect. It has certain disadvantages. Where many needles are requisite the stump resents, as it were, the injury done by these extensive punctures. This, in conjunction with the compression of the capillary circulation

over a considerable surface, may be expected to produce for a time more œdematous swelling than one likes to see, although it speedily subsides when the needles are removed. Again, their projecting ends and the puckering they cause, interferes very much with that accurate and complete adjustment of surfaces and edges which is so essential to primary adhesion.

Much of this would probably be obviated by the use of a finer needle, which would yield a little, and bend slightly to the increasing tension. Dr. Simpson has since kindly furnished me with such; which also possess another advantage, that, being made of passive iron, they do not undergo corrosion. The needles shown me by a London traveller were extremely clumsy and ugly—worse even than the common darning-needles, so much so, in fact, that I preferred to use the latter.

But I expect to see needles of all kinds superseded by the fine iron or silver wire now almost universally used for sutures.

I would pass it exactly in the same way as the acupressure needle, viz. obliquely from the outer surface to the side of the vessel on the face of the flap, bridging it over the artery to be secured, and bringing it out through the integument on the opposite side; the requisite pressure to be made by winding each end of the wire round a small roll of plaster. This, if found successful, would be free from all the disadvantages alluded to above. I have not yet had an opportunity of testing this plan, but venture to throw out the crude hint—it is at present nothing more. I fully intend to try it, and will report thereon in due course.

In conclusion, I beg to offer to the distinguished author of this invention my hearty congratulations on the successful results of his ingenuity. As a Practitioner of Surgery I beg to thank him for having supplied us with what I believe will prove the greatest improvement in our art that this age has produced—anæsthesia (so much also indebted to him) scarcely excepted. I venture to prognosticate that it will ere long be established as an accepted and enduring truth, in spite of the present opposition to which it, like all innovations, is of necessity subjected.

CAN LIGHTNING CURE DISEASES?

By J. ALTHAUS, M.D., M.R.C.P.

The question which heads this paper has not yet been satisfactorily discussed, as the only author who has more fully written on the effects of lightning upon the human body, M. Boudin (a), has omitted to consider this interesting question, and I therefore think that the following few remarks on it may prove acceptable to the readers of the *Medical Times and Gazette*.

Lightning may kill at a blow, or induce blindness, deafness, and other diseases of a paralytic as well as a spasmodic character, which, however alarming they may appear at first, generally subside in a few days, and scarcely ever last longer than some months; but it undoubtedly has sometimes also the beneficial effect of an electric current of moderate intensity, and can cause the cure of rheumatic, paralytic, and spasmodic conditions. No doubt most of the numerous cases described as cures by lightning are either fabulous or greatly exaggerated, but the very existence of so many reports seem to infer some small degree of truth.

Space will not allow me to quote fully all the instances of this kind which have been recorded, and I shall therefore analyse as a good specimen of this class of cases that only of Samuel Leffers, of Carteret County, North Carolina, U.S., which is generally quoted as an instance of amaurosis or general paralysis cured by lightning, and which occurred in 1806. In the United States, where, if anywhere, the *crescit eundo* exists, which Virgil attributes to Fame, the most marvellous particulars were circulated of the case, and Professor Olmsted, who has recorded it (b), states that henceforth it was generally believed, that under certain circumstances lightning would suddenly change decrepit old age into blooming youth. Thus it was related of Mr. Leffers, a very old man, who had been so much paralysed that he was no longer able to walk or even stand, and whose features were frightfully distorted, that he had through a lightning shock suddenly regained the full force of his youth and an exquisitely beautiful complexion and soft skin, and that he had retained this complete youth up to his ninetieth year. The *facts* of the case are, however, as follows: — Samuel Leffers was affected by what is now generally known as paralysis of the portio dura, and which in most cases is only a troublesome and annoying, but by no means dangerous, affection. At the time, however, when this occurred, medical diagnosis had not advanced so far as it is at present, and this affection was not distinguished from paralysis of the face due to hemiplegia, and was therefore considered as a certain sign of the immediate break-up of the patient's constitution. That Samuel Leffers' complaint was in fact nothing more than paralysis of certain branches of the facial nerve is evident from the description of his symptoms, which were as follows:—On awakening one morning he felt an unpleasant numbness in the left side of the face; he could not shut the left eye, and his speech was impaired. These symptoms "caused him to believe that he had been affected by a paralytic stroke." Some time afterwards the disease improved in the other parts of the face, and centred in the eye, which he could not shut day or night; it was consequently exposed to obnoxious influences and the sight became much impaired; that is to say, the buccinator and other muscles recovered their tone, while the orbicularis palpebrarum still remained paralysed. He was in this state when, one day, while walking in the hall of his house during a storm, he was struck by lightning. He fell down, and remained unconscious from fifteen to twenty minutes, when he recovered so far as to be able to distinguish objects around him, and to be conscious of his position. During the night he fully regained the use of his senses and limbs, and felt so well the following morning, that he resolved to write an account of what had happened to him, to a friend. He then supposed, that as he had not been able to see well for some time, his note must necessarily be a short one; but he was astonished to find that he could write a long letter without experiencing any inconvenience, the last remains of the paralysis of the portio dura having entirely disappeared; nor did it again return. He had thus been effectually cured from his previous complaint; but his hearing had at the same time became weak, and he always afterwards complained of a certain degree of deafness. From this description it is quite evident that the orbicularis palpebrarum muscle, which had been paralysed, was beneficially affected by the stroke; but the case was neither one of amaurosis, nor one of general paralysis cured by lightning.

From this and other cases which I could mention, it appears by no means improbable, that certain paralytic, rheumatic, and spasmodic conditions may, under certain circumstances, be cured by lightning, just as they can be cured by Faradisation.

2, Manchester-street, Manchester-square.

(a) Annales d'Hygiène Publique, etc, Paris, 1855.

(b) American Journal of Arts and Sciences, Vol. iii. p. 100, 1821.

THE SURGICAL TREATMENT OF SHORT SIGHT.—Mr. J. Vose Solomon has been making an interesting series of experiments at the Birmingham Eye Infirmary, to ascertain the effect of dividing the muscle of the lens by an incision *transverse* to the direction of its fibres, in persons who are short-sighted (myopic). He finds that such an incision so far weakens the power of the muscle to draw the lens forwards, that the focal range becomes doubled for both distant and near objects. The cases he has operated upon have varied in age from twelve to forty-five years. The cornea of some of the eyes has not been remarkably arched; in none was it conical; in some it was very prominent, and the globe large. Mr. Solomon generally selects either the highest or the lowest part of the corneo-sclerotic union for the entrance of the cataract-knife, which he pushes with the *flat* of the blade directed *upwards*, through the pillars of the iris and the ciliary muscle, there cutting the fibres across to the extent of two, or two-and-a-half lines. In this operation, the incision does not radiate from the lens and the ciliary attachment of the iris, as it does in Mr. Hancock's operation for acute glaucoma; hence, the diameter of the globe immediately behind the diaphragm is not increased.

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THE LONDON HOSPITAL.

DEATH FROM RUPTURE OF A LARGE HERNIAL SAC IN A FALL.

(Under the care of Mr. ADAMS.)

Instances of the accidental rupture of hernial saes are very rare. In the following case the tumour was of enormous size, and the fatal result whieh followed was no doubt due to the shock to the system. Although a good deal of ecchymosis was found in the cellular tissue of the scrotum, yet the quantity of blood lost was not sufficient to have caused death.

The autopsy was carefully performed under the supervision of Mr. Ward, by whom the specimen removed was exhibited at the last meeting of the Pathological Soeiety. The following are the brief particulars of the case:—

A man, aged 72, the subject of cardiac dropsy, was admitted into the London Hospital, under the care of Mr. Adams. He had had for many years a large hernia on the right side, which had latterly much increased, being so voluminous as to eonceal from view the penis, and to descend to the middle of the thigh. Forty-two hours before admission, while in the act of walking across his room, he struck the hernial tumour forcibly against a stool. He lived for fifteen hours after admission, and fifty-five after the receipt of the injury. The original shock had induced a state of eollapse, under which he sank, being, in fact, moribund when he came in. On the post-mortem inspection, the hernial sac was found to contain the lower third of the ascending eolon, the cæeum, all the small intestines, with the exception of the upper four or five feet, and omentum. The intestinal folds in relation to the lower part of the sac were of a slate colour, and highly congested. An irregular, somewhat zig-zag rent, traversed the lower, posterior, and left part of the sac; the tunica vaginalis with the testicle being situated below, and to the right of the rent. It was seven inches in length, and opened into the subscrotal tissues, which were black, and infiltrated with blood-tinged serous fluid and coagula. Similar fluid and masses of blood occupied the sac above the rent Nearly the whole of the scrotal integument was livid and ecchymosed.

SAMARITAN HOSPITAL.

FIVE CASES OF OVARIAN CYSTS SUCCESSFULLY TREATED BY IODINE INJECTION.

(Under the care of Mr. SPENCER WELLS.)

There are few questions of Surgical Practice which have excited more interest during the last few years than those relating to the radical cure of ovarian disease. Our pages have contained many facts of great importance in relation to ovariotomy, and others illustrating the results of iodine injection in cases to which this mode of treatment is applicable. It has been employed at the Samaritan Hospital in five cases by Mr. Speneer Wells, and it may interest our readers to learn the result. The two first cases were published last year, and we now merely refer to their principal points. It was stated at the time that the result must be accepted with caution, as it was still possible either that the injected cyst might refill, or that smaller undetected cysts might increase. It is now very satisfactory to add that the women have been seen very recently, and have not yet shown any signs of re-filling or new growth.

Case 1. (See *Medical Times and Gazette*, May 28, 1859.)—A widow, aged 56; unilocular cyst; thirteen and a-half pints of fluid evaeuated. One ounce of caustic solution of iodine injected on April 12, 1859, and left in cyst. Patient discharged on May 25, and has since remained in good health.

Case 2. (See *Medical Times and Gazette*, August 13, 1859.)—A married woman, aged 50; thirty and three-quarter pounds of fluid evacuated from a uniloeular cyst on July 13, 1859, and two ounces of caustic solution of iodine injected and left in. Discharged on August 2, and has had no return of disease.

Case 3.—A married woman, aged 53, first admitted with a unilocular ovarian cyst on October 8, 1859. She was tapped on October 28, and thirteen pounds ten ounees of clear fluid removed. A pad and bandage were applied, and she was discharged on November 7. The cyst filled again slowly and she was readmitted in February, 1860. On February 11 Mr. Wells removed ten pounds four ounces of a clear highly albuminous fluid and injected two ounces of a caustic solution of iodine. On withdrawing the elastie tube a little of the iodine solution escaped through the canula; and on removing the canula she complained of sudden pain and faintness as if some of the iodine had escaped from the cyst into the peritoneal cavity. Hot poultices were applied and opium given. No signs of acute peritonitis followed, but during the six days following the injection she remained rather low, suffered from occasional vomiting and feelings of faintness, and had two rather severe rigors followed by heat and profuse perspiration. After this she gradually regained strength and went to the country. She appeared in the out-patients' room about a fortnight ago, and there was no sign of reaccumulation of fluid. She said she felt in much better health than she had for some years past.

Case 4.—A married woman, aged 29, admitted on March 5, 1860. Has a large unilocular ovarian cyst. Circumference at umbilicus thirty-nine inches. She has had two children—no miscarriages; the youngest child is four years old. Catamenia generally regular, but has had menorrhagia; first noticed abdominal swelling about six weeks after birth of last child. Expecting the catamenia, tapping was delayed for a few days, but Mr. Wells removed twenty-two pounds of fluid on March 19, and injected two ounces of the caustie solution of iodine. Care had been taken not to inject until the cyst seemed to be quite empty, but on removing the elastic catheter nearly the whole of the iodine escaped through the canula diluted with about two pounds of ovarian fluid. Accordingly very little effect was anticipated from this injection, and it was curious to find that the patient suffered during the next three days from the taste of iodine, dryness of throat, headache, and general depression, characteristic of iodinism. There was less pain in the abdomen, but quite as much tenderness on pressure as in the other cases, and the after progress was much the same. She was discharged on April 12 in good health, and she has since been seen without any sign of refilling of the eyst.

Case 5.—A single woman, aged 41, applied to Mr. Wells in May, 1859, having a large unilocular ovarian cyst, and a small fibrous tumour of the uterus, the circumference at the umbilicus being forty-six inches. As the Hospital was full he tapped her in a lodging near, and removed thirty-six pounds of fluid. She was much relieved for a time, and felt very little inconvenience until September, when she began to fill again, increased, and was admitted to the Hospital on December 14, and on the 22nd Mr. Wells tapped her the second time, and removed twenty-two pounds of fluid. She left on January 6, and remained in the country, following the occupation of a schoolmistress, until she was re-admitted on April 5. Any operation was delayed on account of the appearance of erysipelas in one ward of the Hospital, but on May 7, Mr. Wells removed twenty-eight pounds of fluid, and injected two ounces of the caustie solution of iodine. The whole of this was left in the cyst. A good deal of burning pain in the lower part of the eyst was complained of at intervals during the next three days, but this was relieved by hot poultices and opium, and she may be said to have recovered without a bad symptom. She left the Hospital on the 26th, and, so far as we can judge from the result in the other cases, with good reason to hope that the cyst will not refill. There is a small fibrous tumour at the upper part of the fundus uteri, and she suffers from menorrhagia, but this appears to be quite independent of the ovarian disease.

Remarks.—As iodine injection is only applieable to eases of unilocular cyst, or cases in which secondary cysts are small and unimportant, and as such cases are far rarer than those of multilocular cysts, it is evident that it is only in exceptional cases that this treatment should be employed. But, in well-selected eases, quite sufficient evidenee has been reeorded to

prove that it is highly successful. In the above five cases it will be observed that a very small quantity of a very strong solution was used, and this was left, wholly or in part, in the cyst. The strength was a scruple of iodine and half-a-drachm of iodide of potassium to one ounce of water. In one case only one ounce of this solution was used, in others two ounces, while in the fourth case nearly the whole escaped. Most Surgeons who have followed the iodine treatment, and Dr. Simpson especially, have injected six or eight ounces, or even more, of an alcoholic solution, often complicating the results by well-marked alcoholism. This is avoided by the practice followed at the Samaritan, while there is less probability of escape of any of the solution from the cyst into the peritoneal cavity when a small quantity is used, and the results certainly appear to be fully as satisfactory, if not more so, than any recorded by Boinet and others. Mr. Wells lays great stress on the careful exclusion of air from the cyst during the tapping and injection, and to avoid the danger he believes to depend on the admission of air, he uses a special trocar fitted with an elastic tube, a catheter to pass to the bottom of the cyst, and a syringe adapted to this catheter arranged to empty the cyst completely and inject the iodine, while a stop-cock prevents the admission of even a globule of air.

ST. BARTHOLOMEW'S HOSPITAL.

SERO-CYSTIC DISEASE OF SUPERIOR AND INFERIOR MAXILLÆ.

(Under the care of Mr. SKEY.)

[Reported by Mr. W. H. FARRINGTON, House-Surgeon.]

C. B., aged 41, a married woman, and enjoying good health, was admitted into Lucas' Ward on April 7, 1860. Her appearance was as follows:—On the left side of the face was a large uniform swelling about the size of an ordinary fist, extending from the angle of the jaw over a portion of the parotid region forwards, just below the malar bone, to within about three-quarters of an inch of the angle of the mouth. On introducing the finger into the mouth, the swelling appeared to be intimately attached to, if not implicating, the superior and inferior maxillæ. About the middle of the cheek, at its most prominent part, it was distinctly fluctuating where Mr. Skey punctured it with a grooved needle, and let out several ounces of viscid serum; the edges of a cavity could then be distinguished; but the next day it had refilled with fluid. The swelling began twelve years ago; but up to nine months back had only attained the size of a bantam's egg. On April 14, the patient being under the influence of chloroform, Mr. Skey made an incision across the swelling, from its posterior part to within three-quarters of an inch of the angle of the mouth, below the tract of the parotid duct. Having divided the masseter, he came down upon a collection of cysts filled with serum, which were found to implicate the outer walls of the superior and inferior maxillæ; the diseased parts including these portions of bone were removed as far as possible; it being considered that the disease was not of a malignant nature. The edges of the wound were brought together with silver sutures, leaving a large ragged cavity underneath, with an opening into the mouth. Ordered brandy ʒviij. daily, and whatever nourishment she could take.

Two days after, the edges of the wound became whitish, and receded from each other between the sutures, a copious discharge of serum escaping into the mouth. Some of the sutures were removed, and a poultice applied.

April 17.—The wound had taken on a phagedænic character, with most fetid discharge externally and into the mouth. Pulse feeble and frequent. Ordered tr. cinchonæ ʒij., ammon. sesquic. gr. vj. every four hours; and the edges to be touched with strong nitric acid (under chloroform), and the wound to be afterwards washed frequently with the lotio sodæ chlorinatæ. Continue the brandy. Under this treatment the disease was checked, and the wound took on a healthy aspect.

May 4.—Going on well. Ordered wine ʒviij., porter Oj., quinæ dis. gr. j. ter die.

17th.—Being anxious to return into the country, she has to-day left the Hospital. The wound is now about the size of a florin, and half-an-inch deep, granulating most healthily from the bottom, and discharging a sero-purulent fluid externally, the opening into the mouth having closed some time ago. Not the slightest appearance of any return of the disease. Power of mastication quite perfect.

RECESSION OF SOFT PARTS OF A STUMP AFTER AMPUTATION SIX AND A-HALF YEARS AGO.

(Under the care of Mr. SKEY.)

[Reported by Mr. W. H. FARRINGTON, House-Surgeon.]

J. L., aged 12, a healthy boy, but apparently in very low circumstances, was admitted into Harley's Ward on March 16, with the following history. Seven years ago he met with a severe accident to the left arm, and was admitted into this Hospital, when it was found necessary to amputate about the middle of the upper arm. The stump healed, and everything went on well up to six months ago, when the soft parts of the stump began to shrink and recede. The bone now protrudes to the extent of about an inch in a conical form, covered by periosteum, and still retaining its vitality, though evidently not increased in size since the operation. Mr. Skey now performed the flap operation, about an inch above the end of the soft parts. The bleeding was very trifling, no vessel requiring ligature. The flaps united well by first intention, and the boy left the Hospital with a good stump within a month of his admission.

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RADCLIFFE INFIRMARY, OXFORD.

EXCISION OF KNEE-JOINT—FAVOURABLE PROGRESS FOR A TIME—DEATH—AUTOPSY—FATTY LIVER.

[Reported by Mr. GRAY, House-Surgeon.]

H. W., aged 14, a labouring boy, was admitted into the Radcliffe Infirmary, under the care of Mr. Symonds, in September last, on account of disease of his left knee-joint.

History.—The disease had commenced twelve months previously, without apparent cause; and with the exception of occasional short periods of improvement, had since been getting steadily worse, although for the last six months it had been kept at perfect rest on a splint with the adoption of local and general treatment. The last three months the pain, which had never been quite absent, had become much more severe, being of a sharp shooting character and disturbing his rest at nights. His general health also had latterly suffered, though not to a great degree.

Condition of Joint.—The diseased knee was uniformly enlarged, measuring in circumference four inches more than its fellow. It was flexed at an angle of about 135°, and any attempt to alter this position gave very severe pain. There was distinct fluctuation on pressure. The skin covering the joint was, and always had been, perfectly sound.

The operation was performed under chloroform on October 10. An incision was made along the outer side of the joint from over the external condyle of the femur downwards to the outer head of the tibia—thence over the ligamentum patellæ to the inner head of the tibia—thence upwards along the inner side of the joint to the inner condyle of femur. Next by dividing the ligamentum patellæ, the two lateral and (the little that remained of) the crucial ligaments—and by flexing the leg at an acute angle with the thigh, the interior of the joint was freely exposed. The patellæ was removed whole, and about one inch sawn off the articular ends both of femur and tibia.

The sawn surfaces were then adjusted as accurately as possible, and the wound closed with twisted sutures, the most dependent part of the incision on either side being left open as a vent for the subsequent discharge. Very little blood was lost.

Lastly, to secure as far as possible the immobility of the limb, it was bandaged to an accurately-fitting iron back-splint, straight, hollow, and furnished with a foot-board. To this were added a long, interrupted side-splint, reaching from the axilla to the outer ankle, and a short front-splint for the thigh. The limb thus protected was slung from a cradle.

Examination of Diseased Parts.—Cavity of joint contained

about four ounces of purulent fluid and *débris*, and communicated by a small opening posteriorly with an abscess in the popliteal space. The articular cartilages were rough, pulpy, and very loosely adherent to the subjacent bones. From the two condyles of the femur they had disappeared altogether. Very little was left of the crucial ligaments, and scarcely a trace of the semilunar cartilages. The bones where denuded were smooth, but unnaturally soft. They did not seem to be the seat of any kind of deposit.

Progress.—He was kept on a liberal diet, with quinine, and progressed most favourably, without a single bad symptom, for the next twenty-four days. By the end of this time a great portion of the wound had healed. The suppuration had been free, but not profuse. On November 4 (the twenty-fifth day after operation) his pulse was noticed to be quicker and of less power than usual. His appetite also, for the first time, was indifferent, but he made no complaint of pain or uneasiness. Early in the morning of November 5 he suddenly changed, the face becoming livid and the extremities cold. Stimuli and warmth did not rally him. About ten a.m. vomiting came on, and continued at intervals till three p.m., when he died, sensible to the last. There had never been any rigor or complaint of pain. The wound just before death looked as well as usual, except that the discharge was somewhat thinner.

Autopsy, Seventeen Hours after Death.—Brain not examined. The only disease discoverable in the other viscera was enlargement with fatty degeneration of the liver; a pulpy, diffluent spleen; old organised adhesions between the right pleura and its lung. Femoral and iliac veins healthy. Blood in the great vessels well coagulated. *Condition of knee.*—The greater part of the external wound united by granulations. Bony union between the whole extent of the opposed surfaces of tibia and femur was so firm, that in forcibly separating them the line of breakage went partly through old bone, leaving the new adhesions in some places unruptured. No pus in the cancellous tissue or tibia or femur. Left leg 1½ inch shorter than the right.

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REPORT ON OPERATIONS FOR INJURIES TO THE SKULL.

(Continued from page 526.)

Case 18.—*Compound Comminuted Fracture of the Skull—No Operation—Hernia Cerebri—Recovery.*—G. P., aged 12, was admitted into the South Hants Infirmary, under the care of Mr. Sampson. He had fallen from a scaffold, and had received a severe wound on the left side of the forehead, four inches long and one in width, extending upwards from the outer canthus of the eye. The skull was completely shattered through the wound, but the several fragments of bone were so firmly impacted as to prevent any considerable protrusion of the lacerated membranes and cerebral substance. As there were no symptoms of compression, no special treatment was indicated. On the fourth day the wound looked unhealthy, and poured out a thin fetid discharged. His intellect at this time also began to be disturbed. Quinine and good diet were ordered, and a yeast poultice was applied to the wound. His general health improved, but a fungus presented itself, and as each piece of loose bone came away it increased. It ultimately occupied the whole aperture, and overlaid the edges. It was reduced by the applications of powdered sulphate of zinc, and by pressure kept up at the same time. The wound ultimately closed, and the boy left the Infirmary on April 6, 1858, with his health and intellect unimpaired.

Case 19.—*Severe Compound Fracture with Depression—Operation.*—A man, aged 26, was admitted into the Glasgow Infirmary, with a severe compound fracture of the vertex of the skull. A piece of bone was elevated. At the time of the report he was doing well.

Case 20.—*Fracture of Skull without Depression—Trephining—Removal of a large Coagulum—Recovery.*—M. S., aged 18, a Peruvian sailor, was admitted into the Dreadnought Hospital Ship, under the care of Mr. Croft, on September 18, at one a.m., having fallen on his head from a height of seven feet. He was in a state of profound insensibility, with stertorous and slow respiration, weak and frequent pulse, and cold extremities. The pupils were dilated, and equally large. The left eyelid slightly drooped; the left cheek puffed out with each expiration; the right arm and leg were paralysed. Mr. Croft having detected a star-like fracture beneath the left temporal muscle proceeded to trephine. A clot of blood, the size of half a large orange, was found in front of the anterior lobe of the cerebrum, and was removed. The pupils at the commencement of the operation were dilated. During the operation the left became contracted, but at the close of the operation they were both dilated. On the 19th paralysis of the third nerve, on the left side, and of the right half of the face is noted; the tongue was turned to the left side. On October 5 the paralysis of the third nerve, and of the right side of the face still continued; but the right arm and leg had recovered their motion and sensibility. On the 30th he had quite recovered from the paralysis of the right side, and could protrude the tongue straight. The ptosis was somewhat recovered, though the eye was still turned out. The face had not recovered. His mental faculties appeared to be quite correct. On November 3, Mr. Croft made the following note:—"He is still improving in health, and I think the third nerve is slowly recovering."

Case 21.—*Compound Fracture with Depression—Operation—Death.*—A man, aged 39, was admitted into the Hull Infirmary, under the care of Mr. Craven, for compound fracture with depression of the right parietal bone. The longitudinal sinus had been injured. Hey's saw was employed, and several portions of bone removed, and the depressed portion raised. The man never rallied, and death took place eighteen hours afterwards.

Case 22.—*Compound Fracture with Depression—Paralysis and Unconsciousness—Operation—Hernia Cerebri—Death in the Thirteenth Week.*—A collier boy, aged 14, was admitted into the Derby Infirmary, under the care of Mr. Gisborne, with a compound fracture of the left parietal bone, near the vertex, from having fallen down into a pit. The dura mater was torn, and there was a protrusion of brain-substance. The depressed portion was three inches by two, and was irregular in shape. The trephine and elevator were used, and the depressed bone removed. Paralysis of the right side continued, and for a week he was quite unconscious. Hernia cerebri followed, and there was a copious discharge, which contained brain matter. On the twenty-second day he had so far recovered as to be able to move his right leg and arm. In the eighth week there was a relapse of the paralysis. Death occurred in the thirteenth week. At the autopsy the fracture was found to have extended in a semicircular direction across the wing of the sphenoid, at which part the bone had united. An abscess containing half-a-pint of glairy, offensive pus was found in the left hemisphere, and was separated from the lateral ventricle only by a thin membrane.

Case 23.—*Compound Fracture with Depression—Operation—Hernia Cerebri—Death in the Eleventh Week.*—A boy, aged 14, was admitted into Guy's Hospital, under the care of Mr. Birkett, on account of a compound fracture of the left parietal bone, with depression. The dura mater was not torn. The loose fragments of bone were removed, and the depressed portions elevated. The boy did well at first; but the dura mater ulcerated, and hernia cerebri followed. Death took place in the eleventh week. An abscess in the anterior lobe of the left hemisphere was the immediate cause of death.

Case 24.—*Blow on the Head—Symptoms of Suppuration beneath the Cranium—Trephining—Evacuation of Pus—Death on the Second Day.*—A boy, aged 8, was admitted into University College Hospital, under the care of Mr. Erichsen. He had received a blow on the head three weeks before. Symptoms of suppuration beneath the cranium having supervened, trephining was performed, and a collection of matter between the dura mater and skull evacuated. Death followed two days afterwards, and at the autopsy a collection of matter was found deeply placed in the brain.

Case 25.—*Compound Comminuted Fracture from a Blow—Operation — Bronchitis and Erysipelas — Recovery.*—A man, aged 38, was admitted into Guy's Hospital, for compound comminuted fracture of the parietal bone from a blow from a falling brick. The dura mater was uninjured. Some portions

of bone were removed and others elevated. An attack of acute bronchitis, with erysipelas of the head and face, followed; but the patient ultimately recovered well. A few small pieces of bone exfoliated. He left the Hospital ten weeks after admission.

Case 26.—*Compound Fracture from a Blow, with Laceration of Dura Mater and loss of Brain-substance—Trephining—Death on the Third Day.*—An Irishman, aged 40, was admitted into the London Hospital, under the care of Mr. Adams, on account of a compound fracture of the skull, received from a blow with a jigger. There was a small wound in the skin over the left side of the parietal bone, through which a portion of the skull, about a square inch in size, might be felt to be fractured and depressed. A small portion of cerebral substance was in the wound. There were at first only the signs of severe concussion, but in a few hours those of compression developed themselves. The pupil on the side corresponding to the injury became dilated and fixed, and there was paralysis of that side of the face, with stertorous breathing. There was no paralysis of the extremities. The seat of injury having been freely exposed, the trephine was applied, and, by means of the elevator, a portion of bone about a square inch in size was removed. There was considerable bleeding during the operation. During the following night and the following day purgatives were given, and the administration of mercury commenced. Subsequently he again gradually sank into coma, and death took place on the night of the third. At the autopsy a large coagulum of blood was found between the dura mater and bone, and there was an extensive laceration of the brain-substance beneath. There was also a fracture across the base of the skull.

Case 27.—*Compound Comminuted Fracture—Removal of Loose Portions of Bone—Recovery.*—A boy, aged 10, was admitted into St. George's Hospital, under the care of Mr. Tatum, for a compound comminuted fracture with depression. Some loose pieces were removed, and a depressed portion elevated, but it was not necessary to trephine. The dura mater was not injured. The boy recovered.

Case 28.—*Compound Fracture with Laceration of Dura Mater and Injury to Brain—Trephining—Death on Fourth Day.*—A lad, aged 18, was admitted into St. George's Hospital, under the care of Mr. Johnson, for an extensive compound and comminuted fracture of the skull. The dura mater was torn and the brain injured. The trephine was used, and the depressed portions of bone were removed. Hernia cerebri followed, and death took place on the fourth day.

Case 29.—*Extensive Fracture with Escape of Brain-substance—Operation—Death from Arachnitis on the Sixteenth Day.*—A boy, aged 6, was admitted in a state of insensibility, under the care of Mr. Cock, having fallen from a height on some stones, alighting on his head. There was very great swelling over the right parietal region, and a small aperture in the skin from which blood flowed. The scalp having been freely divided, and a large quantity of coagulum cleared away, the skull was found to be extensively fractured, and a portion of brain-substance lay exposed in the wound. By means of the elevator the depressed portions were lifted out and removed. There was a considerable rent in the dura mater, and the middle meningeal artery bled very freely. The hæmorrhage was arrested by a compress of sponge. During the operation the boy regained consciousness. For some days he did fairly, but subsequently sank from arachnitis and softening of the brain. Death occurred on the sixteenth day.

Case 30.—*Blow on the Head—Supervention of Head Symptoms—Trephining Five Months after the Accident—Recovery.*—A woman, aged 33, of careworn and anxious expression, admitted into Guy's Hospital under the care of Mr. Cock. Five months previously she had received a blow on the head, and had since been subject to loss of memory, at times to impairment of sight and hearing, and to occasional attacks of giddiness. On admission there was a fluctuating swelling over the vertex, which, on being punctured, was found to contain pus. There was no history of syphilis. Numbness of the left side of the body having existed for twelve days previously, and the symptoms of brain mischief increasing, Mr. Cock determined to trephine. This was accordingly done. The surface of the bone was found carious and so uneven as to suggest the idea that a portion had been depressed, but in the part removed there was not sufficient irregularity of the inner table to account for the symptoms. The exposed dura mater appeared granular. The part operated on did well afterwards, and the general symptoms were considerably relieved. About a fortnight later pain extended from the wound to the forehead, and a swelling formed over the latter part, which was subsequently opened. Here, as where trephined, the bone was carious. At the time the patient left the Hospital she was still liable to much pain in the head, and neither of the wounds had healed. Further disease of the bone is suspected.

Case 31.—*Compound and Comminuted Fracture—Operation—Death.*—A man, aged 28, was admitted into St. George's Hospital, under the care of Mr. Johnson, for an extensive comminuted and compound fracture of the skull. He was apparently dying. An attempt was made, by sawing away a projecting angle with Hey's saw, to obtain the means of elevating the depressed part, but this, from the extent of the fractures, was found impracticable. The dura mater and brain had been lacerated. Death took place a few hours after admission.

Case 32.—*Compound Fracture—Removal of Fragments—Case Incomplete.*—A boy, aged 14, was admitted into Guy's Hospital, under the care of Mr. Birkett, having been struck on the head with a hammer. He was admitted with a compound fracture of the left parietal bone, and quite insensible. Some portions of bone were removed and one elevated.

Case 33.—*Blow on the Head—Elevation of Depressed Bone and Removal of Coagula from both Sides—Death.*—J. M'C., aged 36, was admitted into the London Hospital, under the care of Mr. Ward, in a state of unconsciousness following a blow on the head received shortly before his admission. His right pupil was dilated, and the left contracted. The pulse was laboured and slow. There was puffing of the cheeks, jerking of the limbs, etc. On examining the head, a lacerated wound was found, about an inch long, on the right side of the head, three inches above the tip of the ear. A portion of bone the size of a penny was found depressed, and the trephine was here used, and the depressed portion removed. This exposed a coagulum. This was turned out, and the dura mater exposed, when blood was found to be quickly oozing from the surface,—the mouth of a bleeding vessel (the ascending branch of the middle meningeal). A similar condition of things existed at the opposite side of the head, and was treated in the same manner. The patient was much relieved by the operation, but afterwards grew worse and died. At the autopsy, a fracture was found extending from the apex of the petrous portion of the left temporal bone, over the arch of the skull, to the basilar process of the opposite side. No apparent cause of death existed in the skull, since the brain was neither compressed nor lacerated.

Case 34.—*Compound Fracture with Depression—Operation—Death on the Third Day.*—A boy, aged nearly four years, was admitted into St. Bartholomew's Hospital, under the care of Mr. McWhinnie, suffering from symptoms of compression. There was a compound fracture of the skull, with depression in the left temporal region. Hey's saw was used, and the depressed portion of bone was elevated. The symptoms were not materially relieved. The dura mater had not been torn, but as when exposed it bulged into the wound, and did not receive pulsations from the brain, it was considered advisable to puncture it, in search of blood extravasated beneath it. This having been done, a small quantity of coagulum was removed. Much improvement followed, and the boy regained sufficient consciousness to recognise his friends. He afterwards became insensible again, and died on the third day. There had been paralysis on the right side, and twitching of the face. At the autopsy, a layer of pus was found effused beneath the dura mater, over all parts of the cerebral hemispheres. The brain-substance beneath the seat of injury was much softened.

Dr. Thomas Mayo, President of the Royal College of Physicians, London; and Dr. Alexander Wood, President of the Royal College of Physicians, Edinburgh, had an interview with Sir G. C. Lewis on Wednesday at the Home-office, on business connected with the operation of the Medical Act.

Royal Medical and Chirurgical Society.—The following gentlemen will be balloted for as Fellows of the above Society, on Tuesday evening, June 12, 1860:—Charles Edouard Brown-Séquard, Thomas Charles Steuart Corry, and Henri Gueneau de Mussy. The Ballot will be opened at half-past seven o'clock, and will close at half-past eight precisely.

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Medical Times and Gazette.

SATURDAY, JUNE 2.

LUNACY AND ITS PHASES.

Mr. Gaskell, one of the Commissioners of Lunacy, complains that there is a great want of proper provision for the care of the labouring and middle classes when attacked or threatened with insanity. The pauper, it appears, is much better provided for, in this respect, than the aforesaid classes, the law requiring that for the accommodation of pauper lunatics every district shall have its asylum. But what Mr. Gaskell calls "hospital accommodation for mental affections" is far below the demands made for succour and relief, and contrasts strongly with the abundant provisions made for bodily ailments in every district.

At the present moment, "the unfortunate individuals who belong to the labouring and middle classes are either detained at home, causing sad disasters, confirmation of the malady, and reduction of the family to pauperism by the expense incurred; or they are sent to private asylums, where the cost of maintenance being necessarily great, a like pauperising result ensues; or, as it appears in numerous instances, admission is obtained into the county asylum, which, being strictly instituted for the reception of paupers, involves an evasion or infraction of the law."

It certainly does seem very hard, that those who in their days of health have actually paid rates to assist in the erection of a model county asylum should be unable to obtain relief and treatment such as they have themselves aided in obtaining for the pauper class. And the question is, how is this relief to be obtained for a class superior to the pauper class, and yet too poor to aspire to the luxuries of a private lunatic asylum?

Mr. Gaskell says that the Government must come forward and thus "supply a great want, diminish the number of the insane by affording available means of cure, prevent sad disasters, keep the independent labourer off the pauper list, ward off permanent expense to parishes, and check evasion of the law." He thinks that, if Government found the building and the land, the other expenses could be met by the patients themselves and their friends, and thus the institution might become self-supporting. Funds, he proposes, should be raised by distinct rates, or grants from the State.

We would here suggest to Mr. Gaskell, that the case which he proposes is exactly one which ought to be dealt with by private charity; and we should applaud his scheme if, instead of funds from the State, he had said public subscription. He compares the asylums he proposes to raise to Hospitals; and we quite agree with him that the comparison is just in one respect. They are both meant for the same class of patients,—neither of them for the pauper class—and for a class which is able in part to assist themselves. We are convinced, indeed, that the Hospitals of this country, if rightly administered, could be in a great part supported by the working classes themselves.

Mr. Gaskell also draws attention to the circumstance that there is a want, generally, of accommodation adapted to different forms of insanity. We have Hospitals and Dispensaries for different forms of disease, and diseases of different degrees of severity, and why not, therefore "asylums adapted to the slightest, as well as the most severe form of disease?"

It is especially for the mild, transient, incipient and convalescent cases that a resort is required. We all well know the injurious influence of detention of these cases at home; of their confinement in strangers' houses, where they are often sadly neglected; and of well-meant and injudicious discharge of patients from asylums. In consequence of the want of a house for persons thus afflicted, it is notorious that many of these find their way into unrecognised houses.

To meet this difficulty Mr. Gaskell suggests that the law should recognise houses into which patients should be admitted on less stringent documents, or allowed to enter voluntarily; and where a limited control only should be exercised over them, "extending possibly to certain rules of the house, a required presence at the family table, return home at an early hour, and strict prevention of absence during the night-time." He thinks it particularly desirable, that some kind of probationary home should be thus established for patients leaving lunatic asylums. There are 5000 patients annually discharged from asylums in England and Wales; and we do, in fact, find that lamentable accidents are continually resulting through the improper discharge of some of these. Had they passed through the probationary process here indicated, these accidents would probably have been avoided. Mr. Gaskell relates a number of cases in which such individuals committed murder on their discharge from asylums; and he shows that the injury falls equally on the lunatic himself as on the public or the family of the lunatic; for, "Unprotected, the sufferer becomes a wreck; others fall victims; he himself is branded as a criminal, and remains in confinement for life. Whereas, were preventive means afforded, the course of diseased action would be checked, and many awful catastrophes prevented. The perpetrator of such acts as I refer to is usually regarded with severity; could he state his case, it might probably be one of complaint that neglect by guardians, more or less responsible for the public health, had allowed him to fall into a state of mind rendering him no longer responsible for his actions, and had failed to prevent a catastrophe which might have been foreseen and avoided. How many of the 700 so-called criminal lunatics now confined during Her Majesty's pleasure belong to the class here indicated?"

Besides these cases, there is the list of suicidal insanity to be considered. Of the 1000 who yearly commit suicide in this country, we may be sure that many would be saved if only timely attention were provided for their case.

We call attention to these views of Mr. Gaskell, because we think that there is much truth in his observations, and that he has pointed out difficulties which ought to be overcome. That condition of the individual, when his mind is beginning to give way, and when yet he commits no act which would justify his detention, is the most sad and difficult of all cases. We all know this, and all admit it; but no one has yet seen his way to meeting the difficulty. We quite think that when a patient—one who has been, therefore, a certified lunatic—is discharged from an asylum, he might be fairly subjected for a season to some authoritative superintendence, for the benefit of society at large.

There may be opposition and difficulty, such as meet all new schemes, but we are convinced that such asylums as Mr. Gaskell proposes, might be established and supervised.

There is evidence in the Scotch Report of many cases presenting themselves *voluntarily* for admission into the chartered asylums; and many facts might be adduced to prove the number of the demi-insane now residing in Water-Cure Establishments, and Boarding-houses.

It is curious to find a Commissioner of Lunacy complaining that lunatics are actually too soon discharged as cured. This fact is well worth communicating to the British public, which has its periodical fits of horror at the abominations committed by Doctors, in the recesses of our modern asylums; and the hopelessness of the individual's case who ever finds his way into their dark abodes.

Reasonable suggestions of the kind we have been here discussing are well worthy of consideration; and we should be only too glad if Mr. Gaskell, or any other person, would point out some practicable way of arresting in time the murderous hand of a legally sane lunatic, preventing him ruining himself and his family, and of letting loose upon the world only those lunatics who are really and truly cured of their lunacy. This we wish in the interests of society, and of the friends of the lunatic, as well as of the lunatic himself, and we are very glad to see one of the Lunacy Commissioners entering into the discussion.

THE CENSUS OF 1861.

Government is taking the preliminary steps for carrying out the Census of 1861. The Council of the Statistical Society has come to the aid of the Government, and offered several suggestions, which, if acted upon, would add in no small degree to the advantages to be derived from the Census. It is a little singular, however, that these suggestions contain no specific reference to lunatics. If there has been one thing made more clearly evident than another during the Parliamentary inquiry, which has not yet terminated, concerning the care and treatment of lunatics, it is that we possess only the most meagre and imperfect information respecting the amount of lunacy in the kingdom. The annual reports of the Commissioners in Lunacy and certain returns of the Poor-law Board give us the number of lunatics under charge in asylums, and the amount of pauperism resulting from lunacy and idiocy, and this is nearly all. How insufficient this *all* is when the question of effective legislation in lunacy is raised, a very few figures will suffice to show.

The returns of the Commissioners in Lunacy show that the number of pauper lunatics and idiots during the ten years 1847—57 increased at the rate of *four per cent. per annum*, the rate of increase of population being 1·220 per cent. per annum. At this rate of increase the existing amount of pauperism would be doubled in *twenty-five years*. Again, on January 1, 1857, there were in county and borough asylums, Hospitals, and licensed houses, 16,657 pauper lunatics; but on January 1, 1858, the number had increased to 17,572, being an augmentation of 915 patients during the twelve months. Now, at the latter date there was accommodation for 16,231 lunatics in public asylums; and new asylums in course of erection, and projected additions to old asylums, will in due time raise the accommodation to 21,048. Supposing, therefore, that the additional asylum accommodation required for pauper lunatics annually were to be at the same rate as for 1857—58, in *five* years from that time all our asylums would be filled, and we should again, as now, lack room. This, moreover, leaves entirely out of consideration 7600 lunatics improperly cared for in workhouses.

Now these figures clearly show that there exists in the kingdom a substratum of lunacy of unknown depth or extent, but of the effects of which, as manifested in one mode only, our most energetic efforts, with an enormous pecuniary expenditure, barely enables us to grapple with. It would seem that if we would deal effectively with the question of provision for our lunatics, a preliminary inquiry should be made into the actual amount of lunacy in the kingdom. The only mode in which such an inquiry can be effected is by the Census. Why, in the Census of 1851, such an inquiry was made in Ireland and not in England it is difficult to surmise. That an immediate practical result of immeasurable importance would or might have followed from an inquiry of this kind must be tolerably evident from even the little we have now said. But when we consider that it is only by making an inquiry into the amount of lunacy (including under that term idiocy and imbecility), and into the ages of lunatics and their condition as to indigence or wealth, a legitimate portion of each Census, that we can obtain the data requisite for judging of the increase or decrease of lunacy in the kingdom, and obtain a clue to the main fostering causes of lunacy, we cannot but regret that the great influence of the Statistical Society has not been brought specially to bear upon the Government for including such an inquiry in the Census of 1861.

While penning this article, we have learned that the Census Committee of the Association for the Promotion of Social Science, in a series of suggestions to Government, has pointed out the desirability of including mental alienation in the householders' schedule. We would fain hope that this suggestion will not be suffered to fall to the ground. We regret to learn, however, that as the matter at present stands, Government shows no inclination to make lunacy a subject of specific inquiry. But there is still time to rectify this unfortunate omission.

THE WEEK.

Dr. Joseph Ewart, in "A Digest of the Vital Statistics of the European and Native Armies in India," informs us that notwithstanding the great sanitary reforms which have been accomplished, a vast deal yet remains to be done. "If a similar state of things," he says, "is permitted to continue, the future yearly loss to strength by deaths and invaliding arising from *avoidable* disease, out of a given strength of 75,000 men (which may be regarded as the permanent European garrison of India) will amount to a round total of 3473 trained, disciplined, and effective soldiers, composed of the best material to be had in Christendom. The annual damage in money amounts to £347,300, valuing each man at £100." It appears, also, that of the European army in India, 94 per cent. "disappear from the ranks before they have arrived at the prime of life, or thirty-five." About 100,000 men might have been saved between 1815 and 1855 if proper localities had been chosen for their dwellings. Not that Government has not done its best to meet the exigency as far as paying money goes; for, as Mr. R. Martin tells us, not less than £17,000,000 were expended on barracks at Burhampore, and on Hospitals for European troops in Bengal. All this benevolence was paralysed for want of supervision of its application. The money was given by lions, and spent by fools, or worse; buildings having been erected in places utterly unfitted for the purpose. Dr. Ewart repeats Mr. Martin's advice, which has not been followed apparently because of its transparent excellence, viz. that an Officer of Health should be appointed for each Presidency; a man of first-rate ability and energy. Dr. Ewart adds, that under certain conditions "there is no doubt that the average standard of health of our race in this country would bear comparison with that of any race upon the face of the civilised world, or of any people in Europe, *provided the sources of malaria were dried up.*"

A lengthened investigation took place last week at Birmingham, to inquire into the death of a young woman

who died in the General Hospital. Something transpired at the first inquest, which led Dr. Birt Davies to hold a second inquest. It then appeared that the girl—a servant—had been pregnant, and that she had left her situation and took up her abode at a Mrs. Fisher's, at Soho, a suburb of Birmingham. What took place was detailed by one of the witnesses as follows:—

"I have been intimate with the deceased since we were little children. I went on May 2 to the house of Mrs. Fisher, where I saw her. She was lying in bed very ill. She said Mrs. Fisher was allowed 10s. a-week by Frederick Bower for keeping her there until she got better. She said she was sent there in order to get out of the trouble in which she was, without anyone knowing it. She also said she went to Mr. White's, and that he performed an operation on her. She also said she took a draught of some stuff Mr. White made her up, and went into the brewhouse to wash till tea-time with Mrs. Fisher, and that she then was seized with a fit of shivering which lasted till the next day. On that day, at dinner-time, a miscarriage took place. She said she was better for two days after, and was about up-stairs. She said, too, that Mrs. Fisher told her the stuff would not hurt her, as she had taken some herself, supplied by Mr. White, to prevent her having a young family about her. Deceased had previously told me, that before either Mr. or Mrs. Fisher would consent to write to her friends to say she was ill, she (deceased) had to make a vow that she would not divulge a word about what had been done to her to anyone who might come to see her. With respect to her interview with Mr. White, she said the room was darkened, and that he (White) used instruments. She seemed to me to be very ill, but she did not seem at all affected in her head when I saw her. She said she had lost the use of her right arm and of her legs. She said she had thought she would get well, but she did not think so then."

White seems to have been a druggist. The jury brought in a verdict, "That the deceased had been wilfully murdered by White, and that Mrs. Fisher was an accessory before the fact." We trust that, if the charge be brought home to the parties, the severest punishment will be awarded, as a check to this system of abortion-producing, which appears to be so widely carried on.

The following illustration of the *unnatural* character of what are called the Revivals is worth recording. It corroborates some of the remarks which we once had occasion to make on this subject:—

"William M'Beth, the unfortunate victim, was for many years known in Coleraine as of very indifferent character, of intemperate habits, and generally immoral reputation. When the Revival excitement broke out in that part of the North of Ireland, M'Beth came largely under its influence, proclaimed himself as converted, convicted, and 'struck,' as the phrase went. He was welcomed with enthusiasm by the most extravagant aiders and abettors in the movement, and proclaimed as a signal example of reformation produced by the Revival. He was paraded through the country as an object of the special favour of the Almighty, and extravagantly eulogised in the Revival publications. All the religious tourists who arrived in Coleraine were taken to see M'Beth, as a person to whom special revelations of Divine grace had been communicated. He was encouraged to preach in the streets, and when he harangued crowds attended to hear him 'telling his experiences.' He attended all Protestant and Presbyterian churches indiscriminately, and on one occasion took the sacrament twice in the same day at two different places of worship of different denominations. At this period he was in the habit of going about exhibiting a slip of paper on which the word 'Accepted' was printed, alleging that it was a special message from God to him, as he had found it attached to his coat. No check appears to have been applied to the extravagant and blasphemous proceedings by any of the ministers or laity who encouraged the Revival movement. Now, we are informed, after he has destroyed himself, some of those who flattered and encouraged him most declare that M'Beth was insane at this part of his career; but no opinion of the kind was expressed while the Revival fever was raging; but, on the contrary, the unfortunate man was fooled to the top of his bent, and pointed out with exultation as a glorious instance of the truth, and the great moral influence of Revivalism. On Saturday last, he preached, in his usual style, to the people, and, after his last harangue, he went down to the river Bann, stripped off his clothes, and deliberately drowned himself. A coroner's inquest was held on the body, on Saturday evening; the jury returned a verdict that 'the deceased drowned himself in the river Bann, while in a state of insanity.'"

A small pamphlet, called, "The Sabbath; the First Sanitary Agent, or Means of Life," has been forwarded to us. The author of it objects to all kinds of Sunday recreations (as ordinarily understood). We looked, therefore, to see how he gets out of the difficulty involved in the necessity of the people taking a little fresh air in the country. He says, "In reference to fresh air, there is need of it all day and night," and he recommends that the best way to get it—hear this, ye three-pair-back inhabitants of Hounsditch!—is "to obtain a room or set of rooms of proper size, well ventilated and clean; and might not this be done by adding to the present rent what is expended on Sunday excursions, including the too frequent excesses that accompany them? Moreover, the benefit from change of air by Sunday excursions is frequently counterbalanced by fatigue."

In answer to the many enquiries which have been made of us by different correspondents, we are happy to be able to state that the College of Physicians last week passed the rules and regulations affecting the admission of Licentiates to the College. We shall, therefore, no doubt be soon in a position to lay the details before the Profession.

Dr. Watson has resigned his seat in the Medical Council as representative of the College of Physicians. The Profession had such confidence in the thorough independence, high character, and moderate views of Dr. Watson, that his resignation will be universally regretted. His numerous engagements, however, compel him to make way for less busy men. As the Council is to meet on June 14, the College will probably elect Dr. Watson's successor in about a fortnight. Dr. Alderson, the Treasurer of the College, a man of tried business habits, one who has sufficient time to devote to the duties of the office, and who is known to be willing to undertake them, is spoken of as the most probable successor of Dr. Watson. We do not think the College could make a better choice.

The following report from the *Times* will be read with great interest. It is well worth the study of the Medical Council and of Registration Associations:—

Court of Common Pleas, Westminster, May 28. (Sittings in Banco, before Lord Chief Justice Erle, Mr. Justice Williams, and Mr. Justice Byles.)—Pedgrift (Appellant) *v.* Chevallier (Respondent).—This was an appeal against a decision of Justices on an information. The appellant, Frederick Woodcock Pedgrift, was convicted at the Halesworth (Suffolk) Petty Sessions, in the penalty of £10 and costs, for that he did on October 12, 1859, wilfully and falsely pretend to be a Surgeon, contrary to the Medical Act, 21st and 22nd Victoria, cap. 90. It appeared that on a door of the house in which the appellant and a Mr. Richard Phibbs Irwin, a Registered Surgeon, lived, and for which they were jointly assessed to the rates, was a plate in a wooden frame, on which was engraved "Mr. Pedgrift, Mr. Irwin, Surgeon, Accoucheur, etc." The justices held that the name of Mr. Pedgrift not appearing in the Register kept under the Medical Act (a copy of which was produced in evidence), they assumed that he was

not a Surgeon, and that as the plate on the door had the word "Surgeon" on it, they considered he pretended that he was a Surgeon. Mr. Lush, Q.C. (Mr. Bulwer with him), for the appellant, contended that it was no offence to practise as a "Surgeon;" that the law remained as before, that any one could practise as a "Surgeon;" but that now by the Medical Act no Practitioner could bring an action to recover his fees, or be eligible to certain public appointments, unless registered under the Act. The Act does not compel a Surgeon to be registered, it only deprives him of the right of suing for his fees, and of certain privileges, if he does not register. The Court said that the statute was of extremely wide importanee, but the conviction was upon very scanty facts. There was nothing to show that the appellant was not in practice as a Surgeon before the Medical Act passed, or that he had not a diploma or other qualification so as to give him him a right to use the title "Surgeon." The proposition that every person who calls himself a "Surgeon" without being on the Medical Register was liable could not be sustained.—Conviction quashed.

The report that Sir John Romilly has decided not to stand for the University of London is altogether premature. The canvass is actively going on, and we have seen several of the circulars that have emanated from Sir John Romilly's and Sir C. Locock's Committees. We feel bound to allude to the last document issued by the Romilly Committee, because a very unfair attempt is made to depreciate Sir Charles Locock. The truth is that the writings of Sir Charles in his department are quite equal to any of Sir John's in his. A statement put forth by ourselves, that Sir John Romilly would not stand unless 400 signatures were attached to his requisition, has been denied. We can confidently state, however, that, if not made by Sir John himself, it was given out by members of his Committee. We are glad to find that many of Sir John's supporters have already given their contingent pledges to Sir Charles in the event of Sir John's withdrawal, and we are happy to learn that Sir Charles's Committee have as much confidence in the success as in the goodness of their cause.

On Thursday last Mr. John Adams performed at the London Hospital the very unusual operation of abdominal section for the removal of a child in a case of extra-uterine fœtation. Dr. Ramsbotham, whose patient the woman was, remarked afterwards that he believed it was only the second case in which in England the procedure in question had been required under similar circumstances. The woman was in good health, and the fœtus was believed to have been dead for upwards of six months, and to have previously arrived at nearly its full period. The operation was accomplished without any material loss of blood. The fœtus was that of a full-grown female, and but little shrunken or decomposed. The patient was removed to her bed in a much more favourable condition than might have been expeeted after so serious an operation.

Registration in Ireland.—"Ireland," says Dr. Farr, "has no civil registry of births or of deaths; and the marriages of the Protestant part of the community alone are registered by the Registrar-General of Ireland. The statists of Europe hear of this defect with astonishment. It is in many ways injurious to the people of Ireland, as it renders the proof of their pedigree difficult; and when they have occasion to insure their lives, and even at other times, they are deprived of the readiest way of proving their age. The sanitary state of the country also remains imperfectly known. At the Census, great expense is incurred in collecting from the living imperfect accounts of the numbers, ages, and diseases of the dead, during the ten preceding years. A Registrar-General and a registration staff already exist in Ireland; so all that is required is that they should be enabled to do their work, and actually to register the births, deaths, and marriages of the population.

REVIEWS.

De l'Hématocèle rétro-uterine et des Epanchements sanguins non-enkystés de la Cavité Peritonéale du petit Bassin, etc. Par le Docteur Auguste Voisin. 8vo. Pp. 368. Paris: 1860. (*On Retro-Uterine Hæmatocele, and on non-encysted sanguineous Effusions in the Peritoneal Cavity of the Pelvis.*)

M. Voisin having selected the subject of Retro-Uterine Hæmatocele for his inaugural dissertation at the time of his graduation, and his thesis having, as he tells us, attracted special attention and commendation, he has been induced to continue his researches, and the result of more extended observation have enabled him to produce the present volume as a more complete treatise on the subject.

It is the opinion of the author that all cases of true retro-uterine hæmatocele are accidents of menstruation, and thus the hæmorrhage which gives rise to this affection must necessarily proceed from some of the parts actively engaged in the menstrual function. The anatomical seat of the hæmorrhage, he contends, is invariably *into* the peritoneal cavity, the blood being poured into the pouch of peritoneum which lies between the uterus and rectum. Those recorded cases where an extravasation of blood was found in the cellular tissue of the pelvis, and therefore beneath and outside the peritoneal cavity, he argues were not true cases of pelvic hæmatocele, but should be regarded as akin in their nature to thrombus, because they may be produced by other influences than those of menstruation, and are commonly the result of violence, or some unusual effort.

Hæmorrhage, producing pelvic hæmatocele, takes place from one of three sources: either the ovary is implicated in the formation of the sanguineous tumour, or blood is poured into the uterine cavity and regurgitates along the Fallopian tube into the peritoneal cavity; or, lastly, the morbid lesion may originate in the Fallopian tube itself. In the case of the ovary, the hæmorrhage takes place from the vascular tunic of a Graafian vesicle, which becomes highly injected during a menstrual period, but, as in a normal condition the escape of blood from the vessels of a Graafian follicle is very inconsiderable, it is necessary always to presuppose the existence of some morbid alterations in the ovary which favour the more extensive extravasation. The formation of the tumour is described by M. Voisin as taking place in the following manner:—On the first escape of blood into the peritoneum, inflammation is instantly set up—adhesions are at once formed between the different peritoneal folds in the pelvis, and the coils of intestine resting on the uterus and adjacent organs becoming glued together, form the roof of the cyst, and prevent the further extravasation. To ensure the formation of the cyst, the blood must necessarily be poured out slowly, and thus give time for the formation of inflammatory barriers, which are thrown up to prevent its general diffusion. If, on the contrary, the hæmorrhage is rapid and abundant, the patient either sinks from the sudden loss of blood, or a general peritonitis setting in, death supervenes in a few hours after the occurrence of the accident. The slowness or rapidity with which the blood escapes into the peritoneum really constitutes the only difference between the cases which our author designates respectively "retro-uterine hæmatocele" and "non-encysted blood extravasations of the pelvis;" in the one case, blood flows slowly either from an ovarian, uterine, or tubular source, and drops into the retro-uterine *cul-de-sac*, time being given for the exudation of lymph and the limitation of the injury; in the other, sanguineous extravasation goes on so rapidly that no time is given for the formation of the boundaries, and either a mortal hæmorrhage ensues, or the inflammation is so extensive from the large surface of peritoneum affected, that death takes place after the manner observed when rupture of some abdominal viscus has occurred.

The author admits two forms of retro-uterine hæmatocele; the one simple, and the other complicated. In the simple form, blood is extravasated and encysted, and in due time absorbed; in the complicated, suppuration generally takes place, and the contents of the cyst are sooner or later evacuated. Among the predisposing causes of the malady

are enumerated—the occurrence of a menstrual period; an excess or diminution of the fibrine of the blood; an abundance of the ordinary menstrual discharge. Taking an average of thirty-four cases, the age of thirty years is the period when patients are most subject to this affection. The exciting or occasional causes are stated to be, excess of sexual intercourse, and violence exterior to the pelvis during or shortly after a menstrual period.

A careful analysis of symptoms forms the seventh chapter of the volume; but they have been recently so graphically described in the Lectures of Dr. Simpson published in this Journal, that further detail is unnecessary. In diagnosis the author relies on certain characteristic symptoms which, if intelligently noted, will, he believes, invariably lead to the detection of the disease. These pathognomonic signs are,—abundance of the menstrual discharge; the correspondence between the commencement of the attack and a menstrual period; the rapid supervention of the symptoms and their resemblance to those of peritonitis; the large and rapid development of the tumour; the almost instant production of an anæmic condition in the patient; the displacement of the cervix uteri forwards; the presence of a tumour between the uterus and rectum; and lastly, the character of the pains complained of, which the sufferer generally compares to those of childbirth. The treatment is divided into prophylactive and curative, and the latter is subdivided into Surgical and Medical. The preventative treatment consists simply in the avoidance of those causes which are known to have an influence in the production of the affection, and this is particularly to be enjoined to those who are known either by the occurrence of previous attacks or by other indications, to be predisposed to such lesions. In the non-encysted form of the disease, where a large and rapid extravasation of blood takes place without the formation of the limiting adhesions, curative treatment seems almost hopeless; but it is recommended nevertheless, in addition to absolute rest, to endeavour to check the hæmorrhage by one or two small bleedings, by the application of cold compresses to the abdomen, and by sinapisms to the upper extremities.

In the treatment of the encysted or true hæmatocele the author is guided chiefly by the opinion and experience of M. Nelaton, under whose intelligent direction he had an opportunity of studying the affection, and whom he regards with justice as a master in the art and science of Surgery. It would seem from M. Voisin's statement, that M. Nelaton, in his early treatment of such cases, adopted the method of evacuation by puncture or incision alike in all instances. Finding, however, that several cases of purulent infection and death, followed the operation, he was led to make a selection of cases, and latterly has treated some cases by evacuating the contents of the cyst, and others by Medical or expectant treatment. M. Nelaton now evidently regards Surgical treatment as applicable only to exceptional cases, for M. Voisin remarks, that "the violence of the pains, increase with the size of the tumour, the fear of rupture of the adhesions which encyst the tumour, and the escape of the fluid into the general cavity of the peritoneum are, according to M. Nelaton, the sole contra-indications to a Medical treatment." If, however, the tumour continues to increase little by little, or the acuteness of the pain leaves the patient no rest, it is concluded that intense inflammation is present in the retro-uterine *cul-de-sac*, and that such an increase of fluid will take place there as to threaten speedy rupture of the parietes of the cyst. In such instances M. Nelaton deems it advisable to have recourse to evacuation of the contents of the cyst. The method he adopts consists of plunging a trocar into the most prominent part of the tumour, through the vaginal wall; and when all the fluid has escaped through the canula, washing out the cavity with tepid water The Medical treatment recommended in retro-uterine hæmatocele of the encysted form corresponds closely with that usually followed in cases of limited peritonitis from other causes.

Appended to the volume is a collection of thirty-six cases, compiled from various sources, and an excellent drawing illustrates the way in which the adhesions are formed between the various adjacent viscera, to circumscribe the extravasation into the peritoneum, and form the cystic variety of hæmatocele. The entire volume bears evidence of painstaking research, careful observation, and sound deduction.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

RUSSIAN HOSPITALS DURING THE CRIMEAN WAR.

Dr. Parke, an American Physician, who served in the Russian hospitals during the Crimean war, furnishes the following account. Most of the buildings employed were ill adapted for the purpose, being dwelling-houses or public buildings which could be spared for the time. In all these temporary hospitals there was a great want of ventilation, the dwellings particularly being cut up into chambers ten feet by fifteen, and sometimes less. The only means of ventilation were small valves in one of the upper window-panes, about six inches in diameter, and it was only an occasional window that was even blessed with this air hole. The doors communicating between the different apartments were always left open. Small single cots were packed in as closely as possible, leaving barely room enough for the surgeon to walk between. Sometimes, after a fresh arrival, the floors would be covered with patients until they could be distributed. The floors, which are waxed and polished, were kept as clean as possible, and were frequently wiped with a solution of chloriated lime, as were also the feet of the cots. Each American and German surgeon had his own particular ward or wards, with some six or eight convaleseent soldiers as dressers. As a general rule, they were very poor nurses, requiring to be watched. The Medical men of Russia are, as a class, not equal to the Profession in other countries. The great majority of those in the Crimea were *ordinators*, who had graduated only in Medicine. To many things the American Surgeons could not subscribe, but we had to obey orders, even when our knowledge and judgment dictated to us a far better course. Proper ventilation was one of our principal subjects of contention. It was quite common for all of us to suffer from headache before we had been in the hospitals an hour. The windows were never opened except upon our order, and were, I suppose, closed immediately after we left; even in the wards where gangrene reigned supreme our superiors in rank did not seem to appreciate the actual necessity of pure air in typhus and gangrenous wards.

The average number of sick and wounded at Simphopol (the capital thirty miles from Sevastopol) during the winter of 1855-1856 was 15,000—a little over a third of all the sick and wounded in the Crimea. The average number of daily deaths out of this 15,000 was 133, mostly from typhus and gangrene. The Russians use *acid. muriaticum dilut.* almost exclusively in *typhus*, which was probably as good a Medicine as any other while the patient was allowed to breathe the impure air of the ward. It is only necessary to say that I have no confidence in it whatever when used under such circumstances. One-half of the typhus patients suffered under parotiditis, which was sometimes suffocating. I will merely state here that my experience in treating *erysipelas* with olive oil and cotton was quite satisfactory. I oiled the parts all over, and then bound them up in cotton. *Hospital Gangrene* in wounds and stumps was the great curse of the surgical wards. I cannot speak too highly of creosote in this disease. I have seen gangrenous stumps looking perfectly healthy in forty-eight hours, and sometimes in twenty-four, after the application of creosote in the following manner. Where the gangrene had affected the stump to the extent of half-an-inch or less, I have taken a swab and applied the pure creosote all over the diseased parts, and in the irregular cavities, and then covered the parts with a cloth smeared over with a liniment, composed of ʒj creosote to Oj of oil. As I said, frequently in twenty-four hours, the whole gangrenous mass would come off on the removal of the dressing. The protruding bone was never cut off, but left until it became partially absorbed within the healthy granular mass, when it was taken hold of with forceps, twisted off, and extracted. The time necessary for its absorption generally amounted to several weeks after the stump had taken on a healthy action. In conclusion, let me say, our patients had a good diet, being served with plenty of soup, good fresh meat, rye and buckwheat bread (which they preferred) and occasionally good light wheat bread, *vodka*

(rye whiskey) twice a-day, and sometimes wine. I am satisfied, climate and all things considered, that had the Medical and Surgical departments been properly managed, the mortality above stated would have been greatly reduced. Of twenty-seven young American Surgeons who served in the Russian Hospitals, nine died of disease contracted in the wards, seven of typhus, and two of cholera.—*American Journal of Medical Science*, April.

THE RESULTS OF VACCINATION IN THE PRUSSIAN ARMY DURING 1859.

The following is a continuation of the important annual abstracts published by the Prussian Government. Those for other years will be found in our preceding volumes :—

In the year 1859 there were 67,657 individuals vaccinated. Of this number, signs of former vaccination were in 55,997 distinct; 7760 indistinct; 3892 non-existent. The course of the present vaccination was in 41,711 regular; 8419 irregular; 17,527 unsuccessful. Another vaccination succeeded with 5013 of this last category, making altogether 46,724 successful vaccinations; *i.e.* 69 per cent. In a dragoon regiment, two individuals who had formerly suffered from true variola exhibited normal vesicles after re-vaccination. In one case, not only did vaccine pustules appear at the points of vaccination, but likewise over the entire surface of the body, accompanied by fever and difficulty of swallowing, which, however, diminished in two days.

Throughout the large Prussian army but 58 individuals were affected by any variolous affection; viz. 15 by varicella, 40 by varioloid, and 3 by true variola. Of these, 17 cases (4 varicella and 13 varioloid) occurred in those who had not been re-vaccinated; 27 cases (9 varicella, 17 varioloid, and 1 variola) in those who had been re-vaccinated without success; and 14 (2 varicella, 10 varioloid, and 2 variola) in those who had been successfully vaccinated. In a portion of this last category the vaccination had been performed from ten to twenty-five years ago. In the great majority of cases the affection was quite insignificant; but still there were cases in which its course was violent, so that two deaths resulted, one from variola and the other from an excessive eruption of varioloid—both persons having been unsuccessfully re-vaccinated.—*Berlin Medicinische Zeitung*, 1860, No. 14.

GENERAL CORRESPONDENCE.

ON THE LEPROSY OF THE CHINESE.

Letter from Dr. Hobson.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your January and April numbers of the *Medical Times* contain somewhat lengthened communications from Dr. Webster and Dr. Sim concerning that formidable, and in this country happily unknown, disease called the "Leprosy." I agree with Dr. Sim that the discussion upon it before the Medico-Chirurgical Society in January last, rather added to the confusion that has long existed about leprosy, than threw light upon it; and it is not altogether surprising that it should be so, when no such disease exists in this country now, whatever might have been the case some centuries back, introduced, as it is supposed, from Palestine, during the Crusades. Our Medical nomenclature on obscure skin-diseases is far removed from accuracy and precision; witness, for example, the confounding, by many writers, Asiatic leprosy with lepra and elephantiasis, with which it has nothing in common. Long usage now requires us to retain the terms lepra and elephantiasis; the one a well-known scaly disease common to all countries; the other a remarkable disease of the cellular tissue, affecting most commonly the scrotum and leg of persons residing in tropical climates, but not confined to them. These terms are now too well established to admit of change; but let us beware that we do not confound them with leprosy, a disease so very dissimilar in all its diagnostic marks, as well as its effects upon society.

I believe leprosy is a specific, constitutional, hereditary disease, peculiar to hot countries. It may be considered an inter-tropical disease, affecting the Chinese, Hindoos, Mohammedans, Africans, and other people living within or on the borders of the tropics. It does not seem as if it could exist without heat; cold kills it. This is seen in China, where it is confined to the southern provinces. I have had experience both of the North and South of China; and while I have seen a fearful prevalency of leprosy in the South and hot parts of that country, I have not once observed it in the North. It is a common proverb among the Chinese that a visit to the North of China will cure a man of his leprosy. It is known in China under the name of *Ma-fung;* the very mention of which sends a thrill of horror into every one who hears it. Every year a great number of persons brought their children or friends to my Hospital in Canton, to ascertain whether it was the leprosy or not. If I could assure them that it was not, their exclamation of joy and gratitude was very emphatic; if, on the other hand, I was obliged to confess it was unmistakeably the *Ma-fung*, the affliction which such an announcement made was so great, that ultimately I would not give an opinion unless much pressed to do so; but even then the poor creatures would seek to read my thoughts in my countenance. It would be quite impossible ever to forget the doleful appearance of the confirmed leper. He would come almost tremblingly to the Dispensary table, and imploringly ask that something might be done for him. He was conscious he was avoided by all, and pitied by none. If taken into the Hospital the other patients would leave; if he sat on a chair no one would sit there again until it was well fanned from the foul air; if he touched a bowl, chop-stick, or any other utensil, they were ever after unclean; if a son of a wealthy family became leprous he must be either sent to the leper-house, or kept alone in some secluded part of the house. The wealthy, middle, and poorer classes are by law compelled to expel the poor outcasts to places occupied by lepers only. My boatman's son became affected with this direful disease, he suddenly disappeared, and he was spoken of ever afterwards as dead. I visited on one occasion a few years ago the leper establishment outside the city of Canton, supported by the native government. There were nearly 1000 persons permanently residing there affected with leprosy in all its stages. I went there to make certain inquiries of the head constable, who was himself a leper, and a more horrible place I never entered.

The result of these inquiries I published in an article contained in the China Hong Kong Branch of the Asiatic Society, a copy of which I have endeavoured in vain to get for reference, my own copy, with all my other papers and books, having perished during the late Chinese war. The following observations I copy from one of my Annual Reports of the Hospital :—"The first appearance of the disease is a red spot appearing on the face, body, or legs—most frequently on the face. This gradually spreads to a patch, which is usually round or in streaks; sometimes these patches unite, and in other cases they are distinct and numerous. On examining these patches, the integument feels thickened, is elevated, and of a dull reddish hue; the skin looks stretched, and is very similar in many cases to the inflamed skin from a blister before the cuticle is raised by the effusion of serum; in others it is smooth and shining. On pricking it it is found to be usually insensible, and instead of any limpid fluid issuing, as might be supposed from its appearance, blood flows; the ears soon become swollen, thick, pendulous, and permanently red; and as the disease advances the hair falls off from the eyebrows and head; the tendons of the hands and feet contract; the skin ulcerates, and discharges a thin purulent secretion. There are no scales ever visible, and rarely tubercles; the affected parts are thickened, slightly elevated, and insensible to pain and perspiration. The distinguishing characters of the leprosy are the thickened integuments, the reddish hue, elevation of the patches, and its invariable tendency to spread; it is at once recognised in leprous children by the coarse, thickened expansion of the features, a broad nose, large ears, and a dry, shrivelled skin of the arms and legs. The Chinese consider the disease to be a poisonous breath or wind that has entered the blood, and profess to distinguish thirty-six kinds; but these include some forms of lichen, psoriasis, scabies, and syphilis, etc."

The true leprosy is considered by the Chinese to be infectious and incurable. Leprosy is one of the seven causes for divorce, and annuls any previous contract of marriage. They consider the infection runs out in the fourth generation, and to intermarry with such is without danger. If it occurs

sporadically, which it certainly does, it is generally regarded as a judgment, or the result of an impure connection with one not knowingly affected with the disease. I do not myself regard it strictly an infectious disease, that is communicated by mere contact; but it is unquestionably an hereditary one; and considering its disgusting appearance (especially in its worst forms, where the features are distorted, the eye-brows gone, the eyes starting, the nose, lips, and ears broad and coarse-looking, the hands and feet distorted by contraction, and deficient in some of fingers and toes which have ulcerated off, etc.), it is no wonder it is everywhere regarded as an infectious and horrible disease, the contact with which is both feared and carefully avoided. I have not observed the unusual fœtor of the breath or person, mentioned by some writers; nor that it affects males more than females, nor that they have happy and contented faces, nor that want of food or cleanliness is the cause of leprosy, for it is not confined to the middle and poorer classes, but occasionally shows itself in families who enjoy the comforts of life.

The cause of leprosy lies deeper than science can at present discover. Heat and moisture probably exert a considerable influence in keeping up the disease, if not in producing it. In the lazar-house I saw some women unaffected with leprosy, though their children were marked lepers. The temper and disposition of leprous men and women living in leper-boats were spoken of as extremely bad, and people were afraid of irritating them. I have tried various internal remedies and tropical applications without any decided benefit. The seeds of the chaul-moogra, or Charul moogra, Nat. ord. Flacourtiaceæ (Lindley's "Flora Medica") is the only medicine that I have found in any way beneficial. The disease, as described above, corresponds to what is seen in India, and Dr. Mouat, of Calcutta, drew my attention to the use of the seeds and oil in curing cases of leprosy among the Hindoos. The remedy was not unknown to the Chinese, who import it from the Straits, probably Java, and used it as a secret remedy. The dose we gave was 3j. twice a-day, and the eruption was rubbed occasionally with the expressed oil. Several mild cases were certainly cured after a long-continued use of it. The first appearance of improvement was seen in the eruption becoming less prominent and red, minute white scales appearing round the circumference and edges, and the central parts gradually assuming the appearance of healthy skin. The seeds were easily procurable, and very cheap; the only drawback was the disgust the patients took to them after a month or two using them. Those who persevered for four months or longer got well; but it was only in the commencement of the disease: the confirmed cases are quite beyond the benefit of medicine. But, though in this stage an incurable disease, it does not appear to shorten life very materially. I have seen many lepers over forty and fifty years; but it is almost worse than death to be an outcast from society, an object of suspicion and fear, with the consciousness of having a loathsome, incurable disorder, slowly preying upon the vitals and strength. And it requires no great stretch of the imagination to conceive of the joy which those poor lepers experienced when they were touched by a super-human hand, and heard the gracious words, "I will; be thou clean."

From what I have read of the *spedalsk* disease among the Norwegians, I should be disposed to regard it as a disease peculiar to that country, and not leprosy. The leprosy among the Greeks was far removed from its misnomer—elephantiasis; it should be always designated leprosy, or lepra tuberculosa. From Robinson's account of leprosy in India, published in *Medico-Chirurgical Transactions*, No. X., there appear to be there two distinct varieties of the disease: one with tubercles; the other without them. I am inclined to think it is one and the same disease, whether there be distinct tuberculous elevations or not. Leprosy is modified, as all diseases are, by climate and temperament; and it would add to a better intelligibility of the three names (so often confounded with each other) if lepra was limited in its use to the ordinary well-known scaly disease which it designates; elephantiasis to the remarkable thickening of the cellular tissue and skin of the leg, scrotum, etc.; and *leprosy* to the disease *sui generis*, which exclusively affects persons dwelling in hot countries.

I am, &c.

Benj. Hobson, M.B., M.R.C.P.

2, York-place, Clifton.

STATISTICS OF THE COLLEGE OF PHYSICIANS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In looking through the list of the Royal College of Physicians, London, dated December 31, 1859, I find an analysis gives the following result:—Number of Physicians 899; of this number 217 are Fellows, 488 are Members, and 194 are Extra-Licentiates. Of the Fellows, 101 have degrees from Oxford or Cambridge; 23 from London; 71 are Scotch degrees; 1 is Irish; 17 are Foreign, and 4 do not appear to have degrees at all. The Members, 488 in number, have 49 Oxford and Cambridge men; 46 London; 296 Scotch; 6 Irish; 42 Foreign; and 49 without degrees. The Extra-Licentiates are 194 in number—4 are Oxford and Cambridge degrees; 2 London; 42 Scotch; 1 Irish; 21 Foreign; 2 Archbishop of Canterbury degrees; and 122 appear without Medical degrees. It appears, therefore, that Oxford and Cambridge give 154 men to the College of Physicians, two-thirds of whom come from Cambridge; one-third from Oxford; London gives 71; Scotch Universities 409; Dublin gives 8. The Continental degrees are 80 in number, and 175 out of the 899 appear without Medical degrees, viz.—4 Fellows, 49 Members, and 122 Extra-Licentiates, all of whom, I presume, use the prefix of Dr. with about as much right as Edinburgh Licentiates.

I have before me a list of the men admitted to the Edinburgh College of Physicians during the year 1859, and the number is certainly great, and the amount of lucre gained thereby considerable; but as the London list does not enable me to calculate those admitted during *their* "year of grace," it would be invidious to give the Edinburgh figures. I fear much that this said lucre forms but too strong an inducement to this granting of "years of grace;" and the last in the field, viz. the College of Surgeons in London, with less excuse, is doing far more injury to the Profession than the much-abused northern College with all its sins.

List of Fellows, Members, and Extra-Licentiates of the London College of Physicians up to December 31, 1859:—

	Fellows.	Members.	Ex.-Licen.	Total.
Oxford and Camb.	101	49	4	154
London . .	23	46	2	71
Scotch . . .	71	296	42	409
Irish . . .	1	6	1	8
Foreign . .	17	42	21	80
No degree . .	4	49	122	175
			2 Archbp.	
	217	488	194	899

I am, &c. F.R.C.S.L.

Brighton, May 29.

A CANCER CURE.

Letter from Dr. Whitby.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the editor of the *Times* has not thought fit to give my letter in reference to the death of the Rev. Mr. Head a place in his columns, according to my promise I enclose you a copy of it. I am, &c.

Ottery St. Mary, May 30. Charles W. Whitby.

"To the Editor of the Times.

"Ottery St. Mary, Devon, May, 1860.

"Sir,—In January last you published a letter from the Rev. H. T. Head, Rector of Feniton, in this county, announcing the wonderful cure of a cancer in his throat, by the treatment of a Mr. Reed, a clergyman in London. The publicity given to this by your widely-circulated paper, was the means of sending numerous sufferers from this fearful disease to the gentleman above-mentioned. You will, therefore, I think, consider it but just to the public in general, and those suffering from cancer in particular, by the insertion of this letter in your columns, to let them know that Mr. Head died last week, from hæmorrhage in the throat, induced by the spreading of the cancerous growth, which in January last he hoped was cured, notwithstanding that for the last few weeks of his life he was entirely under the care of Mr. Reed, who,

I believe, even up to within two or three days of his decease, still promised a cure.

"That there was, apparently, great benefit derived from the treatment adopted by Mr. Reed at first, is true; but a similar benefit, and one lasting for a longer period, *i.e.* from May to November, was supposed to be caused by the treatment of Dr. Fell, under whose care Mr. Head placed himself in May of last year, soon after the disease first made its appearance. It would seem, therefore, very doubtful whether in this case, the improvement was not due in both instances rather to the powers of Nature, than to any special treatment that was adopted.

"I enclose my card, and have the honour to be,

"Sir, Your most obedient Servant,

"M.B."

RUPTURE OF THE VAGINA IN RAPE.

Letter from Mr. Colles.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having read in your Journal of January 21 a very interesting account of the cure of a rupture of the recto-vaginal septum, caused at the consummation of marriage, I beg to offer to your notice the following case (remarkable in its medico-legal aspect), in which a rupture of the posterior wall of the vagina, at its junction with the uterus, was effected in a child, eight years old, in a rape committed on her by an adult, and terminated fatally from peritonitis on the sixth day after the assault on her person.

Case.—On the evening of November 24, 1859, a little girl named Olee Chokree, was brought to me at the Putna Charity Hospital, with an official letter from the Deputy Magistrate of this station, to request my opinion as to whether a rape had been committed on her. Being myself very ill of fever at the time, I deferred the examination until the next morning, when she was carried on a litter to my bedside.

The girl, apparently about eight years of age, stated that on the previous day she had been gleaning rice in a field, along with some other children, when a man called her to him and had forcible connexion with her, causing her most intolerable pain and much loss of blood. On examining the genital organs, I observed no marks of violence externally, but on separating the labia the orifice of the vagina was seen lacerated in its entire circumference and the perinæum was nearly torn through. When I saw the child, she did not complain of pain; and as I had, two years before, in a case of rape, seen injuries precisely similar get well very easily, I merely directed an intelligent native doctor, attached to the Charity Hospital, to have the girl kept in bed, to apply water-dressing to the vulva, and to administer a dose of castor-oil.

Owing to my illness, I was unable to rise until the second morning following, when I found the patient feverish and complaining of pain in the abdomen. Her bowels had not been affected by the castor-oil, and I directed six grains of jalap, with two drops of croton-oil to be given to her immediately.

When I next saw her, on the morning of November 29, she was evidently suffering from acute peritonitis, for which I ordered six leeches (the leeches in this country are of very large size), to be applied to the abdomen, and as the croton-oil and jalap prescribed for her on the preceding day had not operated, she was given a powder, composed of hydrarg. chlorid. gr. vj., pulv. jalapæ, gr. xv., olei tiglii, gtt. j. On my visiting the Hospital on the morning of November 30, the poor child was evidently dying. The bowels had never been relieved, and of all the leeches in the dispensary, only one would take. She died in the forenoon, and a post-mortem was made three hours after death.

Post-mortem.—The orifice of the vagina was in a state of gangrene, but the labia and clitoris did not appear to have undergone any alteration. The abdomen was much swollen, and upon opening it large flakes of lymph were observed, covering the whole peritonæum, both on its parietal and intestinal surfaces; the intestines were all agglutinated together, and a quantity of purulent serum was found in the peritoneal cavity. From the presence of peritonitis of such intensity, I thought it probable that a rent had been effected by carnal intercourse through the posterior wall of the vagina, where it was covered by the peritonæum; and, to ascertain the correctness of this supposition, I placed my left hand beneath the uterus, and gently passed the blunt end of a common paper-cutter into the vagina from without. The paper-cutter reached my hand within the pelvis without meeting the slightest impediment. The paper-cutter being left in the vagina, the symphisis pubis, the bladder, the anterior wall of the vagina, and one of the broad ligaments of the uterus were divided. The entire track of the vagina, thus exposed, was found throughout in a state of gangrene; its surface being uniformly coated with a yellow slough resembling tow coarsely felted. The length of the vagina was barely two and a-half inches; its posterior wall had been torn through at its line of junction with the uterus to the extent of an inch, and the edges of the rent were thin and jagged. The uterus was very small, its body being less than a quarter-of-an-inch in thickness. The body of the uterus appeared in its normal state; the os uteri was swollen, and of a deep red colour, but there was no ulceration observable.

The individual who had perpetrated this fearful violence on a child of such tender age was immediately arrested, and fully confessed his guilt, both on his committal by the magistrate, and on his trial before the sessions judge of Rajshahye; but he pleaded, in extenuation of his crime, that the deed was done with the consent of the child, an assertion contradicted by the latter to the last day of her existence.

From the extreme violence used by the prisoner, and from its fatal results, he was sentenced by the sessions judge to transportation to the Andaman Islands for life.

It may not be amiss to state that the prisoner was about 23 years of age, and apparently an emaciated, feeble individual, whom, *à priori*, one would never have imagined capable of exerting the force requisite to produce the severe injuries above detailed.

I regret that my bad state of health prevented my giving more attention to this case, and adopting in consequence a better plan of treatment, although I believe that the child could not have recovered under any treatment whatever.

I am, &c.

W. Colles, L.R.C.S.I. etc.

Putna, Bengal, April 4.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 22, 1860.

F. C. Skey, Esq., President, in the Chair.

A paper by Dr. Kennedy was read, on

TYPHUS AND TYPHOID FEVER.

We have not received the abstract yet. The following is a report of the discussion which ensued:—

Dr. Stewart said he was disappointed with Dr. Kennedy's paper, which contained nothing to overturn the facts and principles laid down by Dr. Jenner and other writers, which were now generally accepted by the Profession. It had been long known that the petechial eruptions of typhus and typhoid fevers might co-exist; indeed, they were sometimes found in connexion with the eruptions of scarlatina and other eruptive diseases. The important point was,—Were the two eruptions so far identical that they might both become dark, semi-petechial, then petechial, and not disappearing under pressure? He had long observed the phenomena of the two fevers, but had never seen a case in which the eruption of typhoid fever had ever, even *in extremis*, become petechial or even dark. The last crops of typhoid eruption had been as bright and rosy as the first; while the typhus eruption had a constant tendency as the gravity of the case increased to become dark and petechial, and did not disappear under pressure. He looked in vain in the author's paper for that large basis of fact on which his proposition ought to have been founded.

Dr. Murchison said the experience of Dr. Kennedy was totally opposed to the experience of the London Fever Hospital for the period of twelve years, during which

the different forms of fever had been most accurately observed and recorded. During that period there had been admitted 4000 cases of typhus, and 2000 of typhoid fever; of which about 700 cases of typhus, and 400 of typhoid had proved fatal. Most of them had been examined after death, and in no one instance had it occurred that the characteristic eruption of typhus fever had been observed during life, and the characteristic lesion of typhoid fever had been observed after death; while, on the other hand, in no instance had the characteristic eruption of typhoid fever been observed during life, and the characteristic lesion of typhoid not been found after death. He had observed the phenomena of the diseases in Dublin and Edinburgh, where his experience had been of a similar character. Some persons imagined that if, in a case of fever, diarrhœa appeared as a complication it was neeessarily typhoid; and that the appearanee of petechiæ indicated the existence of typhus. There could be no greater mistake. Typhus fever was not unfrequently complicated with diarrhœa; in the Crimea it was often complieated with dysentery; but in no instance was typhus fever, so complicated, attended with ulceration of Peyer's glands, as proved after death. Petechial eruptions were not charactesistic of typhus, but occurred in many diseases which were not idiopathic fevers, being entirely distinct from the true bulloid or mulberry rash of typhus fever. Dr. Kennedy had lately recorded a case in which he stated that the rash of typhoid fever was observed during life, but there was no ulceration of Peyer's patches after death. The description, however, which he gave of the eruption was a description not of the eruption of typhoid, but of typhus fever. The typhus eruption came out all at once, within a period of one or two days, and continued during the whole length of the fever, getting darker every day; while the typhoid eruption came out in successive crops, or instead of becoming (as the author stated) converted into petechiæ on the fourth day, the characteristic eruption of typhoid fever was by that time disappearing. The occasional co-existence of the two eruptions no more proved the identity of typhus and typhoid fever than the co-existence of the eruptions of typhoid fever and scarlatina, which he had observed in seven or eight cases, proved the identity of those diseases.

Dr. Webster regretted that the paper did not contain more facts, particularly as to the comparative prevalence of the disease at the present time and formerly, the period of its attacks, and the comparative susceptibility of the two sexes. In Sweden the greatest mortality from fever occurred in the coldest season, and it was more fatal among men than women. In Spain it prevailed most in the hot months, and the mortality was greater among males than females. It had been a frequent and fatal malady in that country from ancient times. In the middle of the fourteenth century, when Spain contained a population of 35,000,000, fever, or pestis, so ravaged the country that in three years the population was diminished to one-third. When fever ravaged Lisbon, in 1857, it was most severe in October, and about three men to one female died, women and children being rarely attacked. In England more females than males died from fever, and the disease was not so frequent now as it was even twelve or fourteen years ago. The same remark was applicable to Scotland.

Dr. Jenner said he had, since 1846, paid great attention to this subject, and for six or seven years had spent six or eight hours daily in the Fever Hospital, making as careful a record as he could of each case that came before him. He had seen a good deal of fever since, and his later experience confirmed the conclusions he had drawn from his earlier. He remembered Dr. Bennett being at the Hospital, and pointing to a case, he said laughingly, "Do you think you can tell from that eruption what the ulceration in the abdomen will be?" He (Dr. Jenner) said he thought he could; and, the case proving fatal, his prediction was verified. The condition of the intestine could in every case be predicted from the nature of the eruption. Petechial eruptions were found in severe cases of erysipelas, small-pox, and scarlet-fever, but that was no proof that those diseases were identical. The author stated that the disease should be studied all over the world, and it had been. Dr. Parkes had observed it on the banks of the Bosphorus, and he stated that the distinction between typhus and typhoid fevers was recognised by the Turkish physicians. In America, the same distinction was made, as appeared by a report of Dr. Flint's on the subject. It was not generally believed, as Dr. Kennedy supposed, that typhoid fever was symptomatic of intestinal lesion. Many of the early cases which he (Dr. Jenner) published, were designed to show that the fever and the lesion bore no relation in severity to each other. A patient might die of virulent small-pox almost before the eruption appeared; and death might occur from the general disturbanee in typhoid fever with very little intestinal lesion.

Dr. Wilks said that on the publication of Dr. Jenner's series of cases, ten or eleven years ago, he commenced studying the subject afresh in Guy's Hospital,—not, perhaps, altogether unprejudiced, for he had been taught by Dr. Addison to believe that the two diseases were identical. For three years he noted all the eases, and made numerous post-mortem examinations, and he could not avoid coming to the conclusion that the two diseases were altogether distinct. The anatomical differenee—namely the presence of the lesions in the one case and their absence in the other—would be sufficient of itself to establish the distinction. He had remarked that the number of cases in which there was a difficulty in diagnosing between typhus and typhoid fever was less than the number of cases in which it was found difficult to diagnose between fever and chest, or lung, or head disease. In either case, however, the post-mortem appearances were decisive as to the nature of the disease. In some instances there was no doubt considerable difficulty in deciding between typhus and typhoid fevers during life.

Dr. Wynn Williams said he had heard nothing in the paper to alter his opinion as to the non-identity of the two diseases. He had observed in the neighbourhood of Llanberris the presence of petechiæ in children during epidemics of typhoid fever and small-pox and even when no epidemic was raging; and he had most frequently found them in children whose health had been impaired from a deficiency of food. With regard to the cow-pox he could not get a proper vesicle while the petechiæ were present, nor until the health had been restored by tonics. He could not admit that hæmorrhage was beneficial. In one of the epidemics of typhoid fever to which he alluded, he remembered the case of a woman who had a profuse discharge of blood from the anus, which he stopped by injecting a strong solution of tannin, a remedy that he had since found exceedingly efficacious.

Dr. Barclay had no doubt that the author had a large body of facts and statistical data on which his conclusions were based. For himself he was unable to give an opinion one way or the other. He was inclined to think with Dr. Wilks that the most important point was the question of anatomical lesion. When Registrar of St. George's Hospital he made special notes of all cases of fever, and, studying the reports which were issued from time to time distinguishing the characters of fever-spots, he found that the published descriptions did not harmonise with the appearances on the bodies of patients. As to the duration of the spots in typhoid fever, which Dr. Murchison limited to four or five days, he had known them last fourteen or fifteen days, indeed, from the beginning to the end of the attack. One of the difficulties in coming to a decision on the question arose from inaccuracies of that description.

Dr. Jenner said the point was not how long the spots lasted, but did they pass into true petechiæ, and become ultimately ineffaceable by pressure?

Dr. Kennedy said he had never contended that petechiæ were confined to typhus fever, he had only spoken of them as indicative of the disease commonly called typhus. It was admitted that the dark and red rashes might co-exist, and he thought that was an argument to show that the two diseases were the result of one poison. He had addueed cases in which ulceration of the bowel had been found in connexion with dark and unequivocal petechiæ; and he had dissected a number of cases in which there had been hæmorrhage from the bowel but no ulceration whatever. With the increasing number of facts similar to those he had detailed, it was only a matter of prudence to be slow in coming to a positive conclusion that the two diseases were distinct. He had himself been compelled to give up the idea, from the various phases under which fever had been brought before him.

The Society then adjourned.

Cambridge, May 24.—Examination for Medical Degrees.—Examined and approved for the First Examination for the degree of M.B.:—T. C. Allbutt, B.A., Caius; T. S. Green, B.A., Caius; and E. T. Leighton, B.A., Caius.

THE PATHOLOGICAL SOCIETY.

WEDNESDAY, MAY 2, 1860.

W. FERGUSSON, Esq., President, in the Chair.

Dr. FULLER showed a specimen of

CANCER OF THE HEART.

The patient from whom it was taken was a man aged 61. He was admitted into St. George's Hospital nearly moribund with dropsy and dyspnœa, amounting almost to orthopnœa. There was expectoration of a bloody-looking mucus, looking almost like that expectorated in pulmonary apoplexy. The history given was that he had had pains in various parts for three months, but no serious chest symptom until three weeks before admission. On examination of the chest, the right side was found quite dull from pleuritic effusion. A slight systolic bruit was heard all over the heart, the sounds, however, appearing distant. Under treatment by stimulants and dry cupping to the chest the patient improved considerably, but he again retrograded and died. At the post-mortem examination, a mass of encephaloid cancer was found around the root of the right lung, implicating also the muscular tissue of the heart, the walls of the ventricles being completely infiltrated with it. The right lung was dragged down by the disease, embracing its root, but was only just dipped into by it. The pleura on this side was full of fluid. The right pulmonary veins were obliterated, but the artery was still pervious. The disease extended to the inferior cava, and the œsophagus, but did not press on them. The other organs of the body were free from disease.

Mr. T. HOLMES then brought forward a specimen of

FRACTURE OF THE OS INNOMINATUM THROUGH THE ACETABULUM.

A man, aged 70, was admitted into St. George's Hospital, after falling from a scaffold ten feet high. No further account of the accident could be obtained; but there were found bruises on the buttock. There was no shortening of the limb, no eversion of the foot; and no crepitus, referable either to the iliac bones or to the femur, could be elicited by movement, the only local symptoms being the bruises, the pain at the hip, and the want of power in moving the limb. After a fortnight's rest in bed, a slough formed on the back. It was found, however, that the pain was so great that he could not leave his bed. The lower extremities became œdematous, abscesses formed in the opposite wrist and shoulder; but there were no distinct symptoms of pyæmia. After death, fracture of the os innominatum through the acetabulum was found; a portion of the bone had been driven into the pelvis. The capsule of the hip-joint was not ruptured, but the joint was filled with pus. Within the pelvis was some subperitoneal effusion of blood, but no purulent deposits.

Mr. PARTRIDGE then narrated the following case:—A young lady, aged 17, was thrown out of a pony-chaise, and received several injuries to the head, and also to one hip. She was taken home in a state of insensibility. The attention of her Medical attendant was at first chiefly directed to the head; but when Mr. Partridge saw her, he found that the femur was dislocated into the sciatic notch. It was reduced, and the patient recovered, a slight limp and half-an-inch of shortening remaining. There was also a loss of prominence at the normal position of the great trochanter. She subsequently married, and became pregnant. At her confinement an obstruction of the pelvis corresponding to the acetabulum was found. She was delivered by the aid of forceps. She again became pregnant, and at the eighth month premature labour was induced, and the child was thus born. She did well at first, but subsequently died, with purulent deposits. At the autopsy it was found that the acetabulum had been staved in, and that the epiphysis of the great trochanter was knocked off.

Dr. ANDREW then brought forward several specimens taken from a woman who had died from

IMPACTION OF A PIECE OF MEAT IN THE LARYNX.

He first exhibited the larynx. The patient was a woman suffering from general paralysis. The piece of meat had slipped into the larynx while she was eating. It filled the larynx, and extended for the space of a few rings into the trachea. A calculus was found blocking up one of the ureters at its commencement, the natural structure of the kidney on this side being quite wanting, and replaced by a general saccculated condition. There were also calculi in the cystic, hepatic, and common biliary ducts.

Mr. FERGUSSON stated that it was not uncommon for persons in a state of intoxication to die from obstruction of the larynx, arising from a piece of meat or some other of the contents of the stomach, expelled during vomiting, being drawn back into the larynx during inspiration. He had often wondered at the non-occurrence of death from this cause in the vomiting which often occurs during the administration of chloroform.

Dr. HABERSHON brought forward a specimen illustrating the

DIAGNOSIS OF ABDOMINAL TUMOURS.

The tumour in question was an hydatid cyst. The patient was admitted into Guy's Hospital for cancer of the stomach, attended with the usual symptoms, vomiting, pain, and emaciation. In addition to this, however, there was a tumour in the hypogastric region, extending up to the umbilicus, in the position of, and much simulating, a distended bladder. Mr. Poland saw the patient in consultation, and introduced the catheter, but only succeeded in drawing off a small quantity of urine. The tumour was easily felt by the rectum. There was no frequency of micturition, and no symptom of urinary irritation. After death, cancer of the pylorus was found. The peritoneum was healthy, and the bladder collapsed. There was a cyst in the median line behind the bladder, which contained about three pints of hydatids. It was quite free from the bladder, and was covered by peritoneum. In reply to Dr. Crisp, Dr. Habershon stated that there were a large quantity of hooklets found. At the bottom of the cyst also was found a large quantity of cholesterine. Dr. Habershon believed that the tumour had originated in the cellular tissue about the prostate.

Mr. HENRY THOMPSON stated that he had seen six cases in which a similar tumour had originated in the cellular tissues between the bladder and rectum. The last case simulated retention of urine so exactly, that it was punctured by the rectum. A large quantity of hydatids was evacuated, and the retention of urine, which probably occurred from the pressure of the tumour on the neck of the bladder, was relieved. The patient did well.

Mr. NATHANIEL WARD exhibited

A CYSTIC TUMOUR FROM THE OCCIPUT,

removed from a child aged twelve months. It was congenital, and there had been some doubt as to its diagnosis. After removal, it was found to consist of areolar tissue, with cysts containing a serous fluid tinged with blood. The child recovered well.

Mr. SYDNEY JONES exhibited

A BURSA REMOVED FOR CHRONIC INFLAMMATION AND THICKENING.

The subject of the operation, a woman, aged 39, had suffered from it for ten years. She had been treated in a great variety of ways without benefit, and as she was suffering great inconvenience from it, Mr. Sydney Jones removed it. It not only covered the ligament, but extended on each side, being close on the capsule of the joint. A splint was applied, and rest enjoined. She recovered well.

Mr. SYDNEY JONES also exhibited

BONES PASSED BY THE RECTUM IN A CASE OF EXTRA-UTERINE FŒTATION.

These specimens were forwarded to him for exhibition by Mr. Sutcliffe. They were taken from a woman, aged 56. Twelve years ago she had many of the usual symptoms of pregnancy—enlargement of the abdomen, and development of the areolæ round the nipples. In due time symptoms of labour came on, but passed off again; but afterwards the enlargement was noticed as a tumour in the right side. For the next twelve years she had no further symptom in connexion with it, but at the end of that time she began to pass bones per anum. This extended over a period of two years. She has not passed any lately, and is now apparently quite well.

Mr. Price exhibited

FOURTEEN CALCULI REMOVED BY LITHOTOMY.

The patient was a man, aged 73. He said that he had had the symptoms of stone for forty years, but that none had been previously detected. A stone was found on sounding, and as he was suffering extreme pain, Mr. Price performed lithotomy. The largest calculus was pointed, and was extracted with some difficulty. This calculus was beset with sharp spines, consisting of oxalate of lime, the interstices being filled with lithic acid.

Mr. Curling remarked that this calculus was a very interesting one, and one which deserved a more minute examination.

Mr. Price promised to make a section of it, and to exhibit it at some future meeting of the Society.

Mr. Jackson exhibited a specimen of

DISEASED TARSUS.

The patient was a man, aged 50, and had had disease of the os calcis twenty-five years. In 1858 Mr. Jackson removed dead bone from the os calcis; but the part never healed fairly. He had attacks of diffuse inflammation in the foot. The foot was subsequently removed by Syme's operation, except that the malleoli only of the tibia and fibula were removed.

Mr. Barwell exhibited the upper half of a femur which showed

OUT-GROWTH OF THE END OF A BONE AFTER AMPUTATION.

The patient's leg had been amputated above the knee in December, 1858, and, as the stump never healed, again higher in August last. Again the bone protruded. He next came under the care of Mr. Barwell, at the Charing-cross Hospital. The bone was then protruded, and a third and more free excision was performed.

Dr. John Ogle exhibited

AN ANEURISM OF THE THORACIC AORTA

in connexion with which alterations in the size of the pupil had been observed during life. The specimen was shown with reference to the supposed influence which aneurism from various causes upon the numerous branches of the sympathetic nerve, may in some cases have upon the pupil of the eye. The subject had been dwelt upon in a paper before the Royal Medical and Chirurgical Society (*Transactions*, vol. xxi.). The case was that of a woman, aged 40, who nine or ten months previously had had a swelling a little to the right of the sternum. A few weeks before death a slight swelling was first noticed between the third and fourth ribs on the right side, which gradually increased until it reached the size of a moderate-sized man's fist. A short click was heard with the second sound of the heart over both scalenæ especially at the central part of the right one, and there was much pain in the region of the swelling and down the right arm. Subsequently, a systolic bruit was heard at the heart's apex, and the swelling extended to the left. Crowing inspiration and orthopnœa came on. About three weeks before death the pupils of both eyes became more than usually dilated and two days later the right pupil was observed as having become more dilated still and much larger than the other one: before death œdema of the right arm came on. On post-mortem examination, an aneurism of the size of a cocoa-nut was found arising from the upper part of the ascending portion of the thoracic aorta. This had produced absorption of the right side of the sternum, of the lower border of the second rib as also of the third rib, the "sternal end of which was found loose in the aneurismal sac." The first and second parts of the thoracic aorta were greatly dilated, but the heart and its valves were healthy. The lower part of upper lobe of the right lung was much hepatized. In such cases it could hardly be but that the aneurismal tumour pressing backwards and upwards would come in contact with some of the branches of the sympathetic nerve at the upper part of the thorax, and in this way according to the degree and rapidity of the pressure, irritate or paralyse these—and according to the kind of action produced, might the radiating fibres of the iris which are supplied by the sympathetic nerve be stimulated, causing dilatation of the pupil, or deprived of power, so permitting contraction of the pupil.

Dr. Ogle also exhibited portions of

FIBRINOUS CASTS FROM THE LARGER AND SMALLER BRONCHIAL TUBES.

These were spat up by a man who had been ill a year, and who had been every few days spitting up similar fragments which were likened by the patient to "*pipes of maccaroni*," having the appearance of a mould of the bronchial tubes down to their minutest ramifications. Almost every kind of remedy had been prescribed—cupping between the shoulders and the use of the mistura ammoniaci gave relief—but the chief benefit was derived from the use of inhalation of the vapour of liquid pitch mixed with water in proportion of three drachms to the pint. This inhalation was used three or four times daily, under the direction of Dr. Seymour. In St. George's Hospital is another specimen consisting of the same kind of fibrinous moulds which were expectorated along with much thick mucous expectoration, but no history of the case exists. On microscopical examination of these fibrinous casts, the following observations were made:—The smaller tubes were seen to consist of many delicate fibres, much clear granular matter, partly highly refractive; and also occasionally largish opaque bodies of an oval shape along with many smaller rather indistinct bodies, probably of a cell nature. The larger and thicker portions of the casts contained but very few cells or rounded bodies, but numbers of strong fibres, with firm granular matter and decidedly fatty material; also opaque yellowish matter mixed with other elements, like altered epithelium. No distinct natural epithelial bodies were, however, anywhere visible.

HARVEIAN SOCIETY OF LONDON.

Thursday, May 17, 1860.

J. C. Langmore, M.B., Vice-President, in the Chair.

Mr. Weeden Cooke read a paper on

THE COMMUNICABILITY OF SECONDARY SYPHILIS.

He said that it was singular how many questions respecting syphilis remained unsettled, considering the number who suffered from the disease, and the length of time it had been known and studied. Even the primary symptoms still give rise to controversy. Some declare the hard chancre only infectious; others that the soft chancre does not infect the constitution, but may produce a hard chancre which does infect; while others denominate the soft chancre a chancroid ulcer which is not syphilitic at all. A fourth party considers both these chancres syphilitic, and therefore capable of producing constitutional symptoms. As a consequence of differences of opinion there is much diversity of treatment, which is a practical evil. Respecting the communicability of secondary symptoms, there is much yet to be cleared up. It is a recognised fact that secondary syphilis is conveyed through the father to the fœtus in utero, and from the fœtus to the mother. Mr. Cooke had verified this fact in numerous instances. He related the case of a lady who had two syphilitic children without herself being affected, but upon the birth of a third she exhibited all the signs of a severe constitutional attack. Although this mode of communication had been long recognised, it has until recently been denied that secondary symptoms ever were communicated from one person to another. It is well known, however, that M. Ricord, the staunch supporter of non-communicability, has been obliged to modify his opinions, owing to the production of incontestible evidence that the discharge from secondary ulcers did produce eruptions and ulcers of a similar character; while the French authorities, convinced of the possibility of this infection, not long since prosecuted two Medical men for inoculating two children suffering from favus with the matter of secondary syphilitic disease. Mr. Henry Lee also has recently brought before the Profession instances which favour the conclusion that the constitutional disease can be conveyed from one person to another. Mr. Cooke then related the particulars of a boy who had recently been under his care at the Royal Free Hospital exhibiting indubitable evidence of this occurrence. A fine boy, seven

years of age, was covered with an eruption which could not be mistaken for anything but psoriasis syphilitica. He had also enlargement of the occipital glands, the throat was injected, and recently, from being a very healthy boy, he had become cachectic. He was ordered two grains of grey powder twice a-day, and got quite well in less than three weeks. His mother, who brought him, was herself afflicted with the same eruption. She had also ulcers on the inside of the lips and cheeks, and had suffered much from rheumatism. Her husband had given her primary syphilis one year before. After being "cured" of this, secondary syphilis appeared, and she was treated and got well. She remained well until about six weeks ago, and had since that time been affected as stated. The boy slept with his mother, and she was of course in the habit of kissing him. A month after the re-appearance of the disease in the mother the son became affected. This case Mr. Cooke considered conclusive of the possibility of communicating secondary syphilis. It was no doubt a very rare occurrence, because the discharge from a secondary ulcer would very rarely be applied to a raw surface capable of absorbing it, but when so applied it evidently had the power of infecting a previously healthy person, and it was most desirable that this fact should be known and recognised

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having passed their Preliminary Examination on the 24th ult., will be admitted to the Pass Examination when eligible, viz. :—

Allfrey, Charles Henry
Bangay, Richard
Best, Palemon
Blake, Joseph Nicholson
Bogg, Thomas Wemyss
Brett, William
Brisbane, Thomas
Burrell, Lionel
Caudle, Charles Edward
Cobb, John Frederick
Cotton, George Poley
Cooper, Herbert
Copland, Frank
Date, William
Davis, John Norman
Davies, William
Dudley, Reginald
Dutt, Gopal Chunder
Ellery, Richard
George, Frederick
Goldie, George
Harland, Henry
Holt, George Challenor
Howarth, George
Howard, Edwin Philpot
Jones, Edward
Jones, Thomas
Kendal, Cuthbert Robert
Laidler, Joseph
Maling, Edward Allen
Manbey, George
Maude, Frederick William
Martin, Thomas
Neil, Alexander
Pettinson, Robert
Pitt, William
Prangley, Thomas
Rawson, Edwin
Richards, Crossland
Risdon, Robert
Rowland, Henry
Shepherd, Thomas
Sharpe, Henry John
Simpson, Charles Montague
Smith, Absolom Harvey
Southey, Albert James
Stawman, William
Strother, Arthur
Steward, Joseph Septimus
Thelwall, William
Thomas, Edward Stephenson
Thompson, William Allin
Thursfield, Thomas William
Tweedale. Thomas
Tyrrell, William James
Ullathorne, John
Watson, William Tyndale
Whipple, John Henry Connell
Wilson, Henry Octavius
Wood, John Hurd

APOTHECARIES' HALL. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, May 24 :—

Blundell, William, Sherborne, Dorset
Fewkes, Joseph, Barrow, Leicestershire
Jones, Thomas, Rhyl, Flintshire
Richardson, William Henry, Clifton, York
Welch, Francis H., Stansted, Essex

The following gentlemen also on the same day passed their First Examination :—

Hutchinson, John Hanley, University College, London
Keele, Charles Ferdinand, St. Thomas's Hospital
Moore, Daniel, St. Thomas's Hospital
Strutt, George Henry, Sudbury, Staffordshire
Thomason, William James, St. Bartholomew's Hospital

APPOINTMENTS.

ROLLESTON—OGLE.—G. Rolleston, M.D. Pembroke, and J. W. Ogle, M.D. Trinity, were nominated Examiners in Medicine, at Oxford on May 26th.

MASON—JACKSON.—Mr. J. Mason and Mr. Hughlings Jackson have been appointed Surgeons to the Islington Dispensary, in place of Mr. Stevens and Mr. Shavman resigned. There has been an active contest for the appointments.

DEATHS.

CROSS.—May 23, in the Aston-road, Birmingham, Charles White Cross, aged 48.

DETHICK.—May 21, at Worksop, Notts, John Dethick, M.R.C.S. Eng.

FRANCE.—March 20, in the United States, Dr. William France, formerly of Liverpool.

GANNON.—May 18, at Rosemount, Letterkenny, Patrick Gannon, M.D. M.R.C.S. Ireland.

JACKSON.—May 25, Thomas Richard Jackson, of New Mills, near Stockport, Cheshire, M.R.C.S. Eng. L.S.A. Lond., aged 46.

MORGAN.—May 16, at Liverpool, Dr. W. J. Morgan.

SKIERS.—May 18, at 23, Rue d'Angoulême St. Honoré, Paris, Edmund, Skiers, M.D.

TODD.—April 10, at Umballa, India, Mark Stanley Todd, M.R.C.S. Eng.; Surgeon to Her Majesty's 27th Regiment serving in India.

WATSON.—May 22, at Edinburgh, Dr. Thomas Boswall Watson, late of Hong Kong.

MR. J. A. BOSTOCK has presented to the Royal Society the electrical machine constructed by Dr. Priestley, which had been bequeathed to Mr. Bostock's father, the late Dr. Bostock. This machine is figured and described in Rees's "Cyclopædia."

SALUS was the goddess of health, and the porch of the temple was Porta Salutaris. Hygeia was daughter to Æsculapius, the father of Medicine, who was so skilled in the art that he raised Hippolytus to life. He used to carry a dog with him as his Surgeon, and a goat as his Apothecary.—*Perennial Calendar.*

IN Dr. Weber's Half-yearly Report on Physiology published in the *Medico-Chirurgical Review* of January last, references are made to the memoirs and papers, of forty-five authors. It is rather curious to observe the amount of contributions which different nations make in this half-yearly report. The Germans figure at about 26, the French at 9 memoirs; Englishmen have made 6, and the Americans 4 contributions. We need hardly say, that the Germans carry away the palm.

THE QUEEN'S COLLEGE, BIRMINGHAM.—An adjourned meeting of the Council was held on Monday last, to consider and report upon a plan for the future carrying on the College in all its departments. A scheme is now under consideration by which the College will be placed on a sure and permanent basis. Mr. Chancellor Law retains his office of Warden *pro tem.*, and the entire income from the endowments derived from the coupons of the Great Western Railway, about £500 per annum, is to be devoted towards the expenses of the College.

UNIVERSITY OF LONDON.—The Council of this University have fixed the third Monday in July for the examination for the new degree of Bachelor of Science. Candidates will be required to have passed the matriculation examination, and to pass two subsequent examinations; but Bachelors of Arts of the University and undergraduates, who shall have passed the first examination for the degree of Bachelor of Medicine, will be admitted to the degree of Bachelor of Science on passing the second examination presented. Candidates who pass the first Bachelor of Science examination will be entitled to present themselves for honours at an examination which will take place on the Tuesday in the week following the ordinary pass examination. In connexion with this degree, there will also be a higher one of Doctor of Science, the examination for which will take place annually within the first fourteen days of June each year. No candidate will be admitted to the examination for the degree of Doctor of Science until after the expiration of two academical years from the time of his obtaining the degree of Bachelor of Science.

CURIOUS AND OBSCURE CASE.—An inquiry into the particulars attending the death of Mr. A. P. Fowler, at Chatham, has just taken place. Miss M. S. Nelson was an important witness. That young lady, who was on the point of being married to the deceased, stated that she had nursed him during the day all through his illness, and administered the medicines ordered by Dr. Burton. On the day before his death he appeared to be much better, but after taking some pills ordered on Wednesday morning he gradually became worse, and died about eight o'clock in the morning. On Dr. Burton being sent for to see the deceased just before his death he admitted that he had given him an overdose of opium.

Dr. Burton, on being examined, stated that he had been attending the deceased for about a fortnight, and treating him for rheumatic fever, the pains of which were very severe. He occasionally gave him anodynes to relieve the pain, the draughts being composed of half-a-grain of acetate of morphia and half-a-drachm of tincture of henbane. On the evening before his death he visited him, when he urged him to send him another composing draught; but witness thought it better to send him three pills, each containing half-a-grain of opium. On seeing him again at one o'clock on Wednesday morning, he found that the opium had not had the least effect on him, and he then gave him some pills, each composed of one-third of a grain of morphia, one to be taken every hour. Four pills were administered to him, when witness was sent for at seven o'clock, and found deceased dying. Antidotes were administered, and the usual means adopted, but deceased never rallied, his death being undoubtedly occasioned by the effects of opium given to relieve pain. Dr. Martin, a physician, who was sent for to visit the deceased before he died, said he fully approved the treatment of Dr. Burton, which was perfectly right. Professor Taylor said the case was one of a very extraordinary character, as the deceased had only taken a grain and a-third of opium, spread into four different doses, whereas four grains, taken at once, was the smallest dose known to kill a man. The average dose of opium usually given to an adult was from half-a-grain to two grains. The deceased died from an accumulation of opium in his system. In his opinion, Dr. Burton had exercised great caution in giving the small doses he did, when other Practitioners would have exceeded them. The jury immediately returned a verdict "That the deceased died from the accumulated effects of opium, administered to him for the treatment of rheumatic fever; and that we consider, from the Medical evidence which has been produced, that Dr. Burton was justified in following out the treatment in the way he did, and exercised more than ordinary skill."

Lord Shaftesbury, in his evidence before the Committee of the House of Commons, states:—"I do not think, in my experience of nearly thirty years, that there has been a single case, or not more than one or two cases, in which any person has been shut up without some plausible grounds for his or her temporary confinement; but, in every instance with these exceptions, there have been certain plausible grounds, in fact or in logic, sufficient to justify the temporary confinement of the persons, and their being submitted to Medical treatment."

Forfar Sheriff Court.—Important Case regarding Medical Fees.—The executrix of the late Dr. Thomson, of Arbroath, having sued Captain James Duncan for £13 3s. 6d for Medical attendance and medicines, from February 1858, to the end of April, 1859; the defendant disputed payment, alleging (1.) That the account was overcharged, (2.) That the visits charged were not all, or nearly all, made on the occasions mentioned. (3.) That the account was inconsistent with the deceased's books as these stood at the time of his death. (4.) That a charge for an examination with a view to a contemplated life insurance was not due by the defender; and, (5.) That the sum of £7 10s., which the defender tendered in payment, was a full and ample remuneration. The case went to proof in the Sheriff Court in Forfar, on Thursday, May 10, when Mrs. Duncan was examined on the second branch of the defence; but her allegation, that she was in Blairgowrie and Liverpool on some of the dates when visits and medicines were charged, entirely broke down. The books were produced in court, and Mr. Marwick offered to swear that the account as sued for was a correct transcript of the holograph entries in Dr. Thomson's day-book and visiting-book, made daily and regularly by him, and offered comparison of the books and accounts. Mr. Ritchie stated that the examination for life insurance having been abortive, no fee should be paid, but this the Sheriff overruled, and stated that the fee must be paid. Regarding the charges of 2s. 6d. for express visits, 2s. for each ordinary visit, £2 2s. for an accouchement, and the charges for medicine, the defenders examined Dr. Smith, of Forfar, and Mr. Law, a druggist there. The former deponed that he was a witness in the great Kirriemuir case, where 1s. 6d. was given for ordinary visits, and 2s. for express visits; that he had little to do in supplying drugs, but considered the charges for medicine higher than druggists make; that 1s. was his ordinary fee for attendance, and 1s. 6d. for express visits and £1 1s. and upwards his fee for accouchements, including all after attendance during recovery. Mr. Law thought the charges for medicines were about double his charges, and he was not aware if Doctors, who prescribed and furnished the medicines in practice, charged higher than druggists who merely supplied the medicines over the counter. In reply to a question by the pursuer's agent, Dr. Smith said he was aware of the proposed table of fees to be exacted by the Medical faculty for the whole county of Forfar, in which charges for attendance ranged from 1s. 6d. to 10s. 6d. per visit in town. The Sheriff on this point expressed his opinion that the decision in the Kirriemuir case should form a precedent in all questions of the kind before the court, and seemed to question the right of the Medical faculty to prepare a table of fees for their practice. After the evidence was concluded, the Sheriff intimated his opinion that ordinary visits should, as in the Kirriemuir case, be allowed 1s. 6d., express visits, 2s., the accouchement, including all subsequent visits, which in this case were fifteen in number, £2 2s.; that a few visits for a servant should be disallowed, in consequence of Mrs. Duncan's denial of employment; and that the £1 1s. for Medical examinations with a view to life insurance, and the full charges for medicines should be allowed, restricting the claim to within a few shillings of £12 with ordinary court expenses, "the pursuer having substantially gained the case." The question of expenses was strongly argued by both parties, in the course of which Mr. Marwick, while acquiescing in the Sheriff's judgment generally in this case, intimated his readiness to prove the universal practice of Medical gentlemen in Arbroath to charge for all, except the first or second, attendances after an accouchement, and that the Edinburgh practice referred to by the Sheriff, of a single fee for all was not the rule in Arbroath in ordinary practice.

VITAL STATISTICS OF LONDON.

Week ending Saturday, May 26, 1860.

BIRTHS.

Births of Boys, 842; Girls, 838; Total, 1680.
Average of 10 corresponding weeks, 1850–59, 1606·2.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	575	512	1087
Average of the ten years 1850–59	532·5	497·2	1029·7
Average corrected to increased population..	..	..	1122
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	32	19	51

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	6	5	2	6	2	2
North ..	490,396	8	11	5	2	9	8	4
Central ..	393,256	4	2	2	1	3	7	3
East	485,522	2	11	6	2	4	5	3
South ..	616,635	8	21	8	1	11	8	3
Total . ..	2,362,236	24	51	26	8	33	30	15

TO CORRESPONDENTS.

Dr. Weekes.—Many thanks.

Dr. Budd's Clinical Lecture on Jaundice will appear in an early number

Dr. Carter's paper will be inserted as soon as possible.

Mr. Bindon.—Full accounts of Wützer's and of Wood's operations will be found in our volumes for last year.

Dr. Maysmor.—The papers appeared in the first and second volumes of the *Medical Times* in the years 1840–1.

Dr. Ogle's paper on the Use of the Ophthalmoscope as a help to Diagnosis in Diseases of the Nervous System is unavoidably delayed until next week.

Mr. R.—It is in the hands of the Censors to make such an examination as they think adapted to the circumstances of the practitioner; so that in many cases it will probably be merely nominal.

Ipecacuanha *v.* Opium.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Would you kindly tell me where an account of the action of Ipecacuanha in lessening that of Opium may be found? I have looked into "Pereira" and "Taylor's Poisons," but neither mention the fact. Is it a fact that it does so? I am, &c.

May 25. An Inquirer.

On the Use of Iron in Purpura.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—At a recent meeting of the Academie de Médecine, a discussion took place as to the merits of iron in the treatment of purpura, when its utility was generally acceded.

I have some time since treated cases of this disease with the sesquichloride of iron, and found its remedial powers signally efficient, even in cases where the more usual remedies had failed to effect a cure. Such a treatment I considered indicated by the nature of the disease, where the solids of the blood and the corpuscles are diminished. The tonic and astringent preparations of iron—viz. the muriate, sulphate, and nitrate—are those most efficacious. I cannot agree with M. Devergie, that their use is followed by sedative effects on the circulation, but rather by an increase in the fulness and frequency of the pulse: altogether I look on iron as the most valuable therapeutic we possess for the treatment of purpura. I am, &c.

E. T. Palmer, M.A., Assistant-Surgeon, Royal Artillery.

Aldershot, May 29.

Mortality from Phthisis.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The polite reply of Mr. Mann of the General Register Office, to your correspondent of the insertion in your Journal of the 19th May, does not go quite far enough.

The course usually followed when a certificate is presented from an unqualified Practitioner is to copy the cause of death from it, and mark it as "not certified;" but as Dr. Farr assumes in his tables that "certified" and "not certified" causes of death are of equal value, this is not of great importance; the person presenting the certificate does not, of course, appreciate the distinction.

In the same number of your Journal, page 502, your reviewer observes, "The Registrar-General tells us that consumption carries off one-twelfth of our human kind:" this I believe is an exaggeration, for very many cases of chronic disease do not receive Medical attendance in their last stages, and the death is of course "not certified;" these in popular phraseology are termed "decline," this the Registrar translates into "consumption," and Dr. Farr to phthisis pulmonalis—hence the one-twelfth of deaths from this disease. I am, &c.

May 24. C. H.

Ascarides.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Under the above head your correspondent E. C. asks in your number for May 19, if any of your readers can give him information concerning the use of santonine in this disorder. I have had pretty considerable experience as regards its efficacy for upwards of four years and have always found it most effectual in getting rid of both ascaris lumbricoïdes and vermicularis.

I have generally given gr. v. to a strong adult in a wine glassful of tepid water on going to bed, and in the morning an aperient powder—Hydrarg. chlorid. gr. iv., et Pulv. scammonii comp. gr. x.

With the exception of some of my patients seeing objects as it were through a bluish-green medium and some slight giddiness, I have never found any ill effects follow its use. I am, &c.

A. Wynn Williams, M.D.

20, King-street, Portman-square.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I beg to inform you, in reference to the treatment of ascarides mentioned in your Journal of May 19, that I derived very great benefit from the kamula for more than three months after taking the second dose, and was free from all annoyance; but about a fortnight since I experienced a little pruritus ani, etc., and on searching had ocular proof of the reappearance of the enemy. I, therefore, took forty-five grains of kamula made into four boluses, with Pulv. acaciæ, gr. xv., and a little mucilage to make it cohere. This I did, as from the extreme lightness of the powder it is very difficult to mix it with any fluid, as it remains floating on the top and is troublesome to swallow. This proceeding appeared to interfere with the efficacy of the kamula, as the four pills did not produce the slightest effect on the bowels or *any* appreciable effect in fact. So in two days later I took gr. xlv. of the powder in some milk. This time the bowels were acted upon smartly five times; and I have been perfectly comfortable since. I am, &c.

Cork, May 23. J. E. C.

"Pray Sit Down."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—"A Surgeon of thirty-five years' standing" has addressed you with reference to the proposed new order of Medical qualification which was expected to have been established before this by the Royal College of Physicians of London. Without stopping to discuss the advantages of the anticipated scheme, I wish, with your kind indulgence, to make a few remarks in reply to those which have emanated from the Surgeon who has been so many years on his legs. He asserts, because he has "not met a M.D. in consultation above twice during the last seven years," that such a member of our Profession as a pure Physician is not needed, and implies that all general Practitioners are *ipso facto* Physicians. Those who think with him need only look to London and all other large towns for a refutation; and he ought not to mislead himself into this belief because he is happy in possessing the full confidence of those among whom he is practising,—no doubt the man as frequently graces the qualification as the qualification does the man,—nor does it imply a want of confidence in the attending Medical man, when a second opinion is sought. In numberless cases it is a money question, in others fashion dictates; more consider that a person of rank and station ought not to be without the aid of two, if not three, Medical advisers. The rule is adopted in serious cases by the highest personage in the realm, and as long as such a rule exists, so long will men come forward and aspire to the honour of being pure Physicians, fitting themselves for the position. Without any depreciation of the skill of a large number of Medical men, who have been prevented only by circumstances from adopting such a position themselves, and in reply to the quotation about "the rose," I would observe "One swallow does not make a summer;" and I dare venture to say that, whatever may be the superiority the "Surgeon of thirty-five years' standing" has over his fellow-Practitioners in the estimation the laity have of his Professional opinion, he would not be too proud to affiliate himself to the august body in Pall-mall. That the College of Physicians of London should give him the right to dub himself M.D. is absurd, for no College of Physicians possesses that right, and it is remarkable how many Medical men are ignorant of this fact.

It is, I think, the profusion of titles which young Medical men heap on themselves that has wrought a mischievous influence on the position of the graduated Physician: *e. g.*, in this town there are practising two Doctors of Medicine of London—a degree which is admitted to be the highest, on account of the course of study and examinations,—but for what have these men graduated? One is the "Doctor to the Union;" the other I am told takes ten-shilling midwifery and one-and-six-penny visiting fees. The result is, that by the bedside of a purely Medical case, the opinion of either of these two graduates has to be strengthened either by a Member of the College of Surgeons, or a Licentiate (by purchase) of the Edinburgh College of Physicians, practising in the same town; and, as might be expected, such ill-assorted advice has to be corroborated by a Physician from London. This is the reduction to absurdity of the use Medical degrees are put to in the present day, and the confusion that has been produced thereby has injured the Physician who has selected that path for himself, without adding one iota of *prestige* to the *ci-devant* Apothecary. Men take out needless qualifications which do not accord with the mode of practice they adopt. If the College of Physicians can succeed in establishing a new Medical Order, it will give to general Practitioners a higher status, and will confer a great boon on the Profession at large; and at the same time administer a death-blow to the *quasi* M.D., Physicians, or Doctors by courtesy, whatever they may eventually prove to be; called into existence by the uncalled-for regulations of the Edinburgh College of Physicians. No one can doubt but that all the attornies of the Kingdom have the ability to become barristers; but circumstances prevented them, consequently they are wisely restricted from encroaching on the barrister. They may become barristers at any time; if so, they must practise as such; would not an analogous regulation in our Profession act beneficially, in restraining men from wasting their time and money in obtaining titles for which they have no earthly use in practice?

I am, &c.

May 29. M.D. and M.R.C.P.L.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. E. Watson, Glasgow; Dr. Conolly; Dr. Budd; Dr. Goodfellow; Mr. Nunn; Mr. Sands Cox; Dr. Ogle; Mr. Price; Dr. McWilliam; Dr. Graily Hewitt: Dr. Frank; Mr. Croskery, Jamaica; Mr. K. King; Dr. Tulloch, Devonport; Registrar-General; Dr. Miller; Dr. Montgomery; Dr. Cornish, Madras; Dr. Weekes; Messrs. Agnew; Mr. Elliot; Dr. Carter, &c.

APPOINTMENTS FOR THE WEEK.

June 2. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's 2 p.m.; Charing-Cross, 1 p.m.

Royal Institution, 3 p.m. Mr. F. A. Abel, "On Heat and Chemical Force."

4. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Entomological Society, 8 p.m.

Epidemiological Society, 8 p.m. J. N. Radcliffe, Esq. "Suggestions towards a better Method of observing Epidemics."

5. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Institution, 3 p.m. Dr. Spencer Cobbold "On Herbivorous Mammalia—the Hippopotamus, etc."

6. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Meteorological Society, 7 p.m. Anniversary.

Obstetrical Society of London, 8 p.m. Dr. Tilbury Fox "On Phlegmasia Dolens."

7. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

Zoological Society, 4 p.m.

Linnæan Society, 8 p.m.

Chemical Society, 8 p.m.

Royal Institution, 3 p.m. Professor Ansted "On the Antiquity of the Human Race."

8. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

Royal Institution, 8 p.m. Professor Faraday "On the Electric Silk-Loom."

EXPECTED OPERATIONS.

St. Thomas's Hospital.—The following Operations will be performed this day (Saturday) at 1 o'clock:—

By Mr. Solly—Excision of Knee-Joint. By Mr. Simon—Ligature of Femoral Artery.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXXI. *concluded.*

CRANIOCLASM—MODE OF OPERATING.

After that *first* step—perforation—has been thoroughly accomplished in the way described, the next stage in the operation is

2. *The Comminution of the Bones of the Skull.*—In the ordinary operation of craniotomy, the diminution in the size of the head is effected by means of various kinds of forceps, scissors, osteotomists, etc., which are passed between the scalp and the bone, and used for breaking down the latter and removing the fragments piece by piece, while the vaginal passages of the mother are as carefully as possible protected from injury by the passage along them of the ragged and broken bones. In reducing and comminuting the bones of the cranium, the cranioclast acts in quite a different way. The cranioclast is of the usual length and weight of the guarded craniotomy forceps employed in British practice, being about thirteen inches long,—five and a-half inches from the tip to the middle of the button-joint; its outer blade at its broadest point, one inch, and its inner blade, of course, somewhat narrower; and the exterior of the length of the fenestra of the outer blade, about three inches. It is a kind of forceps with

Fig. 1.

Fig. 1.—The Cranioclast.

a moveable button-joint, resembling the joint in Brünninghausen's midwifery forceps. This kind of joint allows the instrument to be introduced either, as you think fit, in a fixed form, like a pair of scissors, or each blade separately, like the common midwifery forceps. In other words, it permits, I repeat, the blades either to be separately applied, though when the instrument is closed and in action it is so secure as to hold almost as firmly as a scissors' joint; or it allows to be used from the first as if it were a forceps with a fixed joint, and with the two blades introduced simultaneously. In fact, in my two first cases of cranioclasm, I used the scissor-jointed craniotomy forceps of Dr. Murphy, and figured by him in his Lectures on Parturition (p. 234). He praises it as a form of craniotomy forceps by which the cranial bones "can be very firmly held without being broken." I think it recommendable, on the contrary, because these bones can be very readily broken by it, as well as very firmly held by it. The instrument which I show you is modified so as to attain, if possible, these objects more perfectly. Of the blades, the inner—or smaller one—is solid, and convex, and serrated on the side by which it fits into the concavity of the other larger fenestrated blade. They have both a slight curve to enable them to be adapted to the curved form of the bones of the cranial vault. The concave surface of the outer double, or fenestrated blade, and the convex surface of the inner single, or solid blade, are serrated with relative transverse ridges and grooves, so as to make the hold of the instrument as perfect as possible without the fear of lacerating the included tissues. In using the instrument, the smaller solid blade is first introduced through the opening made by the perforator in the vault of the skull very deeply into the interior, and then the larger fenestrated blade being passed over the occiput outside the scalp, the two are made to lock, after they have been pushed in this position as far down over the occiput as they can be made to go; and then by a slightly twisting movement first on one side and then on the other, the bone is at once and easily broken across, or dislocated, behind the foramen magnum. This may sometimes be all that is required. In other cases it will be necessary to pass round the blades of the instrument over the parietal bones, so as to loosen and comminute in the same way the temporal bones; or it may be found advisable to break away the frontal bones from their base, or from connexion with the sphenoid. And that such separation of the bones at the base of the skull can take place is abundantly shown by the preparation which I show you of the skull of a fœtus delivered by means of cranioclasm.

Fig. 2.

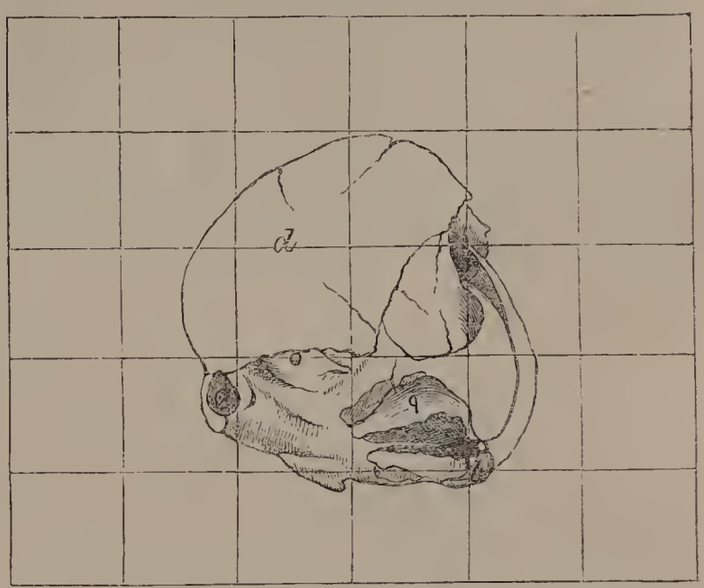


Fig. 2.—Sketch of the bones of the skull of an infant delivered by means of cranioclasm. (Half the natural size.) *a*, foramen magnum; *b*, *q*, the roof of the orbits; *c*, anterior fontanelle; *d*, parietal bones.

(See Fig. 2.) In bringing away this preparation, as the child had to be afterwards shown to the mother, and it was thus impossible for us to remove the whole skull, the encephalic portion of it was removed from the facial portion at the level of the root of the nose, and the specimen is so far not so complete as that from the Hamilton collection with which I beg you to compare it (see Fig 3). It is sufficiently perfect, however, to show the manner in which the base of the skull has been broken down and reduced to a soft and compressible mass. The occiput, having been broken across behind the foramen magnum (Fig. 2 *a*), has been folded in between the parietal bones (*d*); the frontal bones, in which we see the roof of the orbits (*b*, *q*) on their lower surface, are disjointed from the sphenoid bones and moveable; and even the petrous portion of the temporal bone on one side has been relaxed from its attachments to the neighbouring bones. The breaking down of the skull in this case did not occupy more than three or four minutes, and the effects of that short operation contrasts very strikingly with the result obtained by the older process exemplified by the preparation of Dr. Hamilton's celebrated case, and where three or four hours were required to produce a much less perfect reduction of the fœtal head. Again, you may obtain an idea of the extent to which the size of the base of the skull may be, and

has been reduced by means of the cranioclast, by comparing the size of this cast of a child's head crushed and collapsed

Fig. 3.

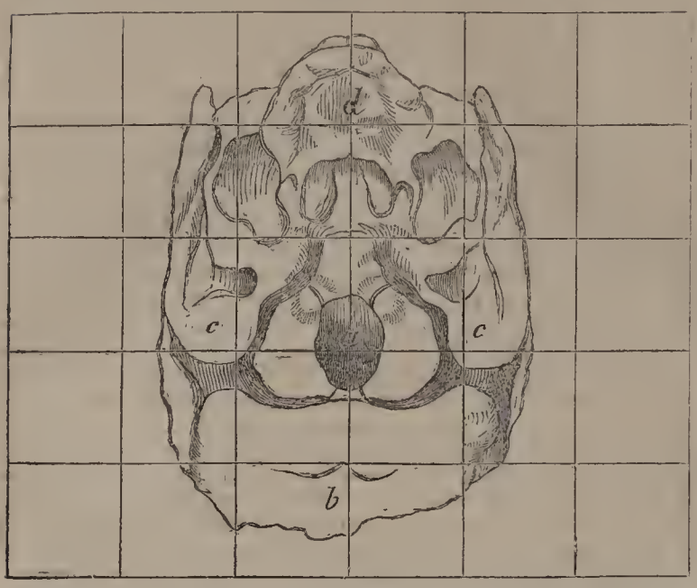


Fig. 3.—Sketch of the base of a fœtal skull reduced in the operation of craniotomy by Dr. Hamilton. The drawing is one-half the size of the preparation, which is represented as seen from below. *a*, foramen magnum; *b*, occipital bone forming still, though broken off above, a continuous portion below of the solid basis of the skull; *c*, *c*, temporal bone; *d*, hard palate.

by cranioclasm, as compared with another cast of the same head after it has been stuffed out to its original dimensions; or better still, perhaps, by merely looking at this sketch (Fig. 4), which shows at once in the same way the great change in shape and size which the head has undergone during the process, and for which I am indebted to my friend Dr. Cleland.

Fig. 4.

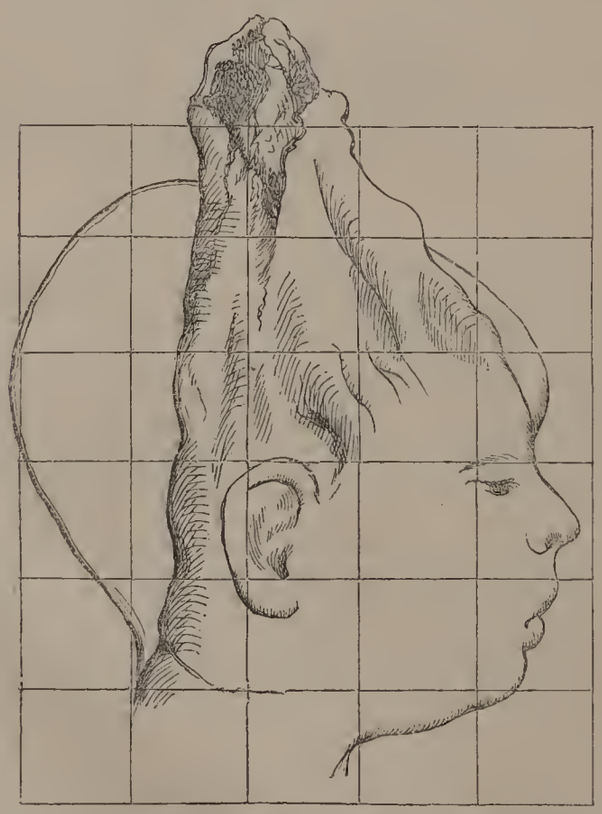


Fig. 4.—Sketch of casts of the crushed head of an infant delivered by means of cranioclasm, and of the same head in a re-distended state. (Half the natural size.)

It was by accident, more than by reasoning on the matter, that I was in the first instance led to perceive that great collapsing effect upon the fœtal head which can be so readily produced by cranioclasm. In October, 1858, I was requested by Dr. Snodgrass and Dr. Burns to see with them a lame and deformed woman who had been a considerable time in labour with her first child without the head ever entering the contracted pelvic brim. As the umbilical cord, which was prolapsed, had ceased to beat by the time we met in consultation, and there was no prospect whatever of Nature ever accomplishing the delivery, in consequence of the deformed condition of the pelvis, it was agreed to have recourse at once to craniotomy. I effected perforation in the usual manner, and then I used a pair of duck-billed forceps—in other words, the craniotomy forceps of Dr. Murphy—to break down the skull, some pieces of which I broke off and removed, but less perfectly I thought than I would have done in such a case of deformity had I had with me the common bone forceps of Dr. Lyon. Having thus reduced the cranium, the patient was allowed to remain undisturbed for several hours, when according to agreement I again went to see her, taking with me a variety of instruments with the intention of further breaking down the fœtal head. To the astonishment, however, of all of us, we found the head already sunk very low down in the cavity of the pelvis, and I extracted it easily. On examination the happy effects which the uterine contractions had had in expelling the child were soon explained, for the occiput was found to have been disunited from its articulation with the parietal and temporal bones, and fractured across the base of the skull a couple of lines behind the foramen magnum, in such sort that it folded easily into the cranial cavity, and thus became overlapped on each side by the parietal bones. The child was $20\frac{3}{8}$ inches in length, and measured $11\frac{5}{8}$ inches round the shoulders. The diminution of the head was such that, in the collapsed condition, its circumference at the level of the chin was $10\frac{7}{8}$ inches, at the nose $11\frac{1}{8}$ inches, and round vertex and chin $11\frac{7}{8}$ inches; whereas, when the bones were restored to their proper relative position, and the head to it normal dimensions, the circumference round nose and occiput was $13\frac{3}{4}$ inches, round forehead and occiput $13\frac{3}{8}$ inches, and round vertex and chin $13\frac{5}{8}$ inches.

In the case whose history I have just stated to you, the base of the skull was, as I have already mentioned, fractured and diminished accidentally, and without my being aware of what had happened; and it was only from observing the unusual facility with which the labour was afterwards terminated, in a patient with confessedly a very deformed and contracted pelvic brim, that my attention was aroused to the manner in which the diminution in the size of the skull had been brought about. On first considering and afterwards experimenting on the subject it appeared to me that probably the beaked duck-billed forceps which I had chanced to employ, broke up the walls of the skull, and more especially its base upon the principle which Nature employs in the construction of the beak of the cormorant and other birds, which have, according to some observers, the power of cracking shell-fish and feeding upon their contents. In these birds the sharp-nailed projection of the upper mandible of the bill over the lower mandible, and the strong muscular apparatus attached to them enables the beak to break shells of considerable strength. But a few experiments convinced me that in breaking and collapsing the fœtal skull in the way effected in the case alluded to a different principle was had recourse to. For I found that the fracturing and comminution did not take place from the action of the beak of the forceps or cranioclast, but chiefly from the subsequent semi-lateral movement of the instrument after it had once laid firm hold of the cranium. In performing the operation, you have, in fact, two leading points to attend to, to which I have already alluded, but these I beg here to repeat. First, In seizing at any point or points the sides or walls of the cranium with the cranioclast you must always carefully pass the instrument as far down as possible towards the bases of the skull, in order to make the subsequent fracture and comminution as complete as may be. Second, After shutting firmly the instrument and thus grasping the selected portion of cranium, you must give the instrument a partial slight twisting, or lateral movement, first on one side and then on the other, so as to fracture and loosen the portion of the cranial parietes which you have laid hold of. The cranial, like the other bones of the infant, are far more flexible than the bones of the adult, and under the double lateral or twisting motion of which I speak, they partly fracture and partly soften and comminute. The fracturing and fissuring which results readily, as I have already stated and shown you, runs across the more solid basis of the skull.

Another effect, as we have also already seen, usually attends the first grasp and stroke of the cranioclast, as we seize and act on the occipital region of the child's head with it, viz. it breaks across the occipital bone a line or two behind the foramen magnum, and further dislocates it along the course of the lamboidal suture on each side. In many cases the reduction of size of the head effected by this single action on the occipital region may prove all that is required. If more reduction is necessary, the sides of the cranium, including the parietal and temporal bones may be reduced and comminuted by two additional strokes of the instrument; and if the obstruction is greater, the frontal bones may be also fractured and fissured so as also to collapse readily, as some of you saw done a short time ago in the Maternity Hospital, in the case of which this is a preparation and drawing, displaying the degree of reduction which was effected in the head of the child by this operation, in the course of a very few minutes. (See Fig. 5.) The obstruction in this instance was so

Fig. 5.

Fig. 5.—Sketch of the head of a child delivered by means of cranioclasm. The size of the normal head is shown in outline in order that the degree of diminution which is effected during the operation, and the change of form produced by it may at once be more easily seen and understood.

great that repeated efforts with the long forceps proved of no avail whatever in bringing the head through the brim, but it readily passed when collapsed by cranioclasm. Perhaps the instrument would even more perfectly than at present fracture the bones of the base of the skull and face in cases of great deformity, if the outer blade were, either by the elongation of the button-slit, or by the presence of a second slit in the stem, allowed when requisite to project about half-an-inch or so beyond the point of the inner blade.

After the walls of the cranium are fractured and fissured by cranioclasm these walls do not any longer present the resistance and firmness of bone, but have more the consistence of soft tissue. They become at least quite flexible and plastic in all those regions which have been acted on by the cranioclast, and these artificially supple and pliant walls of the encephalon now readily fold together and collapse either under the expulsive pressure of the labour pains, or under the extractive efforts of the Accoucheur. Besides, in contrast with craniotomy, it is also worthy of remark, that while in the operation of cranioclasm no successive portions of sharp bone require to be removed along the vaginal canal (each of them apt to lacerate to some degree that passage), the scalp of the child remains entire under the action of the cranioclast, and thoroughly protects the maternal parts from the injuries otherwise liable to be inflicted by the ragged and perforating edges of the broken cranial bones.

The degree of reduction in the fœtal head produced by cranioclasm, may be readily rendered such as to make the head or cranial extremity of the infant less a source of obstruction than its shoulder or trunk. In proof of this, let me show you this cast of the head and trunk of a child from a case, where, some time ago, I saw my friend Dr. Keiller deliver a patient by the operation of cranioclasm, in consequence of the existence of very marked contraction of the brim of the pelvis. After the head had been reduced and extracted by the cranioclast, great difficulty was experienced, and ultimately, in fact, traction with a hook fixed in front of the arm-pit, was necessary in order to effect the delivery of the shoulders; after these had passed the outlet, the pelvis of the child was found to be caught at the brim, and it required the application of very considerable force to drag it through. You see in this cast the mark of the extracting-hook upon the chest, and at the same time the very collapsed state of the cranium. The child was 21 inches in length, and measured 13 inches round the shoulders, and $10\frac{3}{4}$ inches round the pelvis. The head in its collapsed state measured round the forehead and occiput, $10\frac{3}{4}$ inches; round the nose and occiput, $11\frac{1}{4}$ inches; round vertex and chin, 12 inches. The left parietal and temporal bones were very much broken down, and all the other bones of the skull were felt to be loosened from their fellows.

As another illustration of the degree of reduction easily produced in the fœtal head by cranioclasm, let me direct your attention to these casts of another case, and to some measurements connected with it. They are casts of the head —one in a crushed, and the other in a re-distended state—of the same infant, the bones of whose skull I have already shown you (see Fig. 2) when describing the manner of reducing the size of the head, and pointing out the degree of diminution that is effected. About a month after I had seen, with my friend, Dr. Burns, the case which I have already mentioned, as having first suggested the operation of cranioclasm, I was asked by him when leaving the Lecture-room here at twelve o'clock, to see a patient who had been delivered once before of a premature still-born child. She was again in labour, and at the full time. On this occasion labour had begun about three o'clock a.m., and Dr. Burns had been with her from six a.m. till the time when I arrived. She had had strong pains, which were beginning to diminish in force. The os uteri had long been opened, but since about eight a.m. the head had made no progress, in consequence of the projection forward of the promontory of the sacrum, which diminished the diameter apparently to about three inches. The sounds of the fœtal heart were no longer audible. Dr. Burns and I decided upon leaving the patient for two hours in charge of my nephew, in order that we might have an opportunity of judging with still greater certainty as to the degree of obstruction to labour. Having returned at two p.m., and found the head in *statu quo*, after chloroforming the patient, I perforated the fœtal cranium; and then, having broken down the skull with the cranioclast, applied at three several places, I pulled down the head with the same instrument. After the birth of the head considerable difficulty was experienced, as in Dr. Keiller's case, in extracting the shoulders.

The head, which was very much ossified, presented the following respective measurements in a collapsed condition, and when stuffed out to its normal or previous size :—

	In the collapsed condition.	When stuffed out.
Bi-parietal diameter . .	$2\frac{1}{8}$ inches .	4 inches.
Occipito-frontal	$3\frac{1}{8}$,, .	$4\frac{7}{8}$,,
From chin to vertex . .	$3\frac{1}{2}$,, .	$5\frac{1}{8}$,,
From nose to occiput . .	$3\frac{3}{4}$,, .	$4\frac{3}{4}$,,
Round forehead and occiput	$10\frac{1}{2}$,, .	12 ,,
Round nose and occiput .	$11\frac{3}{8}$,, .	$12\frac{1}{8}$,,
Round chin and vertex .	$11\frac{5}{8}$,, .	14 ,,

The shoulders presented a circumference (uncompressed) of 13 inches, and a breadth of $5\frac{5}{8}$ inches. The breadth of the child's pelvis was $3\frac{5}{8}$ inches.

3. *Extraction of the Child.*—The artificial extraction of the child is not necessary in all cases of cranioclasm, in the same way as it is not necessary in all cases of craniotomy; for occasionally, after the cranium is reduced in size by either operation, Nature is by herself quite able to expel, by the normal uterine contractions, the diminished fœtal head through the contracted maternal canals. In some few and exceptional cases you may thus trust the birth of the mutilated child to the expulsive efforts of the uterus, and not force its removal by the extractive efforts of Art. You may allow Nature, for

instance, thus to finish the delivery when the pains are sufficiently strong of themselves to effect the speedy expulsion of the child; or in pelves so contracted that the first steps of the operation are performed easily and before any local irritation has been set up by the length or severity of the labour; or, possibly, you may trust, for a period at least, to the possible normal expulsion of the child in cases of cranioclasm, where the mother appears so thoroughly exhausted for the time being as to be incapable of safely sustaining any further efforts for her delivery. But in the vast majority of cases you will be called upon to attempt immediate extraction, particularly if you have not begun to operate—as will be generally the fact—till the labour has already endured for a considerable length of time, and the patient's constitution already shows, more or less markedly, some signs of distress and suffering. For the purpose of artificially extracting the reduced fœtal head, a great variety of blunt hooks and of toothed and guarded forceps of every kind have been invented and employed. But if you have used a cranioclast for the fracturing and fissuring of the cranial bones, you will find that you can effect the extraction of the fœtal head with the same instrument; perhaps without, in some instances, even shifting it from its position over the occipital bone, where, in most cases, you first apply it. The head is so reduced in size and so comminuted and compressible, that it can easily be dragged through a narrow brim; and in such a case the chief obstruction to the termination of the labour may come to be presented by the shoulders of the infant, as happened in two of the cases I have spoken of. The cranioclast is itself, I say, the most efficient crotchet which you can use. In experimenting with it, I have rarely or never seen it slip when a sufficient hold was taken; and the previous comminuted state of the cranial walls does not prevent them serving as a sufficient and safe medium of prehension and traction. In some cases the sides of the skull may afford a better and more secure hold than the occipital region of the head.

Comparison of Cranioclasm with Cephalotripsy and Craniotomy.

Such, then, is the operation which I believe future experience will find to be the best and the simplest for those cases of labour in which it becomes necessary for the Accoucheur to break down the fœtal head, or destroy an infant's life to save the life of the mother. I am sure you will find it an operation preferable to either craniotomy or cephalotripsy. It is, perhaps, needless to contrast it with cephalotripsy,—an operation which seems to have few or no advocates in this country. But let me merely remark in passing, that the operation of cranioclasm requires no such formidable machinery as the operation of cephalotripsy; the cranioclast can be safely worked in much smaller spaces than the cephalotribe, and is not, like it, limited in its introduction and use to the transverse diameter alone of the pelvis; in reducing the head with the cranioclast, we are not, as with the cephalotribe, under the necessity of making the parts forming the shorter conjugate diameter of the brim fulcra or resistant points, by which the comminution of the head is indirectly and dangerously produced; nor, in the process of extraction, do we need in cranioclasm to subject these same points to similar severe pressure with this same view. Over craniotomy, as usually performed by British Accoucheurs, cranioclasm appears to me to have various important advantages. 1. Cranioclasm is—particularly in cases of any considerable deformity and difficulty—far speedier and simpler in its performance than craniotomy. 2. It saves the maternal canal from the danger of injury and laceration, from the successive withdrawal of portion after portion of the broken and separated cranial bases, such as is generally requisite in craniotomy. 3. It diminishes the size of the fœtal head much more effectually than it can be accomplished by craniotomy. 4. By craniotomy we cannot fracture and reduce the size of the hard basis of the fœtal skull, but we can do so by cranioclasm. 5. Hence we have ultimately the head in cranioclasm so much reduced, that we can extract it both much more easily for ourselves, and, consequently, also more safely for the mother. But let me again, earnestly and anxiously, warn you against the grievous error of sacrificing, in any case, the life of a child during birth when it might have been delivered by safer means, or of ever having recourse to cranioclasm, or any other form of embryulcia, without being fully convinced in your own mind of its dire and inevitable necessity. I think that I could easily show you, in the current obstetric literature of England, constantly recurring instances where this great principle, even in late years, has been recklessly and painfully set aside. Let me add, in conclusion, that I have heard of more than one instance in which the stage of perforation of the skull was actually accomplished, and where afterwards the child was nevertheless subsequently delivered alive by the expulsive efforts of the uterus, or by the use of the forceps, or by turning, and even subsequently lived. At the Obstetric Society here, Dr. Sidey some time ago showed a remarkable example of this kind, in a woman, herself the mother of a family, and whose head was perforated at birth some fifty or sixty years ago. The cranium of this person still shows a deficiency of bone at the point where the "deid instruments" (to use her own expression) were applied immediately before Nature managed to finish the birth. The case perhaps you will regard as the more interesting, since the perforation was done by the hand of a country Medical Practitioner, then pursuing his Profession in the small town of Peebles, but in whose undying renown as a traveller we all now rejoice and glory; for, before the date of the case in question, this operator had already done that mighty feat—he had explored and determined the course of the Niger; and shortly afterwards he set off on his fatal visit to Africa. I scruple not to mention the name of the operator, because no professional error of this kind can possibly detract from the imperishable fame of that Scottish village Surgeon and great African discoverer Mungo Park.

LECTURES
ON
EXPERIMENTAL PATHOLOGY
AND
OPERATIVE PHYSIOLOGY,
DELIVERED AT
The College of France,
DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,
Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture XVI.

EXPERIMENTAL PATHOLOGY— ON THE GENERAL SYMPTOMS OF DISEASE.

Summary: The general Effects of Medicine and Poisons invariably connected with the Agency of the Vessels and Nerves—The general Symptoms of Disease invariably produced in the same Manner—The various Causes which are capable of producing Death, do not alway deserve the name of Diseases—Affections of an entirely local Character belong to this particular Class—The word Disease only applicable to general Disorders—Local Affections, in order to become General, obliged to borrow the Assistance of either Vessels or Nerves—Part played by the Veins in connection with the Effects of Poison—Experiments of Magendie—Part played by the Arteries—Poison cannot act upon the living Tissues without passing through the latter System—Is occasionally expelled from the Economy before penetrating into the Arterial Current—Instance of Sulphuretted Hydrogen adduced—The Process of Elimination usually carried on in the Lungs—Importance of Pulmonary Apparatus in this respect—Extraordinary Activity of Poisons when absorbed by the inner Coat of the Lungs—Small Quantities of Poisons capable of circulating in the Blood without endangering Life—The Effects of Poison may frequently be referred to the unassisted Agency of the Nervous System—Injection of Sand into the Arteries: its Results—The general Symptoms which attend the Operation suspended by the Section of the Sensitive Nerves—Difference of the Mechanism by which the Vessels and Nerves act in similar Cases—Motor Nerves sometimes capable of engendering general Phenomena—The Fact explained by Recurrent Sensibility—Effects of the Irritation of Sensitive Nerves upon the general Circulation—Effects produced by permanent Causes of Irritation—Effects of open Wounds and Sores—Peculiar Modifications undergone by the Nerves when exposed to the open Air.

Gentlemen,—The vessels and nerves, as in our preceding Lecture we have abundantly proved, are in every case the medium through which both medicines and poisons, when introduced into the economy, are enabled to produce effects which pervade its entire extent. Not less important is the part which devolves upon them in the morbid state, the manifestations of which lie wholly under their control; since, after all, affections of a purely local character scarcely deserve to be viewed in the light of real maladies, as long as they remain unattended by general symptoms, and confined to distinct regions of the body.

Among the innumerable agents which possess the power of destroying life, there exist an immense number, which the Medical philosopher cannot, by any means, consider as diseases: no one, for instance, would think for a moment of giving that name to the bullet which slays the soldier in battle, or the thunderbolt which strikes the ploughman dead in the fields; the same, of course, might be said of all the various causes of violent death; now, reasoning by analogy, might we not place a large number of so-called diseases in the same class? A tumour which, by its situation, compresses the windpipe, and gradually increasing in size, superinduces suffocation at last; a stricture of the œsophagus, which prevents the passage of food into the stomach, and ultimately starves the patient to death; are not these mechanical obstructions, which, acting as impediments to some of the more important functions of life, gradually bring on death, by a slow, but inevitable process? It would, of course, be superfluous to adduce other instances to the same purpose, but we are supported by the authority of Professors Trousseau and Pidoux, in assimilating to such cases those valvular affections of the heart, which, by constantly opposing the natural course of the blood, sooner or later produce a complete stasis of the circulation.

The word disease, must, therefore, be understood to signify disorders of a more extensive nature, the existence of which is revealed by phenomena of an entirely general character. Such, however, are frequently the results of local affections; the fact is established by daily experience; and we need only allude to the well-known effects of wounds and sores, in order to convince you that local causes frequently become the starting-point of general diseases. The results of our physiological experiments are, in this respect, perfectly in accordance with clinical observation; let, for instance, a poison be introduced under an animal's skin; its action, during the first few moments, is entirely confined to a single point, but within a given space of time, its effects are felt throughout the living frame; in what manner can similar facts be best explained? Such is the problem, the solution of which we are about to seek; the difficulty, as you perceive, has been distinctly stated.

That poisonous substances cannot act upon the tissues which compose the body, without having previously been absorbed, is perfectly clear; but when, under their influence, general phenomena are produced, the vessels or nerves must evidently have been called into play; the vascular and nervous systems alone, as you are well aware, are distributed throughout the body in one unbroken chain; and physiology, in this case, abundantly confirms the inferences drawn from our knowledge of anatomy. The well-known experiments of Magendie have shown that after injecting into the arteries of a limb any given toxic substance, its ordinary effects may be indefinitely suspended, by tying the veins which connect the diseased part with the remainder of the economy. The animal's life might, in this manner, be almost indefinitely prolonged; but as soon as the vessels are untied, the poison flows into the torrent of circulation, and gives rise, as usual, to a series of phenomena which end in death. The fact is well known to the inhabitants of tropical countries, who, when bitten by venomous serpents, immediately apply a close ligature over the limb, in order to prevent the passage of the venom into the blood until proper remedies have been applied.

But the vessels which convey into the depth of our tissues both poisonous substances and the ordinary elements of nutrition, belong, as you are perfectly aware, to the arterial system; on the other hand, all foreign bodies which pass into the blood through the process of absorption are conveyed into the arterial circulation by the veins: we thus discover that when general symptoms have been produced in this manner, the two great divisions of the vascular system have both been called into play. It sometimes occurs, however, that the noxious principle which circulates in the veins, is eliminated during its passage; such, for instance, is the case with sulphuretted hydrogen, one of the most dangerous substances we are acquainted with: when injected into the veins, it escapes from the lungs, and is, in this manner, prevented from passing into the arterial current; and the animal, in consequence, does not experience the slightest injury from the operation, the poison having been expelled before it could reach the tissues, which its contact would have disorganized. The venous, or absorbent system, is therefore that part of the vascular network which contributes to the production of general phenomena, when deleterious agents are introduced into the economy; nor do the arteries begin to play their part before the veins have accomplished theirs. But, as we have just stated, the poison is sometimes expelled before reaching the left side of the heart; and this elimination takes place on various points; but the pulmonary apparatus is the ordinary seat of the process. For this very reason, the inner coat of the lungs is perhaps the most powerful of all absorbent surfaces; and poisons, when directly brought to bear upon it, produce a more instantaneous effect than when deposited upon any other point; introduced, as it were, into the very centre of the arterial system, they pass at once into the circulation without any possibility of being expelled. Thus sulphuretted hydrogen, when introduced into the lungs, extinguishes life within a few seconds; while the same gas exists, to a considerable amount, in various parts of the intestinal tube, and even circulates in the veins, without producing the slightest inconvenience. It must, of course, be understood that the presence of poisons within the animal economy is perfectly innocuous as long as they are not collected together in sufficiently large quantities at a given moment. Small doses of the most dangerous substances may be successively poured into the vessels, at distant intervals, with perfect impunity. In estimating the noxious power of toxic bodies, the amount actually contained within the blood must alone be taken into consideration.

But another channel exists, through which the power of these agents is enabled to make itself felt throughout the entire economy; we allude, of course, to the nervous system. The essential difference which distinguishes sensitive from motor branches, has been carefully laid down in our preceding Lecture. The recurrent fibres, created for the purpose of transmitting to the central parts the impressions generated towards the surface of the body, are equally endowed with the property of communicating morbid impulsions to the entire economy; experimental proofs are not wanting to establish this fact. On one occasion, we injected fine particles of sand into the femoral artery of a dog; they reached of course the capillary vessels, and filled them up, so as to arrest the progress of the blood. An acute sensation of pain made its appearance, and a powerful reaction soon took place; yet in this case the venous system had not been interfered with, the passage of sand into the capillaries being utterly impossible. We therefore see that in this case, fever, loss of appetite, general uneasiness, and other physiological effects, were produced exclusively under the influence of the nervous system; and another experiment renders the demonstration still more forcible. When the anterior roots connected with the diseased limb have been divided, a complete paralysis of motion is the natural result; but sensation being entirely preserved, the pain is felt as before, and its consequences remain exactly the same. Let, on the contrary, the posterior roots be divided; and all general symptoms will at once disappear; motion of course remains, but pain no longer exists; and symptoms of a purely local character, such as a partial swelling of the limb, a certain degree of refrigeration, and other signs of arrested circulation, are the only phenomena observed. When the sensitive nerves have been preserved, the intensity of the febrile reaction which takes place is sometimes so powerful as to produce death.

Local affections are therefore totally distinct in themselves from real diseases; and, when they become general, the morbid impulse has been communicated to the economy by one of the two general systems, which pervade its entire extent; not, however, by that portion of each system which extends from the centre to the extremities; but, on the contrary, by that which returns from the surface to the central parts. The veins convey the foreign substance itself into the circulation, *in propriâ personâ*, if we may be allowed to use the expression; while the nerves only transmit impressions of a peculiar nature. It is a well-known fact that the venous circulation is frequently encumbered with putrid substances, small fragments of mortified tumours, fibrinous clots, and so forth; while the nervous fibre exerts over our organs a subtle and penetrating influence, and merely by transmitting the shock it has received, produces modifications of the most extensive character.

We have sufficiently proved, in the course of these Lectures, that the sensitive fibre alone enjoys this property; yet, in a

few cases, the motor branches appear endowed with it in their turn: this singular fact requires an explanation. When a sensitive nerve has been divided, its central extremity retains its own peculiar faculties, while the peripheric portion of the nerve is totally deprived of feeling and remains insensible to the most powerful agents. The reverse takes place with respect to the motor fibres; after dividing the trunk which has been laid bare, its peripheric extremity alone retains the property of drawing cries from the animal, when excited, while the central part remains deprived of all sensation. This extraordinary property of the motor fibres has received the name of Recurrent Sensibility, and is generally attributed to certain sensitive fibres, which, bending back towards their primitive source, follow the track of the motor nerves, but in the opposite direction; for as soon as the corresponding posterior root has been destroyed, all sensibility disappears in the motor fibres. Such is the contrivance (so to speak) which enables the motor nerves to borrow the properties of their congeners, and connect, in the morbid state, distant parts of the body with each other.

It may be inquired, *how* the impressions transmitted by the sensitive nerves succeed in producing so extensive a disorder as to superinduce anatomical injuries on various points; and physiological observations furnish us with the reply. Let the common carotid artery be laid bare in a dog, let a cardiometer be adapted to the vessel, and as soon as a sensitive nerve is excited, the rise of the liquid in the glass tube, and the sudden increase in the quickness of the pulse, sufficiently testify to the general influence exerted by the sensitive nerves over the whole system. Now let us suppose that (as in the case of local inflammation), a permanent cause of excitement exists: a constant acceleration of the pulse will be the result, and fever, with all its ordinary consequences, will shortly make its appearance. But in the case of sores and open wounds, an additional source of irritation is found; you are of course aware that when exposed for a certain time to atmospheric action, a nerve swells, becomes hard and shining, and possesses during a certain lapse of time an exaggerated amount of sensibility. Such, no doubt, is the real cause of the excruciating pains which, in the course of certain diseases, assail tendons, ligaments, fibrous membranes, and other equally insensible parts. A similar process no doubt takes place in wounds recently laid open, and exposed to the contact of air; during the first few moments, the lips of the wound not having yet been modified by the unusual irritation brought to bear upon them, no increase of pain is felt, no febrile reaction takes place. But after a short space of time,—a few hours in some cases, a few minutes in others,—when the extremities of the divided nerves have grown irritable and tumefied, all the symptoms of a general disorder break forth at once.

ORIGINAL COMMUNICATIONS.

ON THE USE OF THE OPHTHALMOSCOPE AS A HELP TO DIAGNOSIS IN DISEASES OF THE NERVOUS SYSTEM.

By JOHN OGLE, M.D. F.R.C.P.
Assistant-Physician to St. George's Hospital.

Daily observations recorded in various periodicals, are bringing this instrument into well-merited notice, as a means of assistance in clinical research; and as I have for some time been attempting to avail myself of its services in the investigation of certain disordered conditions of the brain (among my Hospital patients, and with the valuable aid of my friend Mr. Holmes), I read with very considerable interest the remarks made in your Journal of May 26, page 523, as to the use of this instrument by Mr. Wordsworth, in a case of Hemiplegia. Whether the instrument is destined to occupy any really high position (rendering in its way such services as does the stethoscope, for example) as respects our inquiries into disease which is not primarily that of the eye itself, frequent and continued use thereof in a multitude of cases alone can show. It has, however, for some time appeared to me, that this may eventually be said of it; but I confess, that although my present experience is certainly such as to give encouragement to the above idea, yet I have hitherto been unable (doubtless it may be from inexperience and imperfect manipulation of the instrument) to obtain by its use such effective views of the interior chambers of the eye even in a natural condition, as I have seen picturesquely pourtrayed in various works devoted to ophthalmoscopic considerations. If it be, however, that extended experience clearly proves that the deeper vessels and structures of the eye can be with facility explored by this instrument, then we have, I think, fair and plausible grounds for anticipating that it may materially subserve the interests of Diagnosis in the case of disease of the nervous system.

That the condition of the deeply-seated and delicate vessels of the eyeball may be, as it were, to a great extent (at least in some instances) a criterion of the state of the vessels of the brain structure may be with reason inferred from what we know of their anatomical relationship, their origin from the same arterial sources, and the innervation which for obvious physiological reasons, they enjoy in common with each other. And that the condition of the extra-cranial vessels may be regarded as a fair index of intra-cranial ones under certain conditions, is patent from the ecchymosis of the vessels of the conjunctiva, or of the skin of the forehead and temple, which is by no means infrequently witnessed after severe attacks of epilepsy, hooping-cough, or even as I have seen it, after protracted vomiting; in which cases, owing to violent muscular spasm, the return of blood from the inner parts of the head has been delayed or prevented simultaneously with impediment to its return from the face and outer parts of the head.

Especially may we, I think, expect that a deranged condition of the cerebral circulation may be, as it were, mirrored forth by the ascertained condition of the vessels and inner coats of the eye in those cases wherein this disorder is dependent upon disturbance of vaso-motor influence by reason of interference with distant parts of the sympathetic nervous system. The probability of this view presented itself to my mind three or four years ago when considering the various cases to which I alluded in a paper upon the Influence of the Sympathetic on the Eye (a). I then suggested that most likely the giddiness, dimness of vision, deafness, and other such symptoms often coincident with intra-thoracic aneurisms and other tumours about the neck, chest, etc., are in many cases quite independent of any true cerebral change, but merely result from interference with sympathetic nerve influence to the intra-cranial capillaries. This supposition appeared highly feasible as well from clinical cases as from the results of accidental injuries and experimental operations upon the sympathetic system.

Another instance of the relationship between intra and extra-cranial structures is afforded by the well-known connexion between a certain state of the cornea of the eye (known as arcus senilis) and certain conditions of the cerebral vessels. No doubt this state of the cornea also affords an insight into the condition of the general textures of the body, and the same may, no doubt, be said of the vessels of the choroïd and retina, inasmuch as they have been found affected in certain cases of albuminuria (albuminous amaurosis so called) in which, most likely, all the capillaries of the body, as well as the blood itself, are in a morbid condition. Nevertheless, that fact does not invalidate the supposition that from the deep-seated vessels of the eye, a knowledge of the cerebral ones may be gleaned, inasmuch as in many cases there seems no doubt that both these sets of vessels, as well as others in the body, are equally affected as part of a universally morbid state of the vascular system.

Knowing, then, how exposed to view the beautiful and minute vessels of the choroïd and retina may become by means of the ophthalmoscope, how easily any escape of their contents might be apparent,—knowing, also, how prone the cerebral capillaries are, under certain circumstances, to permit extravasations of blood, etc. to take place, and bearing in mind the probability of the condition of the ophthalmic vessels being as it were a *reflex* of those within the cranium, I was led, as I before said, to seek the aid of the ophthalmoscope in cases of disorders of the nervous system. I will now proceed to adduce one or two cases (all of which are still under my care) in which, in accordance with expecta-

(a) See *Transactions of the Royal Medical and Chirurgical Society*, vol. xlvi. page 397.

tion, this instrument has been the means of declaring an unhealthy state of the deep vessels of the eye in disease of the nervous system.

Case 1.—J. L. a man aged 55, suffering from continued giddiness, and "feeling as if intoxicated," and also from "sickness." The pupil of the *left* eye was rather larger than that of the right eye, but both acted, and that equally, on the stimulus of light. The muscles of the eyeballs and face were natural. The power of squeezing with the *left* hand much diminished. He said also that he could feel pinching of the skin on the *left* arm and wrist less acutely than on the opposite side. Movement of *left* leg in walking somewhat impaired. Tongue protruded straight; rather furred. Face and lips paleish. Pulse weak, but regular. An old scar existed, along with a depression in the surface of the frontal bone above the left eye, which the patient declared was only of two years' standing, and owing to a tumour which came simultaneously two years before, and broke of itself (most likely a sebaceous tumour). The patient spoke well and rationally, and stated that six months previously he had a stroke while walking on the road, and for twenty-four hours lost his consciousness and sight. After this, for two or three days, he had no power whatever of moving the *left* arm and leg, but subsequently he gradually recovered, with the exceptions above mentioned. "No specific cause for his affection was apparent."

Treatment has consisted of gentle alkaline aperients,—the nitrate of bismuth and chloric ether — and under this the sickness entirely left him. Still the giddiness persisted for some time, but now has been gradually yielding to the use of bark with small doses of liq. hydr. bichlorid.

Examination by the Ophthalmoscope. — On two several occasions the ophthalmoscope was used by Mr. Holmes and myself after the pupils had been dilated with a solution of atropine dropped between the eyelids. We found, on the first occasion, that at the lower and outer part of the crimson field illuminated by the reflector, the *left* eye presented a dark mass of substance (no doubt the results of long-standing extravasated blood). This dark mass was of considerable size and regular in outline. After a fortnight's interval, it had exactly the same appearance, having undergone no appreciable change either in colour or size.

Case 2.—S. T., a bricklayer, aged 55, of spare habit, and short in stature, was suffering from giddiness, which he referred chiefly to the *left* side of the head, and from trembling of the arms on holding anything, and from very uncertain movement of the legs, owing to which he staggered in walking like a drunken man. There was also slight trembling of the facial muscles, the *left* side being more particularly affected. The sight was dim, and on turning the head round quickly, or frequently, the giddiness was brought on, and oftentimes single objects appeared double. Moreover, on his moving his head, strabismus was perceptible to the observer (though so slight and transient as to make it uncertain which eye-ball was at fault). Pupils equal and regular; ordinary movements of eyes natural; arcus senilis well shown in both eyes. No alteration in the sensibility of any part of the skin; urine not albuminous; pulse feeble, regular, seventy-five per minute. There was decided curvature of the upper part of the dorsal region of the spine towards the left side. It was stated that the present attack was of three weeks' duration, but that, three years ago, when engaged as a builder, he had been ill much in the same way, owing, as was thought, to intense anxiety. He then complained of a "jerking" of the muscles of the *left* side of the body, lasting for two or three minutes, and commencing with twitching of the *left* shoulder. It appeared, also, that, twenty years ago, he was much exposed, as a bricklayer, to wet, and had to discontinue that kind of work owing to pain in the right side of the body (apparently muscular). During this work he on one occasion hurt his left shoulder much in shooting a barrow of earth, and has felt the hurt ever since.

Treatment consisted of slight mercurial aperients, with quassia and iron and nitric acid, and blistering the nape of the neck. Under this the patient got very much better, and was only subject to giddiness at times. At one period his expression was that "he was only bad once or twice a week," at another that "he was all but well." Subsequently the giddiness returned to a much greater degree, and the pulse became very weak, but he had never, at any time, had pain. Moreover, excepting the giddiness, he had always felt himself in good health. Latterly he has become much better, but still staggers about uncertainly when walking.

Examination by the Ophthalmoscope. — The eyes were examined twice by the ophthalmoscope, the pupils being dilated by the atropine solution. "On both occasions a slight mass of black deposit was found, apparently upon the retina of the left eye, quite on the edge of the field brought into view." This was just the same on the second inspection after an interval of two weeks. After the second application of the atropine the patient complained of a very unusual symptom, saying that, for several days after its use to one eye, "objects appeared to that eye very much diminished in size, his own hand appearing to be only of the size of a doll's hand." Such was the patient's statement, but most likely this condition of sight was of long standing, though it had ben unnoticed. At a still later occasion, only a day or two ago, the patient, on closing the right eye, found that with the other one every object inspected was always much minified.

Case 3.—J. A., a man, aged 53, who formerly suffered from syphilis. In his case there was partial ptosis of the *right* upper eyelid, with divergent strabismus of the right eyeball, and very dilated and fixed condition of the pupil. Pupil of left eye natural in size but inactive and irregular (apparently from old syphilitic disease of the iris). Pain in the head and giddiness are greatly complained of, and also double vision, except when one eye was closed. Objects seen with the *right* eye always appeared *much larger* than they really were; and occasionally on closing the left eye, and opening the right one, suddenly he at once became very giddy. Excepting the sight, the special senses were in a natural state, as also the movements of the legs and arms. Urine not albuminous.

Treatment consisted of diuretics, with Plummer's pill, and, subsequently, the iodide of potassium and blistering the nape of the neck. From this he got much relief to the pain and giddiness, but nausea and vomiting came on, and he is now taking the Plummer's pills with columba and hydrocyanic acid with considerable advantage.

Examination with the Ophthalmoscope.—On examining the eye with the ophthalmoscope, after the atropine solution had been used to the left eye (not to the right, as the pupil was already well dilated), the lenses of both eyes were found rather opaque, and the right retina appeared much paler than the left one. No other unnatural condition was noticed, but on two occasions, at considerable intervals, that the instrument was used, "*there was intense pain* (hyperæsthesia of the retina) *in the right eye when the light of the reflecting mirror was turned upon the retina.*" This was not at all the case with the retina of the opposite eye.

I may here mention an interesting case (which I now have under my care) of amaurosis of both eyes in a boy, who has had some disease of the brain (most probably effusion into the ventricles). From being perfectly blind he is now recovering his sight with one eye, and I have found that the dilated and perfectly fixed pupil can be made to act, and that almost as completely (though rather more slowly) as a healthy one by repeated and long-continued use of the light thrown upon the retina by the ophthalmoscope. I look upon this as an indication, if such were necessary, that the retina is not much out of order, but that the cause of the amaurosis is more central in its origin, and I think the use of light in this manner may be made available as a means of Diagnosis. Moreover, it may be useful as a method of Treatment, and by means of quickening or keeping up the reflex function involved in the action of the iris under the stimulus of light, it may answer the same purpose which galvanism does when used to maintain or resuscitate the function of muscles and motor nerves in paralysed limbs.

Case 4 was that of P. R., aged 38, with a well-marked intra-thoracic aneurism, situated towards the *right* and upper part of the chest. The pupil of the *right* eye was much larger than that of the left one, but both act equally well, and are regular in outline. Thinking that this difference between the pupils depended upon some interference with the sympathetic nerve (b), and that probably from the same cause, the innervation of the vessels of the fundus of the eye might be affected, the eyes were examined by the ophthalmoscope, "numbers of darkish spots and specks (apparently the *débris* of ecchymosed blood) were seen on the field of the

(b) See the paper above quoted in the *Transactions of the Royal Medical and Chirurgical Society.*

retina. There was no increased sensibility to the stimulus of light."

Such are the cases which I thought it would be of interest and serviceable to bring forward as demonstrating the use of the ophthalmoscope in affections of the nervous system. I hope I may, at a later opportunity, be permitted to adduce still others, and again perhaps to refer to the above as being still under observation. I will make no further comment on the results of the ophthalmoscopic examination in the above instances, so far as they are for any important deduction, excepting to draw special attention to the great sensitiveness of the retina (as the acute pain showed) in Case No. 4, that viz. in which there was paralysis of the third cranial nerve on the right side. This symptom in such a case appears to be of great interest, and I do not recollect to have noticed it in any previous instance of this affection.

In conclusion, I would observe that no doubt in some cases the application of the ophthalmoscope may be instrumental in diagnosing (a matter so difficult, but so necessary) between giddiness and other symptoms proceeding from actual organic change, and the same symptoms arising from disturbance in other distinct parts, as in the digestive organs, and, therefore, strictly sympathetic in character. Again, it may prove useful as a means of diagnosis, when it is doubtful (especially in children, parturient women, etc.,) whether such and such symptoms are owing to *repletion* or to *defective* and even sinking powers, just as the state of the fontanelles is looked upon as being a useful guide in such doubtful instances. Might not the entire subject be greatly furthered, and much light thrown upon it, by judicious experiments on some of the lower animals; different conditions of the cerebral capillary system being artificially produced for the sake of contrasting different conditions of the vessels of the choroïd and retina?

13, Upper Brook-street.

ON A CONVENIENT NEEDLE FOR THE READY

APPLICATION OF METALLIC SUTURES

IN THE OPERATIONS OF

CLEFT PALATE, VESICO-VAGINAL FISTULÆ, Etc.

By P. C. PRICE, Esq.

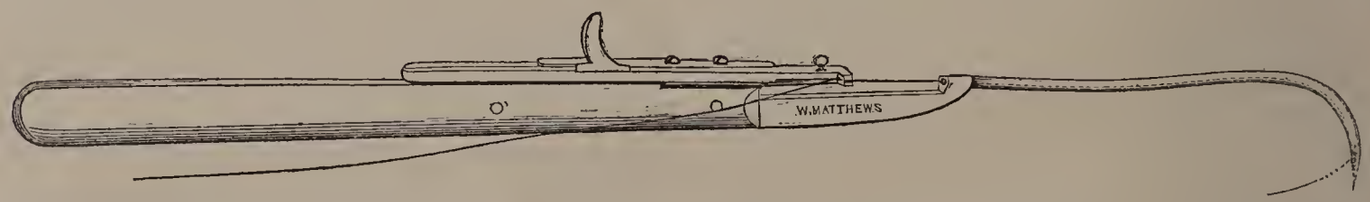
Surgeon to the Great Northern Hospital, etc.

Those Surgeons who are engaged in the renovation of deformities arising from arrest of development—such, for instance, as the deficiency of the soft portions of the roof of the mouth in what is commonly known as cleft or split palate; or in the reparation of breeches of structure, as those resulting in permanent lesions of the female bladder, vagina, and rectum,—have often doubtless experienced the necessity of such mechanical instruments as would enable an easy performance of an operation. Improvements in such necessitous instruments have by degrees been added to the operator's *armamentarium;* but still every addition seems to show the further necessity that exists for yet more useful mechanical aids. Since the introduction of metallic sutures (so ably and forcibly recommended by Dr. Marion Sims) for the more efficient closure of the structures of the bladder, vagina, etc., the want of a suitable means of appliance has been more than ever needed.

The ordinary curved needle set in a handle, and drilled with a single hole near its point is found inconvenient, for great difficulty is experienced in disengaging the metallic thread with which it is armed. To obviate this inconvenience, among other contrivances, was invented by, I believe, a German, a needle with a moveable point, but still further perfection and simplicity was needed. A short while since Mr. Startin, in the columns of this Journal, suggested the use of a tubular needle, which was a decided improvement, and one that was quickly recognised. Still, however, there seemed room for a more complete instrument to enable a free and ready application of the wire suture in cases rendered unusually difficult of management by reason of the position of the lesion, etc.

While lately witnessing one of Mr. Baker Brown's skilful operations for vesico-vaginal fistula, I was struck with the inconvenience that resulted from the method of applying the metallic suture (which, in this instance, required an extra pair of hands to arm the needle after its insertion through the soft tissues) by means of the ordinary grooved or tubular needle. To dispense with what I considered an impediment in these usually scientific and clever operations, I have devised the needle figured below.

It consists of a tubular needle, such as at first suggested, I believe, by Mr. Startin, set in a wooden handle, but immediately connected therewith by a rod of metal, which is out of the plane common to both the needle and its handle. Working on the upper surface of the handle is a steel slide with a forward and backward movement. At the front end of the slide is a catch-spring, regulated by a small screw-button. The arming of the needle is thus accomplished:—The slide, having a moving range of an inch or an inch and a-quarter, is to be drawn as far on to the handle as it will go; one end of the metallic thread to be used is then inserted into



the needle at what may be termed its breech, and pushed along the tube till it nearly reaches the point; the portion of wire that projects at the breech is then placed in the catch-spring, and the needle is ready for use.

Having inserted the point, and as much of the needle as is necessary, through the lips of the structure to be closed, the wire is made to project beyond the point of the instrument (as shown by the dotted line in the engraving) by pushing forward with the thumb or forefinger the slide. The projected wire is now caught with a pair of forceps, and disengaged by pressing with the forefinger the button-head which regulates the catch-spring, so that it can be readily and quickly drawn from the needle, or the needle from it.

The instrument is depicted about two-thirds its proper size, and was made for me by the well-known surgical mechanician, Mr. Matthews, of Portugal-street, Lincoln's-inn, and has been much approved of by Mr. Spencer Wells, and other Surgeons who are in the habit of performing certain plastic operations on the perineum, etc. In cleft-palate, as well as in operations about the genito-urinary parts, this needle will be found very advantageous, and will at once render the passing of metallic threads through the curtains of the soft palate a less complicated proceeding. It has been my good fortune to have assisted for many years my friend Mr. Fergusson in nearly all his numerous operations for split palate; and although his master hand makes perfect in utility incomplete surgical instruments, still I have occasionally met with instances in which a more ready appliance for the applicatin of the wire suture (which this distinguished Surgeon now usually employs in his palate operations) would have been of much advantage.

Green-street, Grosvenor-square.

M. Ricord's *externes* and *internes* at the Hôpital du Midi presented their master with a beautiful gold medal on his birth-day, as a mark of their gratitude and affection.

In the Crimea there were 28 deaths out of 33 primary amputations of the elbow-joint, and of 31 secondary disarticulations, 24 were fatal. Out of 68 disarticulations of the knee there were 62 deaths. The same operation once yielded in M. Velpeau's hands only 1 death out of 14 cases.—*M. Larrey.*

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

TWO CASES OF INTERSTITIAL KERATITIS WITH TEETH OF THE HEREDITO-SYPHILITIC TYPE.

(Under the care of Mr. STANLEY.)

ANY one who has access to St. Bartholomew's Hospital, and who is desirous to make himself acquainted with the dental malformations indicative of hereditary syphilis, may examine two typical examples of them in patients now in Darker Ward. Both the patients are boys, aged fifteen, and both are under care for interstitial keratitis. According to the views now entertained at the Ophthalmic Hospital, this form of inflammation of the cornea occurs almost solely in the subjects of inherited syphilis, and it is a matter of established clinical observation, that those who suffer from it almost invariably exhibit remarkable peculiarities in their teeth. Occasionally it occurs before the second dentition, and then the teeth are no guide in diagnosis as the peculiarities are manifested only in the permanent set. The malformations to which we refer mostly affect, in greater or less degree, all the incisor and canine teeth of both jaws, but the central incisors of the upper jaw are those most commonly and most peculiarly modified. These latter may indeed be regarded as the test teeth in reference to this question, and anyone not familiar with abnormal dental types, will do well to confine his attention to them in attempting to establish a diagnosis as to inherited syphilis.

Our immediate object in alluding to this subject at the present time is simply to draw attention to Mr. Stanley's two cases, for it is not often that such well-marked ones are met with in the wards of our general Hospitals. At the Ophthalmic Hospitals syphilitic teeth may be seen every day, but it is because their subjects are brought there on account of the keratitis from which they usually suffer at or near the period of puberty.

The following are brief particulars of the cases to which we refer. It will be seen that we have not been able to obtain any history from the parents in either instance. It is, however, one of the great advantages of a knowledge of the typical form of teeth, that it enables its possessor to dispense with the necessity for asking direct questions, which always occasion annoyance, and are usually answered without any regard to the truth.

Case 1.—*Double Interstitial Keratitis of much Severity at the Age of Thirteen—Characteristic Teeth—History of Eye Disease in an Elder Sister.*—W. L., aged 15, is a tall well-grown lad. The bridge of his nose is not much widened or sunken. His forehead is slightly protuberant, and his face shows patches of psoriasis. His palate is very high and narrow. He is rather deaf. He states that he is the second of three children. An elder sister, aged 18, has suffered from "bad eyes," and is now quite blind of one. A younger sister, aged 13, is believed to be in good health.

State of Eyes.—Both corneæ are extensively opaque by the interstitial deposit of lymph. They are also as is not unusual after a long and severe attack, thinned in the centre, and pushed forwards so as to be more convex than is normal. The disease is now slowly subsiding, and the clouds of opacity are gradually being absorbed. The left eye was the first attacked, and its fellow began to inflame about eighteen months ago. The right was not affected until three months later, but they have since suffered with almost equal severity.

State of Teeth.—The central upper incisors are very peculiar indeed, and are of the form most unmistakeably typical. Instead of becoming wider from side to side as they project downwards, they are narrowed and their corners are rounded off. In the centre of their cutting edge is a deep vertical notch which is prolonged upwards as a shallow groove in the middle of the front surface of the tooth. The teeth are carious at their necks. The lateral incisors are so much destroyed by caries that their original form is not recognisable. The lower teeth are all of good form, with the exception of the central incisors which are narrow, peg-like, and notched.

Case 2.—*Double Interstitial Keratitis at the age of Twelve.—Syphilitic Physiognomy.—Characteristic Teeth.*—George M., aged 15. This lad is of pale complexion, broad, sunken nose, and flabby skin. He is the eldest living of a family of five—two older than himself having died in infancy (one at six months and one at two months). He has suffered for several years from purulent discharge from both ears, and is now partially deaf.

State of Eyes.—His right eye was first attacked about three years ago, and the left some time subsequently. The left cornea appears never to have suffered so severely as the other, and is now clear, excepting a slight haze in its lower part. He can see to read with the left, but is troubled with muscæ and black spots. The right cornea is still very extensively diseased, the masses of deposit being unusually large and dense.

State of Teeth.—The central upper incisors present each a broad notch in their cutting edges. They are not particularly narrowed, and though not nearly so peculiar in form as those in William L.'s case (see above), they still present the same feature (an atrophy of the middle lobe of the tooth-edge), and are sufficiently characteristic. The lower incisors are serrated, but not much notched.

Among Mr. Dixon's out-patients at the Ophthalmic Hospital there are at present many very good examples of the syphilitic type of teeth in conjunction with interstitial keratitis. In one instance three children (a sister and two brothers) are all affected by the same form of disease, and all present the same type of dental abnormalities. It is most interesting, however, to observe the gradations in severity according to the age of the patient, both in regard to the eyes and the teeth. The girl is the eldest living of the family, and her teeth have suffered most severely, while her countenance is repulsively deformed by the effects of infantile syphilis, her forehead being protuberant, bridge of nose level with cheeks, large scars at angle of mouth, etc. Her next brother presents characteristic teeth, and has suffered a well-marked attack of keratitis, but his physiognomy is not very peculiar, while the third presents, both as regards eyes and teeth, a still less well-marked condition of things. They have three younger brothers who are reported healthy. The history given is that both father and mother went through the ordinary course of constitutional syphilis and mercurial treatment soon after marriage, and that their two eldest both died in infancy of inherited disease. The girl (their third) is stated to have suffered severely from the usual symptoms in infancy, but got through them. Neither of her brothers are remembered to have had anything noticeable in infancy. It is worthy of remark, in relation to the following case, that the girl is deaf, partially paralytic in her right arm, and almost an idiot as regards intellect.

THE LONDON HOSPITAL.

CASE OF IDIOTCY IN CONNEXION WITH INHERITED SYPHILIS.

(Under the care of Mr. CRITCHETT.)

R. M., aged 9, is now attending among Mr. Critchett's out-patients on account of double interstitial keratitis. The attack commenced in the eyes about four months ago, and as the disease is of the usual type, it does not call for any special description.

There is nothing very peculiar in the boy's complexion, which is moderately florid, but his upper central incisor teeth are characteristically notched and narrowed. His soft palate is perforated in consequence of ulceration, which attacked it about a year ago, and his food often passes into his nose. His mother gives the following facts as to his infancy. For obvious reasons no direct questions were asked of her. The boy is her first-born; a second, now aged three, is living, and reported healthy; a third died at birth. In infancy the boy had a severe rash on his buttocks, and ulcers at the anus; he also suffered from snuffles in the nose, and was very ill for a long time. He did not walk till four years old, and has never learned to talk. His hearing is good.

The boy appears quite idiotic; according to his mother's statement "he has no intellect except for food." He has a ravenous appetite, and is very artful in procuring its gratification. At times he is very violent.

We may add as comment to the above that there does not appear to be any reason for supposing that actual idiotcy is at all a common consequence of inherited syphilis. About three years ago we looked through the patients at the Redhill Asylum without finding a single one whose teeth were characteristic; and Dr. Down, the present able Medical Superintendent, informs us that he has recently made another inspection with a like result. Complete idiotcy is probably more often a result of congenital malformation of the brain. Impairment of intellect is very common among the syphilitic, and is usually accompanied by a mis-shapen protuberant forehead; but the condition, according to our observation, rarely approaches an entire loss of intellectual powers. The case we have above quoted is the only instance of its kind which has yet come under our notice.

REMOVAL OF AN EXTRA-UTERINE FŒTATION BY ABDOMINAL SECTION.

(Under the care of Mr. ADAMS.)

The patient to whose case we alluded last week, from whom Mr. Adams had removed a full-grown dead fœtus by abdominal section, is doing remarkably well. The placenta, which was left in the cyst, has not come away, but the funis has separated. There is now (8th day) healthy purulent discharge from the interior of the cyst, and the woman is free from all undue febrile disturbance. We shall record the full particulars when the case is complete.

HOSPITAL NOTES.

ACUPRESSURE AFTER AMPUTATION OF THE BREAST.

The advantages of acupressure over the ligature were well exemplified last Saturday at the Samaritan Hospital. Mr. Spencer Wells removed a large carcinomatous mamma, with a considerable portion of integument which had been involved in the disease. Five arteries bled freely—three in the inner and upper, and two in the lower and outer border of the wound. All these vessels were stopped without the slightest difficulty by needles. Common hare-lip pins were used. They were inserted through the skin, about an inch from the edge of the wound, passed beneath the vessels, and then brought out again through the skin upwards of an inch from the point of insertion. All bleeding was thus perfectly arrested. The edges of the wound were brought together by iron-wire sutures. So much skin had been necessarily removed, in order to take away the whole of the diseased parts, that some little traction had to be made to bring the edges together. This may probably interfere with union by the first intention; but there can be no doubt that the presence of ligatures between the apposed surfaces of the wound would have been an additional obstacle to this desirable result. Mr. Wells removed all the needles forty-four hours after the operation. No bleeding followed. Had ligatures been used, at least a week would have elapsed before they had all separated, and each would have set up a suppurating track in its course. The patient has gone on remarkably well since the operation. The needles produced neither pain nor inconvenience.

Ehrenberg has been elected Foreign Associate of the French Academy of Sciences, in the place of Humboldt. His opponents were Liebig, Wöhler, Murchison, Airy, De la Rive, and Steiner.

University College, London.—At a Session of the Council on Saturday last, Dr. Jenner was appointed to the offices of Holme Special Professorship of Clinical Medicine and of Physician to the Hospital, vacant by the resignation of Dr. Parkes, on his appointment to the Professorship of Hygiene in the new Army Medical School at Chatham. A vacancy in the office of Assistant Physician to the Hospital, with the care of out-patients, occasioned by the promotion of Dr. Jenner, was ordered to be advertised.

THE LONDON AND PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

REPORT ON OPERATIONS FOR INJURIES TO THE SKULL.

(Continued from page 552.)

Case 35.—Compound Fracture of the Parietal Bone from a Blow—Operation—Erysipelas—Recovery.—The patient, a bricklayer, was admitted into King's College Hospital, under the care of Mr. Partridge, for an injury to the right parietal bone from a brick which had fallen edgeways a height of thirty feet. The wound was a ragged one three inches long. There was a fracture of the bone, and a portion of it, consisting almost entirely of the inner table, and about a square inch in size, had been depressed and forced forwards beneath the anterior boundary of the fracture. The trephine was used, and two pieces of bone having been removed, the depressed portion was dislodged. The man had subsequently an attack of erysipelas, but ultimately recovered.

Case 36.—Compound Fracture with Depression—No Brain Symptoms—Anticipatory Operation—Recovery.—A man, aged 28, was admitted into St. Mary's Hospital, under the care of Mr. Spencer Smith, for compound fracture of the skull a little to the left of the saggital suture, near its middle. A portion of bone, of an irregularly circular shape, was found to be depressed, but there were no other symptoms of compression except sluggish pupil. The scalp wound having been enlarged, Hey's saw was used, and, room having thus been obtained, the depressed portion was removed. The dura mater was not torn, but was separated from the bone for a considerable distance round the fracture. The patient recovered.

Case 37.—Compound Fracture from a Kick by a Horse—Convulsions, followed by Symptoms of Compression—Trephining—Injury to Dura Mater discovered—Death.—A man of middle age, was admitted into University College Hospital, under Mr. Quain's care, for a compound, comminuted fracture from the kick of a horse. On admission, immediately after the accident, he was partially sensible, but the cerebral symptoms rapidly increased. A severe convulsion occurred, after which the indications of compression of the brain were well marked. The trephine was then used, and it was found needful to remove several portions of detached bone of considerable size. The dura mater was torn, and the brain-substance itself injured. The symptoms were relieved immediately by the operation, and all signs of compression ceased. The after-treatment consisted in bleeding, and the application of ice to the scalp. The man died subsequently. At the autopsy, extensive disorganisation of the brain was found.

Case 38.—Compound Fracture of Frontal Bone—Use of Hey's Saw and Removal of Fragments—Recovery.—A man was admitted into the South Staffordshire Hospital, under the care of Mr. M'Mann, for a compound fracture of the frontal bone, with depression. Hey's saw was used, and several portions of the depressed fragments taken away. No bad symptoms followed, and the patient rapidly recovered.

Case 39.—Compound Fracture of the Parietal Bone, with Depression—Removal of Fragments—Death—Laceration of Brain and Fractured Base.—A boy, aged 13, having been struck with a windmill-sail on the right side of his head, was admitted with a depressed fracture of the parietal bone, and an extensive scalp wound. The depressed portions were removed. Death took place on the second day. At the autopsy, the brain was found lacerated beneath the seat of the injuries. There was also found a fracture extending across both wings of the sphenoid bone.

Case 40.—Fracture of the Frontal Bone with Depression—Laceration of Dura Mater—Operation—Hernia Cerebri—Death on the Fourth Day.—A lad, aged 16, was admitted into Hospital with a compound comminuted fracture of the left half of the frontal bone, attended by much depression. The dura mater was torn. He became sensible after the operation but delirium, followed by coma, supervened subsequently, and a hernia cerebri formed. Death took place on the fourth day.

Case 41.—Compound Fracture of the Parietal Bone—Opera-

tion—Death after Rigors, etc. One Month afterwards.—A man, aged 54, was admitted with a comminuted fracture of the left parietal bone, complicated with a very extensive scalp wound. Loose portions of bone were removed, and those depressed were elevated into position. The dura mater was not lacerated. The man continued for several days without brain symptoms. Rigors and other symptoms indicative of pyæmia afterwards occurred, and death took place on the twenty-eighth day.

Case 42.—*Fracture with Depression—Laceration of Dura Mater—Operation—Recovery of Consciousness—Death on the Seventh Day—Fractured Base and Abscess in the Brain.*—A boy, aged 9, was admitted into Hospital in a state of coma. There was much extravasation of blood on the left side of the head, and after division of the integuments, a fracture was found extending backwards from the external angular process of the frontal bone to behind the level of the ear. The dura mater was torn. The depressed portion having been raised, the boy became slightly conscious. On the second day he was quite sensible and had regained his muscular powers, with the exception that he could not speak, and had to make signs for what he wanted. On the third day he became excited and continued afterwards to get worse. On the seventh day he became comatose and died. At the autopsy the fracture was found to have extended through the petrous portion of the temporal bone. The arachnoid at the base of the brain was much thickened and made yellow, by a dense deposition of fibrin. In the left hemisphere was a large abscess which appeared to have opened freely into the wound, and to have been capable of so discharging itself.

Case 43.—*Fracture of the Frontal Bone and Laceration of Middle Meningeal Artery—Operation—Hernia Cerebri—Death on the Fourth Day—Large laceration of the opposite Hemisphere.*—A boy, aged 15, was admitted for fracture of the skull. There was great comminution of the left half of the frontal bone, and profuse arterial bleeding had resulted from extension of the fracture through the middle meningeal artery. The patient lived three days after the operation, during which time protrusion of the brain substance took place. At the autopsy a large laceration of the opposite hemisphere was found.

Case 44.—*Compound Fracture of the Parietal Bone—Laceration of Dura Mater—Operation—Death on the Fourth Day.*—A man, aged 20, was admitted into Hospital for compound fracture of the skull at the position of the right frontal eminence. The dura mater was lacerated, and the brain was escaping. The depressed bone was removed. The patient died three days after the operation. The autopsy showed arachnitis, and acute softening of the injured brain-substance.

Case 45.—*Coma after a Blow on the Head—Trephining without Benefit—Venesection—Death in unrelieved Coma a few Hours after Admission—Autopsy.*—A man, aged 23, was admitted into a metropolitan Hospital with symptoms of compression. The trephine was applied at the spot where the violence was inflicted, in the hope of finding extravasated blood between the dura mater and the skull. None, however, was discovered. Venesection was also practised, but without any relief to the coma. The man died a few hours after. At the autopsy a quantity of effused blood was found on the opposite side of the head. There was also a chink-like fracture extending across the base of the skull.

Case 46.—*Compound Fracture from Fall on a Spike—Operation in anticipation of Symptoms—Recovery.*—A boy, aged 9, was admitted into St. Bartholomew's Hospital, under the care of Mr. Paget. He had sustained a severe compound fracture of the skull by having fallen against an iron spike with the back of his head. He was not insensible, and could just manage to stand, but as the bone was much depressed, Mr. Paget thought it best at once to operate. The elevator was found sufficient, and the trephine was not used. As far as was ascertained the dura mater was not in any way torn. The boy recovered well.

Case 47.—*Blow on the Head—Epileptic Fit followed by Symptoms of Compression Twenty-four Hours after the Accident—Trephining and Removal of a Clot—Death from Erysipelas and Meningitis on the Fourteenth Day.*—A man was admitted in a state of insensibility into the London Hospital, under the care of Mr. Adams, having received a violent blow over the right temple. There was great swelling, but no wound. At first, the symptoms were those of concussion only, but twenty-four hours afterwards an epileptiform fit occurred; after which, well-marked indications of compression set in. Venesection to thirty ounces having been practised without relief, Mr. Adams cut through the scalp to expose the seat of injury. A fissure having been found extending in such a direction as to cross the course of the middle meningeal artery, the trephine was applied, and some bone having been removed, a large clot was found between the dura mater and the cranium. The dura mater was not injured, and the clot having been with some difficulty removed the symptoms of compression disappeared. Erysipelas occurred on the ninth day, with rigors, and a return of the coma. The dura mater being tense and bulging into the wound, Mr. Adams punctured it, and let out a large quantity of serous fluid, but without any relief. Death took place on the fourteenth day, and the autopsy showed acute and general meningitis.

Case 48.—In this case the only particulars which we possess state that the operation of trephining was performed for compound fracture with depression. The dura mater was lacerated. The patient died in less than an hour after the operation.

Case 49.—*Death after Operation for Fracture of the Skull—Autopsy—Fracture of Base.*—The operation of trephining was performed for fracture of the skull. The patient died, and at the autopsy fracture of the base was discovered, in addition to the superficial injury.

Case 50.—*Injury to the Head, followed by Persistent Pain—Death Two Months afterwards—Autopsy—Abscess in the Brain.*—Daniel L., aged 13, admitted on April 30, 1853, into Charing-cross Hospital, under the care of Dr. Rowland. He was said to have received several severe blows on the head about a fortnight before admission, and, for the last five or six days of that period he had had acute pain on the right side of his head. On admission it is stated "the eyes are prominent and staring and a little distorted, the pupils widely dilated, and contract sluggishly at the approach of a light, the sight is rather impaired. He is perfectly intelligent, and there is no lesion either of sensation or movement in the extremities. He appears, however, to have had one or two epileptiform seizures previous to admission. Pulse seventy, skin cool, no heat of scalp, tongue furred, appetite good, bowels regular. The boy subsequently had convulsive seizures, his eyesight failed, and was at length lost completely. He died comatose on June 4. At the autopsy an abscess was found in the right hemisphere, external to the ventricle (a).

Case 51.—*Compound Fracture with Depression and Loss of Consciousness.—Trephining—Recovery.*—A patient, admitted into Guy's Hospital, under the care of Mr. Poland. On admission he was insensible, and was found to be suffering from compound fracture with depression. Mr. Poland used the trephine. The dura mater was uninjured. The man recovered his consciousness soon after the operation, and proceeded without a single bad symptom. He was discharged quite well.

Case 52.—*Compound Fracture with Depression, but without Symptoms of Compression—Subsequent Development of Symptoms—Operation on the Second Day—Death.*—A patient, admitted into one of the metropolitan Hospitals for compound fracture with depression. Symptoms of compression did not show themselves until the second day, when the operation was at once performed. Death took place two days after the operation.

Case 53.—*Phagedena of a Scalp Wound—Symptoms of Compression Five Weeks after the Accident—Death on the Third Day.*—A patient was admitted into one of the London Hospitals for a wound of the scalp, the bone being exposed. The wound took on phagedenic action, symptoms of compression ensued, and the trephine was accordingly resorted to. Death occurred two days after the operation, and five weeks after the accident.

Case 54.—*Compound Fracture with Depression—Laceration of Dura Mater, and Escape of Brain-substance—Operation—Death in the Third Week.*—A patient, under the care of Mr. Simon, in St. Thomas's Hospital, admitted for compound fracture of the skull, with depression. Mr. Simon trephined. The case was, from the first, a very unhopeful one, as the dura mater had been torn, and a considerable portion of cerebral substance lost. The operation, however, relieved the

(a) For details of this case, and for remarks, see *Medical Times and Gazette* for October 8, 1853.

urgent symptoms, and, during the first week, some hopes were entertained of a successful result. Death occurred at the end of the third week.

Case 55.—Injury to the Head during Drunkenness—Subsequent Supervention of Coma—Fracture and Depression of Parietal Bone—Trephining and Removal of Clot—Recovery.—A man, aged 27, was admitted into University College Hospital, under the care of Mr. Erichsen, two days after the receipt of an injury to his head. He had applied soon after the accident, but being very drunk and not appearing to ail anything material had been sent home. From a state of drunkenness he had, after walking home, passed into one of partial insensibility, on account of which a Surgeon had attended him and employed venesection, purgatives, etc. On admission, he was half comatose; his breathing heavy, but not actually stertorous, and the pupils large, but acting a little when stimulated by light. Fracture, with depression of the left parietal bone was discovered and the trephine applied. Between the skull and the dura mater a clot of blood was found, and was at once removed. The dura mater itself was not torn. Within two or three hours after the operation the symptoms were much relieved. He steadily improved, and got well.

Case 56.—Fracture of the Parietal Bone with Depression—Trephining in Anticipation of Symptoms—Recovery.—A young man was admitted into University College Hospital, under the care of Mr. Erichsen, for injury to the head from a brick having fallen on it. There were no symptoms of compression present, but as there was found to be a fracture of the right parietal bone with depression at an acute angle, it was judged best to apply the trephine. The dura mater was not lacerated, but there was slight splintering of the inner table of bone. The depressed portion was raised into its proper position. The patient recovered well.

Case 57.—Injury to the Head and Exposure of Bone—Subsequent sloughing of the Wound and Symptoms of Compression—Trephining and Evacuation of Pus—Death.—A man, aged 42, was admitted into St. Bartholomew's Hospital on account of an injury to the head, which had exposed the bone. The wound sloughed, and symptoms of compression appeared as if from suppuration upon the dura mater. Trephining was practised, and a small quantity of pus was evacuated, but no relief followed, and the man died shortly afterwards.

Case 58.—Epileptiform Fits consequent upon Injury to the Parietal Bone Two Years previously—Trephining and Removal of Indurated and Inflamed Bone—Recovery—Subsequent Return of the Fits in a milder form.—A man, aged 50, was admitted into the York County Hospital, under the care of Mr. Hey, on account of disease of the parietal bone, in consequence of a fracture two years previously. Ever since the injury there had been continued discharge of pus, and the man had been subject to epileptic fits. A probe could be introduced into the fistula, and passed for a length of two inches between the dura mater and the inner table of the skull. Mr. Hey used the trephine and removed a portion of bone over the fistulous track. The bone was found to be of uniform hardness. The wound healed, and for six weeks after the operation the man had no recurrence of the epileptic attacks. His condition was much improved by the operation; but he subsequently had a slight return of the fits.

Case 59.—Fracture of Parietal Bone from a Fall—Symptoms of Compression—Operation on the Second Day—Death Two Days afterwards.—A man, aged 50, was admitted into the London Hospital, with symptoms of compression consequent on an injury from falling into a ship's hold. There was depression of the bone near the anterior inferior angle of the right parietal bone, but not to a great extent. The symptoms of compression continuing severe, it was on the second day determined to cut down and examine the spot. By means of Hey's saw, and an elevator, Mr. Luke removed the depressed portion of the bone, and then with a spatula took out a large mass of blood which extended between the dura mater and the skull, downwards towards the base of the brain. The dura mater was not torn. No benefit followed the operation, and the man died two days after. Autopsy not permitted. It is probable that the base of the skull had been fractured.

Case 60.—Puffy Tumour of the Scalp—Convulsions, followed by Coma—Trephining, but no Pus found beneath the Bone—Death a few Days afterwards—Abscess in the Brain.—A boy, aged 17, was admitted into the Staffordshire General Hospital, under the care of Mr. Hughes. Four weeks before he had symptoms of fever, attended with pain in the left temporal region. A puffy, slightly pulsating tumour, without bruit, now existed over the painful part. Soon after admission fluctuation became distinct, and the abscess was opened, bare bone being exposed. Three days after the puncture a convulsive fit occurred, after which he remained comatose, and the side of the body opposite to the diseased portion of the skull was paralysed. Having remained in this state for three days it was determined to operate. Immediately before the operation he was more sensible than he had been on the previous day, but very marked improvement followed the removal of a piece of bone by the trephine. He now became able to speak, and regained consciousness. The pulse, which had before been oppressed, rose in frequency. No pus or other fluid had, however, been found beneath the affected bone. After a day or two he again sank into a state of unconsciousness, and death took place a week subsequent to the operation. At the autopsy an abscess in the left hemisphere was found (b).

Case 61.—Fracture of the Frontal Bone—Symptoms of Compression supervening Three Days afterwards — Operation — Death.—A sailor lad, aged 16, was admitted into the London Hospital, under the care of Mr. Ward, after a fall from the mast of a ship. There was a fracture of the frontal bone, which extended downwards from the left eminence into each orbital plate. No symptoms of compression were present during the first three days. They came on on the fourth day, when Mr. Ward proceeded to remove the depressed bone. A portion, of a wedge shape, being quite detached, was easily extracted, and the elevation of the rest was thus accomplished without its being needful to use either the trephine or Hey's saw. The fracture appeared to be very extensive, and the dura mater was much lacerated. Death occurred on the day following the operation.

Case 62.—Compound Fracture from a Blow—Paralysis of the Left Arm—Operation on the Second Day—Sloughing of Dura Mater and Hernia Cerebri—Death from Pyæmia on the Fourteenth Day.—A man, aged 49, was admitted into Guy's Hospital, under the care of Mr. Hilton, for compound fracture of the skull, from the fall of a brickbat on his head. Paralysis of the left arm was the only symptom, his intellect being unimpaired. That symptom persisting, elevation of the bone was performed on the second day. The dura mater was not originally lacerated, but it subsequently sloughed, and fungus of the brain appeared. Rigors afterwards occurred, and the man sank into the condition characteristic of pyæmia. Death took place on the fourteenth day. At the autopsy, the veins of the diploe were found filled with pus. There were many insulated spots in the lungs in a state of acute pneumonia. The injury to the brain had affected the right optic thalamus.

Case 63.—Gun-shot Injury to the Frontal Bone (Suicidal)—— Operation — Removal of Fragments — Laceration of Dura Mater—Death on the Sixth Day.—A man, aged 35, was admitted into Guy's Hospital, under the care of Mr. Birkett. The man had, with the intention of committing suicide, discharged a pistol, loaded with a single ball, close to his right temple. The ball had not entered the skull, but had been divided by the bone into two halves, which lay imbedded in the soft parts. A portion of the frontal bone had been driven in, and this was supposed to give rise to the symptoms of compression. Mr. Birkett trephined and removed some spiculæ which had been driven into the dura mater. The dura mater itself was lacerated. The patient survived the injury for six days. At the autopsy, there was found extensive contusion and laceration of the right cerebral hemisphere, which had probably been caused by the force of the explosion.

Case 64.—Compound Fracture with Depression—No Brain Symptoms—Anticipatory Operation—Recovery.—A man, aged 42, was admitted into University College Hospital, under the care of Mr. Erichsen. The bone was extensively injured, depressed, and comminuted, but there were no symptoms of compression of the brain. The man did well after the operation, and the wound healed rapidly. Recovery.

(b) We have admitted the above case to a place in this series, notwithstanding that no mention is made of any injury having preceded the symptoms. The case very exactly resembles those to which the term "Potts' puffy tumour of the scalp" is often applied. In them not unfrequently the injury received may have been but slight, and in certain instances may have been overlooked altogether.

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Medical Times and Gazette.

SATURDAY, JUNE 9.

WHO IS A DOCTOR?

Our readers are well aware that for some time past there has been a very considerable amount of difference of opinion expressed by different members of our Profession upon the question—What makes a Doctor? The very warm correspondence which has been of late kept up on this point in the pages of our Journal shows the interest generally felt in its discussion. There have, indeed, at various times during many past years been small misunderstandings and differences between Colleges and Universities, and between Graduates and Licentiates, concerning the right and wrong assumption of the formidable title; but it is only during the past year, during memorable year of grace, that the general effervescence to which we refer has arisen.

The Edinburgh College of Physicians must have the credit of starting the question in its present form—of awakening up rivalries and jealousies between accurately-registered Doctors and self-appellated Doctors—Licentiates merely of a College. The discussion is certainly a very unpleasant one to all parties. Each has a show of reason on his side; and neither can discuss the question without making it a personal one. Besides this, the discussion as now started between individuals can be productive of no satisfactory effect, for assuredly each side will see the matter through the light which suits his own eyes best.

Here, then, we think is just the occasion in which the great imagined arbitrator—the Medical Council—should step forward and exercise its powerful functions. And the occasion is very opportune; for, as we hear, the London College of Physicians has taken a distinct standing on the question, and has declared positively that it will not allow its Licentiates to assume the title of Doctor unless they possess a Degree. If any one of their proposed new class of Licentiates assume the title, not possessing it, he thereby subjects himself to the penalty of being discarded from the College, and deprived of the Licence.

The London College has thus acted in a straightforward and honourable way; and if the Edinburgh College would now follow the example, there would at once be an end to the question. We should then, at all events, know that a mere Licentiate was not a Doctor in the opinion of those who grant the Licence.

The Edinburgh College when heretofore appealed to on this subject, has always said, "We grant no degree, nor do we give our Licentiates a right to assume the title; but we are not going to interfere in the matter, for it does not concern us at all." Possibly it may now more seriously interpose in the matter, and join with the London College in some distinct settlement of the question.

Our attention has been particularly called to this matter by a pamphlet "On the False Assumption of Medical Titles," addressed (by a Non-Resident Member) to the Members of the Portmouth and Portsea Medical Registration Society. In this pamphlet we find the subject well argued on one side; and, we meet in it with some very interesting correspondence, expressing the present opinion of several great authorities on Medical subjects. The opinion of the Edinburgh College, given so late as at the date of April 28, 1860 (in a letter addressed to the author of the pamphlet) is as follows:—

"Dear Sir,—I have received your letter of the 25th instant. This College has never encouraged or authorised its Licentiates to assume any other title than that of Licentiate of the Royal College of Physicians of Edinburgh. Should any irregular assumption of Medical titles have taken place, a Registration Association appears to be a very suitable body to take the matter up.

"Lists of the Licentiates of this College have been published regularly.

"I am, dear Sir, your obedient Servant,
"D. R. Haldane."

The reader, according to his fancy, may extract two different ideas from this letter; he may imagine either that the Edinburgh College is very indignant with its Licentiates for presuming to assume a Doctorial title; or again, he may conclude, that the College quietly shelves the question. Certainly it is clear that the College takes a safe side—*i.e.* no action—neither denying nor affirming.

Dr. Christison, however, one of the most distinguished Fellows of the Edinburgh College, speaks his opinion clearly enough; and it appears to be just the very opinion which he entertained twelve months ago. We give his letter in full. It is a reply to the persevering "Non-Resident Member," the writer of this pamphlet:—

"Edinburgh, April 14, 1860.

"Dear Sir,—I was absent from town all yesterday, and therefore have been unable to answer your letter sooner.

"You are probably aware that, as a Fellow of the College of Physicians, I resisted with all the means in my power, but unsuccessfully, the regulations which founded the new License of that College for professional men not Doctors of Medicine. I am afraid I have exhausted all my power and influence in the matter. But I shall communicate your letter to the Secretary, complain of the practices you mention, and ask whether the College will put them down by some distinct uncompromising resolution.

"It is my persuasion that the members of the College who carried the new Licence have no desire that the Licentiates, who are not Graduates, should follow any practice calculated to make them pass for such with the public. But I think it is the bounden duty of the College to declare that all practices of the sort are unlawful, and contrary to the intention of the College, when the 'Licence to practise Medicine,' and nothing more, was granted.

"The Licence is now a totally different thing from what it was. It is a mere qualification to practise Physic, as contradistinguished from Surgery. Formerly it was an entrance which Doctors of Medicine could alone take advantage of, and a mere step to the Fellowship. And for many years it had been abandoned in favour of a direct admission to that higher title; so that there was not last year at this time a single Licentiate on the roll of the College.

"No such thing was ever known in Scotland as a Practitioner door-plating, or card-calling, himself Doctor, who was not either a University Graduate or a downright Quack. So it is now in Scotland. So it ought to be in England. As for any one but a University Doctor of Medicine putting M.D. to his name, that is a simple falsehood.

"I am, Sir, yours faithfully,
"R. Christison."

Here, then, at all events, is an uncompromising opinion, expressed by one of the highest authorities in Medicine of Scotland. He thinks the Edinburgh College ought to do more than merely express an opinion; and perhaps he will now call upon his College to do what the London College has done.

What, indeed, is clearly wanting, at the point to which the question has now come, is a declaration on the part of the

Edinburgh College—a positive declaration either one way or the other—either approving or disapproving of the Licentiates (non-graduates) assuming the title of Doctor. Silence on this question is unjust to all concerned in it,—it is unfair to Graduates, and unfair to the Licentiates themselves who are tacitly permitted by the Edinburgh College to assume the title. Besides, it should be clearly understood, now that the London College has positively declared that its non-graduated Licentiates shall not call themselves Doctors, that silence on the part of the Edinburgh College will assuredly be interpreted as acquiescing in the assumption. If the London College had given the question the go-by, then "What is a Doctor?" would have still remained a very open one. We sincerely hope that, if the Edinburgh College cannot make up its mind, that, for the peace of all parties, the question may be referred to the Medical Council, and that its decision on this point shall be held as guiding the different Colleges.

That something may be said on both sides of this disputed question is certain; but we must confess that after a full consideration of the whole facts of the case, we are brought to the conclusion arrived at by the London College,—that a man who has no degree should not assume the title of Doctor. We believe therefore that the London College has taken the wise course—though perhaps it has only chosen the least of many difficulties. It has, at all events, put the question into a position which may render an opinion by the Medical Council conclusive of the dispute.

We subjoin a few conclusions, which are worthy of note, given by the author of the aforesaid pamphlet. He says:—

"First.—That the prefix 'Dr.' to a name is strictly synonimous with, and implies that the bearer is D.D., LL.D., M.D., or Mus. D. of a University.

"Secondly.—That Colleges of Physicians or Apothecaries' Companies, in granting a Licence to practise Medicine, have not the power to confer the degree of M.D. or its synonym, and do not pretend to do so. And though the Licentiates of the College of Physicians of London, without a degree, were by courtesy styled 'Dr.' by the public, that courtesy is now officially withdrawn. But no such Licence existed in the Edinburgh College, no such courtesy has existed in Scotland, and in that country the assumption of such title is considered empirical.

"Thirdly.—Hence it follows, that the improper use that has been made of the Licence of the Edinburgh College in England, the desire of the College to place it on its true footing, and the unlimited extension of the irregularity under existing and prospective circumstances require the interference of the Universities, of the Licensing Bodies, of Registration Associations, and the Profession at large.

"Fourthly.—It is evident that the familiar, popular, and colloquial designation of 'Doctor,' as applied to a Medical attendant, is not to be confounded with the open assumption of such title, with the intention of claiming an undue advantage in the eyes of the public over those who do not claim it.

"Fifthly.—If any Licentiates in Medicine have a right, without a degree, to assume the title of 'Dr.', the same right must be conceded to Licentiates of the Apothecaries' Company."

Since the above lines were written, we have been informed that the College of Physicians has decided that its proposed new class of Licentiates shall not only not assume the title of Doctor (as we have here stated), but also that they shall not take the title of Physician either. We confess that this amendment seems to us an absurdity, for how can a Licentiate of the College of Physicians be other than a Physician?

THE WEEK.

Those of our readers who have patients residing near the Regent's Park should read the following extract from Dr. Thomson's last Monthly Report on the Health of Marylebone:—

"I have had my attention directed to the unsanitory condition of the ornamental water in the Regent's Park. This water is derived principally from land springs and drainage, but during the summer it is supplemented from the pipes of the West Middlesex Water Company, to the extent of several inches. In the more narrow and shallow portions I have found the bottom to be composed of a dark putrid mud, giving off gases which carry up portions of organic matter to the surface; a scum is thus gradually formed, which emits, in warm sunshine, a noxious odour. The water contains a large amount of organic matter, the quantity reaching 9.12 degrees or grains per gallon, and the total impurity being 67·60 grains or degrees per gallon, and is much more impure than the Serpentine water. The fresh mud consists of 67·98 per cent. of water, 26·64 inorganic, and 5·56 organic matter. I have also represented the objectionable condition of the water to the Chief Commissioner, and have given it as my opinion that the mud ought to be removed forthwith in deference to the health of the multitudes frequenting that beautiful lung of the metropolis."

The College of Physicians is this day to elect a representative for the Medical Council in the room of Dr. Watson. The following letter from a highly-esteemed correspondent will be read with interest:—

"As the choice of a representative by the College of Physicians to the Medical Council now occupies considerable attention, perhaps it may be interesting to the Profession to know a little of what is now passing among the Fellows, or electors, in reference to this matter; seeing all must wish a good and efficient person may be selected to fill the vacancy. Two candidates have hitherto only been named; viz. Dr. Alderson and Dr. Burrows, both eminent Physicians. The former, at present Treasurer, is generally known to be an excellent man of business, always takes a great share in College proceedings, is a sound reformer, and has otherwise exhibited many qualifications which make his friends believe he would prove an able member of Council. Dr. Burrows likewise possesses several good qualities for the vacant office,—can make eloquent speeches on any occasion, and is also a Medical reformer; while at one time he felt much interest in College affairs, latterly, however, his attendances at Pall-mall East have been few, if not far between; especially during the year of grace, when so much anxious business had to be performed, thus leaving the work for others who were more assiduous. Several parties, further, say it is not desirable that St. Bartholomew's Hospital should obtain a second representative, Mr. Lawrence being already a member of Council; but that other London Schools ought to be considered, especially since St. George's Hospital has Sir B. Brodie, and St. Thomas's Mr. Green. Instead, therefore, of St. Bartholomew's getting two friends in the Medical Parliament, either some gentleman wholly independent of local influences, or one belonging to another metropolitan institution than those above designated, might be judiciously selected. Therefore, considerations like these, it is hoped will be maturely weighed prior to the day of election."

It is well known that on the previous occasion of the election of a Member, Dr. Alderson retired in favour of Dr. Watson, and that he would have been undoubtedly elected at that time had not Dr. Watson declined the acceptance of the honour. His knowledge of the business of the College, and of the wants of the Profession at large, his business-like habits, and above all, his punctuality and earnestness in the performance of his duties, joined with his affable manners, render him, in our opinion, the very man for representing the College of Physicians. We have, we need hardly say, no word of objection to take against any of the honourable gentlemen whose names have been mentioned as candidates; or, to speak more properly, as proposed for the office. But we agree with the writer of the above letter in the opinion that not more than one of the Medical Officers of any London Hospital ought to be put upon the Council. Dr. Burrows is, as all know, the colleague of Mr. Lawrence; and we think that the College of Surgeons of England is already well enough represented, in the persons of Messrs. Lawrence, Green, and Brodie.

Dr. Diday, of Lyons, is desirous that his city should reap some immediate benefits from the Savoy annexation. Where, he asks, are the Medical students of that country now to obtain their Medical knowledge? He discusses the *pros* and *cons* as regards Paris, Strasbourg, and Montpellier, and, we need hardly say, comes to the conclusion that there is only one city—viz. Lyons—which by situation and sympathy is able to supply the article required. He, therefore, proposes that a new School of Medicine should be established at this foot of the Alps, for the instruction of the neighbouring Medical aspirants of Savoy. "Lyons," he says, "is no longer a frontier town; it has six railways, and three navigable streams; it is surrounded for forty leagues by a population whose tendencies, faith, scientific and professional aspirations are all founded on hers. Our town may, and ought to be, considered as a Medical centre." It has six Hospitals, containing 4500 patients; *concours* for its Hospital appointments; its Physicians have European reputations; its resources for the study of anatomy, obstetrics, botany, mineralogy, etc. are innumerable.

The points to be drawn from the following case are, first, —that one set of Doctors may be found who believe the charge fair and reasonable, and another who believe it exorbitant; and, secondly, that a new defence was set up, viz.: That Rest and Nature, and not Medical art, cured the patient, and that *therefore* the Doctor who attended was not deserving of payment:—

"This was an action to recover a sum of £32 7s. upon a Surgeon's bill. The defendant paid £12 10s. into court; £5 10s. was irrespective of this particular case. The plaintiffs were Surgeons at Horsham, and the defendant was a young gentleman of fortune living in the neighbourhood. The item of £27 was the one disputed, and that was incurred under the following circumstances:—On June 23 the defendant was at a party at Mr. Burroughs', when he had a violent fit of coughing and a bloodvessel was ruptured. The defendant was at once put to bed in the plaintiff's house, and he remained there for many days. It was necessary to pay him the greatest attention and to exercise the greatest caution. He was constantly watched: he kept his bed for ten days, and his room for twelve days; he remained in the house fourteen days. The plaintiff had only charged for attendance and medicine. It was a very anxious case. His charge was two guineas a-day. In cross-examination Mr. Burroughs said the usual charge was 2s. 6d. a visit. Nature was the great restorer in such a case. Several Surgeons were called, who stated that the charges were reasonable under the peculiar circumstances of the case. The defence was that the plaintiff was not entitled to the sum he claimed, but only to £7 9s. This was a claim made in a moment of anger, and then both parties stood upon their strict legal rights. Rest, repose, and perfect inactivity were the medicines that had cured the defendant. Medical witnesses were called, who stated that they charged 3s. 6d. a visit; two visits a-day would have been sufficient after the coagulum was discharged, but before that six or seven visits a-day would be required. They thought the plaintiff's charges too high, as so many visits were not required. The learned Judge having summed up, the jury found a verdict for the plaintiff for £6 4s., being one guinea per day."

Our attention has been directed to an absurd report in some of the Worcestershire papers respecting the alleged forcible re-conveyance of a poor woman to the County Lunatic Asylum. The facts of this case are very simple:—A poor woman was admitted to the Asylum when in a state of mania alternating with melancholia. After some months she improved, and was allowed to be absent on trial for a month with her friends. At the end of the month, the husband refusing either to send her back for examination, or to send the necessary Medical certificate that she no longer required care in an Asylum, the magistrates extended her leave for another month. Then, as the husband did not obtain the certificate when again called upon, two female attendants were sent, and the woman was brought to the Asylum by them after two hours' persuasion and considerable difficulty. The woman seemed to have become very weak and feeble during her absence, was dirty and uncared for, and evidently much worse than when she left the Asylum. She was accordingly kept there, and is there still. Our readers will easily understand what use the provincial penny-a-liners and mob-orators may make of this case. But suppose the poor creature had murdered her children, or committed suicide,—the cry then would have been, "Why did the Doctors let a mad woman loose upon society?"

The members of the Civil Medical Staff who served in the East during the Russian war, held their annual dinner on Wednesday last at St. James's Hall, Dr. Rowdon in the chair. Several toasts were proposed, referring to the undoubted advantages conferred upon the sick and wounded soldiers, as well as upon the Army Medical Department, by the timely appointment of the Civil Medical Staff on that great national emergency. Allusion was also made to the subsequent success and professional distinction which has been attained by many of its members; and particularly to the well-merited appointments of two of them —Dr. Parkes and Dr. Aitken—to Professorships in the new Army Medical College at Chatham. The utmost cordiality and good feeling prevailed during the evening, and the meeting passed off with great *éclat*.

REVIEWS.

Dr. Daremberg's Edition of Celsus. A. Cornelii Celsi, de Medicina. Libri Octo. Ad fidem optimorum librorum denuo recensuit, adnotatione critica indicibusque instruxit C. Daremberg, Bibliothecæ Mazarinæ Procurator. Lipsiæ in Ædibus, B. G. Teubneri. MDCCCLIX.

We are not in the practice of undertaking to review such works as the above, but yet we cannot refrain, on the present occasion, from saying a few words to testify our sense of gratitude to the very learned editor for the obligations which we feel he has conferred upon every friend to the literature of ancient Medicine by this incomparable edition. In the first place we would remark, that, although a cursory and slight acquaintance with the great Roman authority in our Profession be a sufficiently common accomplishment, it is wonderful to think how seldom one meets with a physician who possesses a critical knowledge of his works. The truth of the matter is, although his general style is eminently lucid and perspicuous, the text, in very many passages, is in a most unsatisfactory condition, and in too many instances has hitherto defied every endeavour to amend it. The latest attempt worth mentioning in this line is the last reprint of Targa's edition, in 1815. It is true a very worthy and amiable Scottish scholar, whom even the loss of sight, with all its accumulated bereavements, could not deter from prosecuting such an undertaking, attempted an improved issue of Targa's edition about fifteen years later, and as far as regards correctness of typography (more especially taking into account the melancholy circumstances of the editor above alluded to), and also the amount of commentary in the shape of marginal references and explanatory notes scattered over the volume, it is no doubt one of the best editions which can be put into the hands of the young student. But to any minute acquaintance with the existing manuscripts of his author, or to any familiar knowledge of the ancient writers on Medicine, Dr. Milligan could lay little or no claim. Accordingly we are not surprised to find that the present editor nowhere notices our British edition, although we have reason to know, from passages in other works of Dr. Daremberg, that he is not ignorant of its existence. Of course we are aware that our native edition contains nothing which could be of any consequence to so accomplished an editor as the present, for such we feel con-

fident every scholar in Europe entitled by his learning and professional acquirements to form an opinion in this case, will agree with us in holding Dr. Daremberg to be.

For such a task the two great requirements indisputable are—First, A familiar acquaintance with all existing manuscripts and previous editions of the author; and, Secondly, A minute and thorough knowledge of the Greek Medical authors who preceded Celsus, more especially Hippocrates, along with a practical skill in editorial emendation. Now whoever is familiar with the preceding literary labours of Dr. Daremberg will admit that probably no man living has devoted so much time and talent as he has done to the examination of all the Greek, Roman, and Arabic manuscripts on Medicine to be found in Europe, Asia, or Africa. Indeed, British scholars may well feel ashamed that for the thorough examination and collation of our own literary treasures in this line, a learned Frenchman has done more than all of them put together. With regard to what we have stated to be the second requirement in any scholar undertaking a new edition of Celsus, who can doubt that the distinguished editor of "Oribasius," of the "Œuvres choisies d'Hippocrate," and of the "Œuvres choisies de Galien," has a more thorough knowledge—philological, critical, and professional—of all collateral subjects required for such a task than perhaps any other living scholar of the present age? Or if we should feel any disposition to qualify this judgment, it would be in favour of his erudite countryman and friend, Littré, the celebrated editor of Hippocrates.

But we shall only add that, after a careful perusal of the volume, we have found in it everything we could desire except a larger amount of condensed commentary in explanation of the articles in the *Mat. Med. Celsiana*. It is calculated to illustrate ancient and modern Medicine, by bringing byegone and present opinions to reflect light mutually upon one another. In this respect all we could have wished would have been accomplished if Dr. Daremberg had only given the same amount of illustration to his "Celsus" which he has given to his "Oribasius;" it we regard as a perfect model of a classical publication—as a *sine labe monstrum!*

De la Circulation du Sang dans les Membres et dans la Tête chez l'Homme. Par J. P. Sucquet, M.D. Small 8vo. Pp. 55.

Dr. J. P. Sucquet has pointed out in the above memoir some peculiarities in the circulation of the blood in the limbs and the head which are well worthy the attention of the physiologist. He finds, for instance, that in the arm the blood does not pass from the arteries into the veins in the same manner at all parts, but that it passes much more readily and directly from the arteries of the fingers and hands into the veins than it does from the arteries which supply other parts of the arm. "In the extremity of the limb," he says, "there is a direct circulation, which has no relation to nutrition; while in the rest of the limb the circulation is more indirect and serves nutrition." He throws a dark injection into the axillary artery, and finds that it returns *immediately* by the superficial veins of the arm; that it discolours the hand and the elbow, but no other parts of the arm. He then carefully dissects the injected limb, and finds that his injection has not passed through the capillaries of the arteries of the muscles, etc., into the veins, but has passed freely through the digital arteries into the veins, and has thence freely returned through the superficial veins of the arm. The blood which feeds the muscles takes quite another course. Now, this circulation of blood through the veins of the hand is intermittent. Sometimes these vessels, as in winter, receive no drop of blood, and yet the circulation goes on incessantly in the muscles, etc. Hence the nutritive circulation goes on everywhere continually, but that through the cephalic and basilic veins is interrupted. One circulation is constant; the other inconstant. After a full meal, and in hot weather, these veins swell out, but there is no corresponding venous turgescence of the other parts of the arm. Hence we have here a supplementary circulation, which receives the excess of the blood, and *vice versâ*. When, as in anger, the heart beats strongly, it drives the blood towards all parts of the body; but the blood, according to the laws of hydraulics, rushes most readily into those vessels which offer the least resistance, and therefore (in the arm) through the arteries into the cephalic and basilic veins, which thus serve as reservoirs for the relief of the other parts of the vascular system; nutrition in the meantime going on undisturbed by any excessive supply of blood. Exactly the opposite condition occurs when the heart's action is feeble; these veins disappear when sudden fear, cold, hunger, etc., diminish the heart's action. Dr. Sucquet then goes on to show that the same provision for a supplementary circulation is made in the case of the leg and the head; and we recommend to those interested in this subject, a perusal of this part also of his memoir, in which he points out the anatomical disposition of parts, whereby the supplementary or derivative circulation is effected. If his observations are confirmed by further experience, they will tend to introduce some new ideas into the practical part of our art in reference to the subject of venesection. It appears, we may add, that for the success of the observations, it is necessary to make fine injections of the parts mentioned above. Dr. Sucquet speaks of his dark-coloured plastic injections, but, unfortunately, he does not give us their composition, which is to be regretted.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

REDUCTION OF AN INVERTED UTERUS OF SIX YEARS' STANDING.

By Dr. BOCKENDAHL.

A. L., aged 20, was taken in labour with her first child in December, 1852, and after the pains had continued in vain during twenty-four hours she was delivered with the forceps, the placenta coming away immediately afterwards. The funis was several times entwined around the neck of the child. The patient became faint, but is said not to have lost more than the ordinary amount of blood. For long after her delivery, the woman suffered from paralysis of the bladder, and also from swelled leg; and scarcely a day had passed during six years that she had not lost blood from the sexual organs, the menses also appearing about every four weeks. After various kinds of treatment had been employed without avail, she was brought to the author in August, 1857, when, to his great astonishment, he discovered an *inversio uteri* in its second degree, *i.e.* within the vagina. The organ, about seven centimetres in length, lay like a pear in the vagina, resisted pressure, which produced no other effect than that of increasing the bleeding. A sharp-edged, circular fold of the vagina, closely surrounded the uterus, feeling, until more closely examined and its connexions traced, very much like an os uteri. The speculum exhibited the mucous membrane of the uterus of a deep red, blood oozing out. The vagina was pale, as were all the other mucous membranes of this anæmic woman. In all probability, the inversion had been gradually produced; and as, in the whole course of its production, there had never been any symptom of peritonitis, the author resolved, notwithstanding the completeness of the inversion and the density of the organ, to attempt reposition. After warm baths had been employed, he tried to pass in the entire hand; but this was found impossible, especially as the entry of the vagina had been narrowed by the cicatrix of a laceration of the perineum. The treatment was now interrupted, and the author did not see the patient until October, 1858. Fearing to employ hooks or other instruments, he kneaded the uterus daily with the fingers, loosening the tissues so as to be able to tilt the fundus uteri to a considerable height. The menses returning, the author saw no more of the patient until the end of November. In the mean time he had perused Dr. Tyler Smith's case, and determined to try the effects of continued pressure, and consequently, on November 27, introduced one of Braun's caoutchouc plugs into the vagina. It was removed daily, in order to ascertain the effect it had produced, then filled with water and reintroduced, and before closing inflated, so as to increase its circumference as much as possible. The instrument only caused some uneasiness for about two hours after its introduction. On December 2, the patient complaining of some pain in the abdomen, the plug was removed, and an examination made.

Great was the surprise, when the inverted uterus was found to have disappeared, an os uteri capable of admitting three fingers presenting in its stead, its two lips being well defined. Measured by the sound, the uterus exceeded its normal length by more than six lines. By the use of the cold douche it soon contracted to its natural size, and the bleeding, which had so long persisted, ceased.—*Deutsche Klinik*, 1859, No. 52.

ON THE LINEÆ ALBICANTES OF PUERPERAL WOMEN.

By Dr. CREDE.

Dr. Credé was induced to prepare this paper by what he considers too indiscriminate a statement made by Casper, in his "Handbook of Juridical Medicine." Casper states that the white lines or streaks of the abdomen are always present in women who have borne children, while women who do not exhibit them, may be pronounced not to have had children. He states, that he has never been deceived in his diagnosis of delivery by their aid. This statement, from so high an authority, made in a book of large circulation, calls for, in Dr. Credé's estimation, a critical examination, and he lays down, as the result of his own observations, the following propositions :—

1. These lines are formed in very different degrees in the majority of pregnant women, but are very seldom observed during the first half of pregnancy, and often only during the last or the penultimate month. During his management of the obstetrical department of the Berlin Charité, and at the Leipzig Obstetrical School, Dr. Credé has paid particular attention to the matter, and the general result is that these white cicatrix-like lines have been observed in 90 per cent. of the cases examined; and they have very rarely ever been met with during the first half of pregnancy. They are usually disposed with some regularity, radiating from a mesial point that is placed about one or two inches below the umbilicus. With the expansion of the abdomen, the lines often become more irregular and unequal on the two sides.

2. After delivery they put on another appearance, but do not entirely disappear. The freshly-produced streaks, especially in primiparæ, are of a shining, bright, reddish appearance, in women having fair or red hair, and brownish in those whose hair is darker. The redness is lost sometimes only a few days after delivery, leaving a dirty white appearance, accompanied by wrinkling of the skin. On the occurrence of a new pregnancy, however, or when the abdomen becomes distended from any cause, the streaks exhibit a shining whiteness, with here and there a brownish tinge.

3. In several instances no traces of these appearances are discernible, even after repeated pregnancies. The result of Dr. Credé's most careful examination went to show that these lines were absent in 10 per cent. of the cases he examined expressly to ascertain the fact; of these cases, 7½ per cent. were primiparæ, and 2½ per cent. multiparæ.

4. These streaks are sometimes formed only during the second or third pregnancy, or new ones may become added to those already existing. This may be owing to the greater distension the abdomen has undergone in subsequent pregnancies. In general, it will be found that the woman in her first pregnancy was not strong, and had not carried her child to its full time. It is, at all events, common for a woman who has gone through a normal pregnancy without these lines appearing, to have them manifest themselves on subsequent occasions; on the other hand, it is not uncommon for those who have aborted at the fifth or sixth month, to first exhibit them at the end of a subsequent pregnancy. That these marks when once formed ever disappear, Dr. Credé does not admit, and consequently he denies the correctness of the statement that they are met with more abundantly in primiparæ than in multiparæ. They are only more plainly seen on account of their brighter colour.

5. The lines may also appear as a consequence of various diseases which give rise to great and sudden distension of the walls of the abdomen; and this not only in aged women, but also in young persons who may very well become the subjects of juridical investigation.

6. Lines of exactly a similar appearance which occur on the breasts, thighs, buttocks, or calves of the leg, equally deserve consideration with those observed upon the walls of the abdomen. Montgomery has especially dwelt upon the importance of the sign derived from the coincidence of the lines on the breasts and abdomen. Dr. Credé's observations have convinced him that their presence is of much seldomer occurrence on the breast and other parts named than on the abdomen.—*Monatsschrift für Gebürtskunde*, Band xiv. pp. 321, 333.

EXCERPTA MINORA.

Herpes Zoster on the Head.—Professor Traube drew the attention of his class to a case of *herpes zoster*, which was one of great interest from the locality it occupied. The patient had suffered from severe pains of the head, at intervals for years; but for the last few months these have been confined to left side of the head, and have increased in severity. At the same time appeared groups of tense, semicircular, transparent vesicles, seated on a reddened, somewhat elevated base, which, increasing in size, ran together, but always continued confined strictly to the left side of the head, stretching hence after awhile to the left eyelid and left side of the nose. The eruption ceased abruptly at the mesial line.—*Deutsche Klinik*, 1859, No. 47.

The Golden Sulphuret of Antimony in Affections of the Respiratory Organs of Children.—Dr. Jacobi, of New York, after commenting upon the undeserved disuse this remedy has fallen into of late years, proceeds to give an account of the advantages he has derived from it in affections of the respiratory organs, as pertussis, pneumonia, and bronchitis, but especially in this last. It is not to be given in the active acute stage of the disease; but after this has subsided, it becomes an admirable means for softening the tough mucus, and facilitating its expectoration. Dr. Jacobi gives it in rather large doses, as 1 grain every 2 hours in children of one year and under, and 2 grains from 4 to 8 times daily in children of from two to three years old.—*Journal für Kinderkr.* Band xxxiii. p. 209.

Treatment of the Freckles of Pregnancy.—When freckles, which are of such common occurrence in pregnancy, persist after delivery, M. Hardy recommends the following lotion :—Dist. water, 125 parts, corrosive sublimate ½ part, sp. wine, 9 parts, to dissolve it, sulph. zinc, acetate of lead, āā 2 parts. When this application fails, Barèges or Luchon water, applied as local douches to the parts affected, induce slight inflammation, which facilitates the absorption of the pigmentary deposits.—*Bull. de Thérap.* April, p. 362.

To Preserve Pills Soft.—A small portion of quite pure glycerine, added to a pill mass, prevents it from hardening. If the mass contain resins, a little alcohol must be added to the glycerine to prevent disaggregation.—*Moniteur des Hôp.* No. 53.

Impermeable Urethra in an Infant Relieved by an Operation.—Dr. Textor relates the case of an infant two days old, brought to him on account of an impervious urethra. On examination, no aperture whatever could be discovered, only a slight depression being visible, without there being any distension produced by the urine behind this. Hoping to have to do, as is usual in these cases, with only an obstruction in the anterior part of the canal, the author passed an abscess bistoury in where the orifice ought to be, without, however, entering into any canal, or giving issue to any urine. The bistoury was exchanged for a needle, or exploratory trocar, which was carried the whole length of the glans without reaching an urethra. It was next passed like a straight catheter in the normal direction of the urethra, under the pubis, to apparently the neck of the bladder. The stilette being withdrawn, a fine probe was passed through the canula, without any free space being reached, or any urine issuing; and the child was left to its fate as a hopeless case. After forty-eight hours, however, an abundant voluntary discharge of urine taking place, showed that the operation really had been successful. Speaking of the case nearly a year afterwards, the author says that the urethra has continued permeable, the child urining like other children.—*Wurzburg Verhardlungen*, Band. x., p. 126.

Liability of Children to Disease according to Age and Sex.—Dr. Brünniche, of Copenhagen, following up an investigation commenced by Kültner, of Dresden(a), furnishes an analytical account of 955 cases admitted into the Children's Hospital, so as to exhibit the liability to the various affections, according to sex and age. We have no room for his tabulated statement; but from these he concludes that children with increasing age manifest a greater liability to tubercuolosis and

(a) *Medical Times and Gazette*, vol. xl., p. 638.

fever, especially typhus, while their susceptibility diminishes with respect to diseases of the digestive organs, bronchitis, pertussis, and other affections of the respiratory organs, to brain diseases, eruptive fevers, scrofula, and apparently rickets. Male children seem to be more liable than females to pertussis before the fifth year, to brain disease, and to fever, and they die more readily when they are the subjects of diseases of the digestive organs, tuberculosis, and perhaps scarlatina. Girls, however, seem more liable than boys to diseases of the digestive organs prior to the second year; to all the affections of the chest, especially after the fifth year; to inflammations and the eruptive fevers before the same period; and to scrofula after the fourth year. Diseases of the chest and those of the brain are more fatal in girls.—*Journal für Kinderkrankheiten*, Band. xxxiii. p. 339.

PROVINCIAL CORRESPONDENCE.

IRELAND.

Dublin, June 6, 1860.

At the last evening meeting of the Royal Dublin Society, held May 25, Dr. E. W. Davy communicated the results of some further experiments he had instituted on the subject of the absorption of arsenic by plants, both when that substance was directly applied to their roots by watering the soil with a solution of arsenious acid, as well as when different artificial manures containing that substance (as they frequently do) were used in the ordinary manner as fertilising agents.

Dr. Davy first referred to the numerous attacks which had been made on his former experiments on this subject, which appeared in the *Pharmaceutical Journal*, *Gardener's Chronicle*, and other scientific periodicals. Thus, one gentleman, Mr. E. S. Kensington, of Dartmouth (See *Pharmaceutical Journal* for November, 1859), states, from his experiments, that he doubts that plants are capable of absorbing arsenic at all; whereas Dr. Davy not only detected the presence of that substance in plants which had been watered with a solution of arsenious acid, but in several instances determined the amount which had been taken up or absorbed. Again, Mr. Ogston, of London, in the *Pharmaceutical Journal* for March, 1860, states that in plants which he had similarly treated, he found arsenic only in the portion of the stem close to the roots, but that in no case could he discover it in the leaves, or in the stem at more than five inches from the ground.

Dr. Davy, on the other hand, detected it in the leaves, and in every portion which he examined, of the different plants which had been watered with a solution of arsenious acid; and he accounted for Mr. Ogston's failing to detect it in the leaves, where probably it existed in a smaller quantity, by his using Marsh's method, which as Professor Odling has recently shown, is not applicable for the detection of minute quantities of arsenic where much organic matter is present.

Again, Mr. Sibson, of the Royal Agricultural College, Cirencester, asserts in the *Gardener's Chronicle* for September, 1859, that the occurrence of arsenic in superphosphates is rare, and its quantity when present is generally exceedingly small; and he gives the results of some experiments which would appear to indicate the same.

Dr. Davy's experience, however, is diametrically opposed to the results of Mr. Sibson, for he found arsenic in almost every sample of superphosphate which he examined, as well as in different other artificial manures, in the preparation of which, sulphuric acid had been employed; and, as this acid, which is used in large quantities, frequently contains, he finds, several pounds weight of arsenic in the ton of acid, the amount of that substance in superphosphate and other artificial manures, cannot be so very inconsiderable as Mr. Sibson would have us believe. Dr. Davy also noticed some interesting experiments which Mr. Horsley, of Cheltenham, had made and communicated to him, on the same subject of the absorption of arsenic by vegetables, which confirmed, in the most satisfactory manner, his former statements, and showed that plants, under different circumstances, were capable of taking up that substance; from which he (Mr. Horsley) has come to the conclusion that arsenic applied to the roots of plants, under any form, is taken up by them, some, perhaps, absorbing it more readily than others. Finally, Dr. Davy stated that he had succeeded in detecting the presence of arsenic in different crops, as for example, in turnips, mangold wurzel, etc., which had been grown with superphosphate in the ordinary way, and though the amount present was very minute, and as this manure was usually applied, it could only be very small; yet circumstances might occur in which from unequal distribution of the manure, and from other causes, plants might be placed within reach of a greater quantity of arsenicated manure, and, under these circumstances, imbibe such a quantity of arsenic as might render those vegetables unwholesome and unfit for food. He, therefore, maintained what he had before asserted, that a substance containing such a quantity of arsenic as pyritic sulphuric acid usually does, should not be used in the preparation of artificial manures which are intended to be applied as fertilising agents to our plants which are grown for food.

At a meeting of the Royal College of Surgeons in Ireland, held on Monday, June 4, the following gentlemen were elected officers for the ensuing year, viz.:—*President:* Robert Adams. *Vice-President:* William Jameson. *Secretary of the College:* Edward Hutton. *Council:* James W. Cusack, Arthur Jacob, William H. Porter, Thomas E. Beatty, Robert C. Williams, James Barker, William Colles, John H. Power, Hans Irvine, Edward Hutton, Robert Pentland, Samuel G. Wilmot, Awly P. Banon, Rawdon MacNamara, Hamilton Labatt, Josiah Smyly, Benjamin M'Dowel, Mauriee Collis, and Edward Ledwich, Esqrs.

The annual meeting of the Medical Benevolent Fund Society of Ireland was held at Sir Patrick Dun's Hospital on Monday, June 4, Dr. Corrigan, President of the College of Physicians, in the chair. Among the most pleasing features of the meeting were the announcement of the extension to the Society, "after inquiries into its constitution and working," of the patronage of her Majesty and the Prince Consort, accompanied with a cheque for £100 as a joint donation to the funds of the Institution; and the acceptance by his Excellency, the Lord-Lieutenant, of the office of Vice-Patron. In reference to the communication from her Majesty and the Prince Consort, Dr. Stokes moved, and Dr. Mackesy seconded a resolution, that "the Committee take immediate steps to solicit her Majesty, through the proper channel, to allow this Society to be designated the 'Royal Medical Benevolent Society of Ireland.'" "I may be permitted," added Dr. Stokes, "to observe that this kindly and gracious recognition of the value of our Society by her Majesty and the Prince Consort must be felt, and is felt, by all of us. From her high position, and with, I may say, a mother's heart, our Queen has given her approval of our exertions for the assistance of the families of our brethren who have fallen in the discharge of their painful duties. They have fallen, many of them, rich in works of charity, but poor in worldly goods—(hear, hear)—and this act is but one of many of the same nature that must command the love and gratitude of the subjects of the Queen of Great Britain and Ireland—(applause)—of whom it may be said, without any imputation of the speaker being either a sycophant or a flatterer, that of the long line of British sovereigns she stands pre-eminent and alone in giving her people an example so consistently good of those domestic virtures which are the stay and safeguards of society—those examples producing more noble and lasting results than all the triumphs and trophies in arms and in arts which have already marked her Majesty's wise, benignant, virtuous, and glorious reign." (Applause.)

Donations of £100 from Sir Henry Marsh, Bart., of £50 from Dr. Corrigan, and of £25 from Mrs. Stewart, were also acknowledged—to be added, according to the rule of the Society, to its funded property.

Dr. Duncan read the abstract of accounts. He said that he considered that to be the most gratifying balance sheet which it had fallen to his lot, as Treasurer, to present to the Society. There had been a steady increase in the amount available for the last three years. That amount was now £615, being more than £100 of an increase. It was more than eight years since it pleased the Society to trust him with the office of Treasurer. The income of the Society then amounted to £439; they had then invested about £3000, and in the course of last year they had received £1100. The amount available for distribution last year was £505, and the year previous £477.

On the motion of Sir Henry Marsh, Bart., seconded by Dr. Brown, of Belfast, thanks were returned to the Lord-Lieute-

nant for his ready compliance with the request of the Committee to accept the office of Vice-Patron, as well as for the very courteous and complimentary manner in which his Excellency was pleased to communicate his intention.

After some further proceedings, Dr. Kingsley, the founder of the Society, was called to the chair, when a vote of thanks to Dr. Corrigan, on the motion of Dr. Hardy, was passed by acclamation.

The annual meeting of the Irish Medical Association was held on the same day, at the Royal College of Surgeons, when the chair was taken by the President, Dr. Mackesy, who spoke at some length on the necessity for Medical Parliamentary representation, and detailed the result of an interview which he recently had with the Chief Secretary, Mr. Cardwell, during which he had discussed many matters of interest to the Profession, in connexion with the Medical Charities and Poor-law Acts, and suggested amendments in the proposed Bill.

The report was unanimously adopted.

Dr. Hynes, of Kinvara, moved a resolution, to the effect that while recording their thanks to the Chief Secretary for Ireland for the bill introduced by him for the purpose of amending the Medical Charities and Poor-law Acts, they respectfully submitted that, being defective in many particulars, they could not accept it as satisfactory.

Dr. Molony seconded the motion, which was passed.

Dr. Rawdon MacNamara moved the third resolution:—"That the Medical Act, passed in August 1858, was seriously defective, sufficient provision not having been made to secure a sound preliminary education to those joining the Profession."

Dr. Walsh, of Clara, seconded the resolution.

Dr. Browne, of Belfast, then proposed a resolution with respect to the Bill for the Registration of Births, Marriages, and Deaths, which was seconded by Dr. Browne, of Londonderry, who pointed out what he considered the objectionable parts of the measure.

The resolution was adopted.

The thanks of the meeting having been voted to the Chairman,

A vote of thanks to the Honorary Secretary, Dr. Quinan, for his exertions on the part of the Profession, was moved by Dr. Corbet, seconded by Dr. Hynes, and passed unanimously.

A deputation having been appointed to wait on the Judges, with respect to the payment of Medical witnesses, the proceedings terminated with a vote of thanks to the press.

GENERAL CORRESPONDENCE.

REGISTRATION OF DEATHS (SCOTLAND) BILL).

Letter from Mr. Beavan.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you permit me (through the medium of the *Medical Times and Gazette*) to request the attention of English Medical Practitioners to the grievance of which the Practitioners of Scotland so justly complain, and to ask their co-operation in resisting its re-enactment in the Amended Bill now before Parliament. In Clause 41 of the Act now in force (17 and 18 Vic.) the Practitioner last in attendance upon the deceased person is required, within fourteen days, to give gratuitously and transmit to the Registrar, a written certificate of the cause of death, together with the age, residence, and some other particulars of the deceased, under a penalty of forty shillings and costs. Let it not be supposed that this is an idle threat, as I will presently show. In the Amended Bill now ready to go into committee, it is proposed to retain the penal clause, making it returnable within five days. The great mass of the Profession of Scotland have protested by petitions to the Legislature and deputations to the Lord Advocate of Scotland (who has charge of the Bill) against the "hated penal clause," and the question I wish to put to English Practitioners is this,—Are you willing to have such a clause as the penal clause in question enforced upon yourselves?—If they are not, then in justice to the Medical Profession in Scotland, and as a matter of policy in defending their own rights, I urge them not to permit an insult and a wrong to be inflicted on members of our common Profession who are removed from us merely by a geographical boundary. There is a Registration Bill for Ireland now before Parliament, but I cannot say if any penal clause affecting our Profession is contained in it; but if the penal clause in the Scottish Bill is passed, we may be assured a similar clause will soon be aimed at English Practitioners, and it will be followed up by other gratuitous demands upon our time and Professional knowledge.

The Lord Advocate of Scotland, in answer to a deputation who remarked upon the injustice of inflicting a penalty upon Scotch Medical men for omitting to certify as to the cause of death gratuitously, while the English Practitioners are exempt from it, stated that "he understood the Act in England had failed owing to the absence of a penal clause." If, therefore, they would avert this they should make known their views to the Legislature without a day's loss of time; the simple petition of one or two members, on a sheet of letter-paper, may be sent through the Members for each locality, if it is not convenient to obtain more signatures to each petition.

I have only now to add that fines and costs have in many cases been inflicted in Scotland under the penal clause, in one instance in two successive cases the fines and costs amounted to nearly £10, and in many others the costs alone have been from £3 to £4, the magistrates in several cases have enforced the nominal fine of one shilling only.

I am, &c.

T. P. Beavan, L.R.C.P. Edin. etc.

Rochester, June 2.

CANCER-CURING.

[To the Editor of the Medical Times and Gazette.]

Sir,—Towards the close of last year there appeared, as your readers will doubtless remember, several letters in the *Times*, under the heading of "Is Cancer Curable?" especially referring to a certain Rev. Hugh Reed, and I see by your paper that you have, from time to time, illustrated the fallacy of his treatment.

The following case will sufficiently prove that the view you have taken is a correct one, and I vouch for its accuracy.

Some few months ago the first letter which the late Mr. Head wrote to the *Times* was shown to a friend of mine, residing about 100 miles from London, who, unhappily, was afflicted with a cancer. The letter was such a plausible one, and it portrayed so patent a cure that the lady in question was induced to make further inquiries, with a view of placing herself under Mr. Reed's treatment. A reference was given to a Doctor at Brixton, and the said Mr. Head, who I see by your paper of Saturday week, is lately dead. The answers apparently were so satisfactory that she was induced to come to town, and have an interview with Mr. Reed. For this she paid him a guinea, and another guinea to the Brixton Doctor to whom the case was to be mentioned! Mr. Reed, after examining the cancer, promised, if not a radical cure, at all events great relief. Terms were spoken of, and agreed to; my friend was to pay twenty guineas down, ten guineas more on a partial cure being apparent, and a further ten guineas on a perfect cure being effected. Upon the faith of this the lady came up, and from day to day waited upon Mr. Reed, and applied the remedies given her, both internally and externally. She continued under him for a month. No relief, however, took place; the cancer, on the contrary, increased, the "stuff" she was ordered to take and apply to it, rendered it most painful, and she was at length advised to show both the cancer and the "stuff" to a celebrated member of your Profession, whose advice to her was by no means to visit him again if she at all valued her life. She was ordered to follow this advice, but it is poor consolation to one who has been subject to the expenses of staying in town for a month, to the payment of this twenty-two guineas, and to the loss of time consequent upon her stay there during this period, and the certain knowledge that she is by far the worse than the better than she was previously to her placing herself under his hands. But is there no remedy for this? Your Profession boasts itself of its numerous Societies—ah! even its Branch Societies. You pledge yourselves to use your utmost to purge your Profession of its "black sheep," and you hold yourselves out to the public as our protectors against

fraud and deception; but away, I say, with your professions, if you will sit quietly by and wink at such unprecedented cases of men feeding on the gullibility of the public, and duping them to the extent this man Reed does. You have your Acts of Parliament passed to please you. The 21st and 22nd Vic., cap. xc., was passed expressly for your accommodation. The Legislature have also passed other Acts to meet similar cases to this; but where, let me ask, are your successful prosecutions under these Acts? To whom do you look to take the initiative in such a case as that I have mentioned? Is not the ground of breach of contract sufficient to warrant you to proceed against Mr. Reed for the recovery of this money, or will you not take proceedings against him for trespassing upon those rights which you hold so sacred to yourselves. I am, &c.

A Hater of Quacks.

[The writer of this letter has sent his name and address. The simple course is for the lady or her friends to sue for a return of the money, not to expect the Medical Profession to do more than *expose* the Cancer-curers, and put the public on their guard. If people choose to run such risks with their eyes open they must must take the consequences.—Ed.]

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 22, 1860.

F. C. Skey, Esq., President, in the Chair.

[We published in our number last week the discussion which followed the reading of this paper.]

A paper, by Dr. Henry Kennedy, was read

ON TYPHUS AND TYPHOID FEVERS AS SEEN IN DUBLIN.

The object of the communication was to show that while these types or varieties might, in the great majority of instances, be distinguished the one from the other, they were still but the results of a common poison. To the distinctive marks between the two varieties he had drawn attention, in the *Dublin Medical Journal*, as far back as the year 1837, three years before the appearance of Dr. Stewart's memoir. The arguments for the identity of the poison the author divided into general and special. Among the former he particularly dwelt on the fact of different types of fever coming from the one room; such as cases with and without spots, or some with dark and others with rose spots, or the congestive, nervous, and gastric fevers all existing in one family and at the same time. Among the special arguments the details of some cases were given where petechiæ existed together with ulcerated bowels; and also cases of the same variety where the two rashes were mixed. The author also noticed the fact that intestinal hæmorrhage was at least as common in typhus as in typhoid fevers—contrary to what is usually thought. Still further the author glanced at the views now held by many on the stimulant treatment of acute disease. He observed that the extent to which these doctrines were carried elsewhere had not reached Dublin, nor did he think they would; and he considered there were many points, directly involving the general question, which yet required the fullest consideration. Though the author did not enter at all on the general treatment of fever, he spoke of a few points having a special reference to the treatment of typhoid fever. In particular he drew attention to the necessity for making a distinction between the stimulants in common use, of which wine and beef-tea were instanced. In his experience the effects of the former were much less likely to be followed by any unpleasant results than those of the latter; and this he had remarked not only in fever, but also in some of the phlegmasiæ. The cause of this difference Dr. Kennedy attributed to the difference in the constituent parts of the two fluids. To the carbonate of ammonia he also directed attention, as being in general use; and yet, in his experience, he had found it very apt to cause diarrhœa, and latterly had entirely given it up. The medicine he now placed the most reliance on was the dilute sulphuric acid; and he had arrived at this conclusion after having tried the ordinary astringents. The acid, however, was not a new remedy. With the acid he always joined local treatment, such as leeching and blistering; nor of its efficacy—when used with ordinary discretion—had he the slightest doubt, notwithstanding all that had been recently urged against it. In the last place, the author spoke of a certain class of cases of typhoid fever in which it seemed as if the poison were flitting about the system,—at one time attacking the abdomen, again the chest, or the brain. In such cases he had adopted the expedient of keeping a blister open, usually on the chest, for some days; and from this plan he had seen very marked advantage.

THE PATHOLOGICAL SOCIETY.

Tuesday, May 15, 1860.

W. Fergusson, Esq., President, in the Chair.

Dr. Gibb exhibited specimens of

CALCIFICATION OF THE ARTERIES,

with abnormal distribution of their trunks, taken from a man 60 years of age, in whom the calcareo-atheromatous expression was well marked, and who died of disease of the lungs. The heart was soft and in a state of fatty degeneration; the arch of the aorta was much dilated, its interior being lined with large atheromatous patches, many being converted apparently into true bone. It gave off four branches instead of the usual three. The thoracic and abdominal aorta were also lined by atheromatous patches, and those in the latter were in a state of calcification. All the arteries of the upper and lower extremities were in a state of firm calcification. This condition was absent in those of the neck, but affected the coronary arteries, and the smaller branches at the base of the brain. There was an abnormal division of both femoral arteries, that on the right side divided into two branches, at Poupart's ligament, while that on the left divided into three. The great ischiatic nerve on the left side divided into two branches on its emergence from the great ischiatic notch; that on the right was normal. A large vomica existed near the apex of the right lung, and both lungs contained miliary tubercles. The cartilages of the larynx were calcified. The parietal surfaces of the abdominal viscera were adherent to one another. The greater part of the compact substance of the bones had become absorbed.

RADIAL AND ULNAR ARTERIES CALCIFIED,

Taken from a man aged 65, who died from chronic bronchitis. The heart, although enlarged, was not diseased. The coronary arteries, and the more minute arteries of the brain, were affected with atheromatous ulcerations. The axillary arteries downwards in both arms, and the femoral arteries downwards in both legs, were hard, unyielding cylinders from extensive deposits of calcified matter. The lungs were emphysematous, the bronchi chronically diseased, and a few tubercles were scattered throughout the former. The liver and spleen were enlarged and adherent to the diaphragm.

RADIAL ARTERY CALCIFIED,

From a female aged 45. The heart was comparatively healthy, but with the coronary arteries calcified. All the arteries of the extremities were calcified, more especially manifest in the forearms and legs. The patient in this and the previous case had the calcareous expression simply.

THE PERICARDIUM DRIED, WITH BONY PLATES AND ATHEROMATOUS PATCHES,

From a man, aged 46, who had the atheromatous expression perfectly marked, although otherwise apparently in good health. He died suddenly from cerebral hæmorrhage, which was found to have proceeded from a small vessel affected with atheroma. The heart was enlarged and very fatty; the arch of the aorta, with the thoracic and abdominal portions, were much affected with atheromatous ulcerations, containing a quantity of fat and cholesterine. The cartilages

of the larynx were in a similar condition, mixed with soft calcified material. The pericardium, although so extensively affected with atheromatous and bony deposits, gave no uneasiness to the patient during life.

A DRAWING OF ATHEROMATOUS DISEASE OF THE VESSELS AT THE BASE OF THE BRAIN,

In a typical example of the atheromatous expression. The interior of the body was a mass of fat, atheroma, oil, and cholesterine, although the patient, aged 63, was not corpulent. Death occurred from serous apoplexy; the heart was covered with fat; the left ventricle hypertrophied and dilated; the aortic valves were much calcified; the aorta was lined with ulcerated patches of atheroma, one of which as large as a shilling, was of the consistence of bone. The abdominal viscera were imbedded in fat, the liver was enlarged and loaded with fatty elements, and the subcutaneous fat over the abdomen was an inch and-a-half thick. The lateral ventricles and base of the brain contained a quantity of serum.

Dr. John Ogle exhibited three specimens of

HOOPS OF CALCAREOUS DEPOSIT,

in connexion with the surface of the heart, and surrounding that organ. *Case* 1 was that of a man, aged 30, who "caught cold" as was stated, and had since suffered from ascites. The urine was found albuminous, and he frequently suffered from epistaxis. He suddenly became comatose, and shortly died. After death the coma was found to have been owing to extensive extravasation of blood into the right corpus striatum, and cerebral hemisphere. The kidneys and liver were diseased, and the spleen was of enormous size, being occupied by a large deposit of fibrinous material. The heart was healthy as to its walls and cavities, but recently-deposited fibrine was found attached to the aortic and mitral valve-flaps. The two layers of pericardium were everywhere firmly adherent, but especially so at the base of the heart, and embedded in the adhesion corresponding to the sulcus between the auricles and ventricles was a ring of calcareous matter entirely encircling the heart. *Case* 2 was that of a girl, aged 7, who had had rheumatic fever, etc., previous to admission into St. George's Hospital, and had always since been subject to palpitation. When admitted, the pulse was 120 and feeble, and the jugular veins were distended. The heart's action was tumultuous, and a very loud mitral murmur was heard. The urine was albuminous. He died four days after admission. After death the abdominal organs were all found congested, and the heart was greatly diseased, its walls being thinned and its cavities dilated. The mitral valve-flaps were thickened. The two layers of pericardium were everywhere adherent; and in the subserous layer at the fossa, between the auricles and ventricles, was a ring or hook-like mass of about the thickness of a goose-quill, surrounding the base of the heart. The coronary vessels were natural. *Case* 3 was that of a man, aged 47, who for many years had suffered from cough, dyspnœa, ascites, and anasarca, at various times; at one period, however, having been apparently well for the space of three years. He got the greatest relief from elaterium, with digitalis and cantharides. Very shortly before death nothing wrong about the heart was found by physical examination. About ten days before death he became hemiplegic, the paralysis, however, quickly becoming almost entirely removed. After death a firm ring of calcareous matter was found surrounding the heart opposite to the fossa, between the auricles and the ventricles, but also connected with this hoop-like mass were two plates of calcareous matter, connected with the pericardium covering the front and the back part of the right side of the heart. Throughout, the two layers of pericardium were firmly adherent, so that they could not be separated from each other, or from the calcareous matter, without much trouble. In none of the cases which he had seen was true bone-structure found by the microscope to exist in the calcareous masses.

The Jardin des Plantes is blessed for the third time with a baby hippopotamus. It will be remembered that Mrs. H. put a violent end to her two former offspring. This time the little one has been entrusted to the motherly attention of a cow.

MEDICAL NEWS.

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, May 31:—

Beer, James John, St. John-street, Clerkenwell
McManus, Owen, London

The following gentlemen also on the same day passed their First Examination:—

Best, Palemon, University College
Eddowes, William, King's College
Furse, Edwin, University College
Hedley, Edward Anthony, Felton, Northumberland
Leach, Abraham, Manchester

For an Assistant:—

Ditchburn, Peter, Crook, Durham

APPOINTMENT.

Barraut.—Her Majesty has been pleased to appoint Adolphe Barraut, Esq., M.D., to be Assistant Health Officer and Immigration Dépôt Surgeon for the Island of Mauritius.

DEATHS.

Crosby.—June 4, John Crosby, of Bath, Surgeon.

Lee.—May 24, at Keyingham, Hull, Yorkshire, Henry William Lee, M.R.C.S. Eng., L.S.A. Lond.

O'Hagan.—June 2, at Boyne Cottage, Ireland, Hugh O'Hagan, M.D., Surgeon, R.N., late of the *Impregnable* flag-ship, 104 guns, aged 43.

Smith.—May 26, at Navenby, Benjamin Smith, late of Caistor, Lincolnshire, M.R.C.S. Eng., L.S.A. Lond., aged 67.

Tupper.—April 24, at Guernsey, Frederick William Tupper, Surgeon, 62nd Foot.

Woolley.—May 30, at No. 20, Eldon-road, Kensington, George Woolley, M.D., formerly of Brompton-row, and for upwards of forty years Hon. Medical Attendant at the Royal Humane Society's Receiving House, Hyde-park.

Dr. Gregory Vos, on his retirement from Calcutta practice, has received a most gratifying testimonial of esteem from his friends and patients. An address, very numerously signed, has been forwarded to us.

An Oriental Fee.—We read in the *Moniteur des Hôpitaux*, "Dr. Carathéodory, who has recently been at Constantinople, cured the Sultan of an attack of ague by means of large doses of quinine, has received as his fee jewels and precious stones to the value of 400,000 francs, besides a still larger sum in immoveable property. Such liberality of the Sultan seems little in accord with the condition of his finances, and we strongly suspect that it is more nominal than effective."

A Philosopher to the Last.—M. Retzius, we hear, died in the full pursuit or science. On his dying bed he made his observations on the progressing dissolution of his own body. "The struggle of death is hard," he said to those about him; "but it is of the highest interest to note this wrestle between life and death: now the legs are dead; now the muscles of the bowels cease their function; the last struggle must be heavy, but for all that it is highly interesting." These were his last words.—*Athenæum*.

At the late meeting of the Metropolitan Drinking Fountains Association some interesting facts were detailed. It was ascertained that the first fountain in London was used about 7000 times daily. To carry out the benefit the present Association was formed. In meeting expenses, liberal donations were received, and the Middlesex Water Company agreed to supply water without charge to a few fountains, and the Lambeth Water Company agreed to the reduced charge of 3d. per 1000 gallons, but the remainder of the companies adhere to the usual charge of 6d. per 1000 gallons.

The Ethnological Society.—The anniversary meeting of this Society was held on Wednesday evening, May 30, Sir James Clark in the chair, when the following gentlemen were elected officers and council:—President, John Crawfurd, Esq.; Vice-Presidents, the Archbishop of Dublin, Sir B. C. Brodie, Beriah Botfield, M.P., Sir James Clark; Treasurer,

Frederick Hindmarsh; Honorary Secretaries, Thomas Wright, James Hunt, Phil.D.; Librarian and Curator, Lionel J. Beale; Council, W. Beattie, M.D., Sir John Boileau, C. H. Bracebridge, F. Chatfield, T. F. D. Croker, R. Dunn, R. N. Fowler, T. Hodgkin, M.D., R. Ingham, M.P., David King, M.D., Malcolm Lewin, Professor Pearson, G. Rolleston, M.D., C. Robert des Ruffières, Rev. E. J. Selwyn, Sir K. Shuttleworth, R. Tait, H. Tuke, M.D., and Stephen Ward, M.D.

Doctors Differ.—Pitcairn, by a process of very unconvincing mathematical demonstration, contained in a treatise on Digestion, so enormously exaggerated the force of the circular muscles of the alimentary canal in relation to that function, as to draw forth from Astruc, a contemporary French Physician, an equally absurd attempt to prove, and that mathematically, that the circular muscles have no power of compression at all. Two Scotch professors, friends of Pitcairn, one of whom was Gregory, the Mathematical Professor at Edinburgh, replied to Astruc's mathematics very effectively. After noticing their labours, and quoting Gregory's words, Pitcairn expresses himself thus:—"Hæc meus Gregorius. Ego libellum Astrucii non vocem—cacatam chartam, quia mihi videtur Astrucius nunquam cacasse: alioquin sensisset musculos abdominis et se contrahere, et alia exprimere posse."—*Dr. John Gairdner.*

Heroic Conduct of a Medical Pupil at Scarbro'.—On Monday morning last, at six a.m., a party consisting of four young gentlemen went on the sea for a morning's row; at that time the weather was very auspicious. About half-past seven a.m., when in the midst of their pleasure, a fisherman, in another boat, told them that a storm was about to arise; they took his advice and were rowing for port, when a sudden and violent storm arose. Escape was all but hopeless, as they were drifting rapidly towards the rocks, where many a vessel has been dashed to pieces. Mr. Frankish (pupil of Dr. Robertson) one of the four, tied a rope round his waist, plunged into the foaming surf, and swam for forty yards ere he reached the shore. By his great exertion the boat was hauled higher up, when another of the party jumped out and by their joint exertions the other two were saved only a moment or two before the boat turned over. The fisherman was only able to save his life, his boat was broken up. The storm was so violent that, though a boat was lowered at the pier, the men were not able to proceed to the assistance of those in danger.

The London Medical Registration Association.—The special general meeting of this Association, convened by public advertisement to consider the new rules proposed, and the consequent reorganisation of the body, took place at the Freemasons' Tavern on the evening of Thursday, May 31. Mr. Fergusson, the President, took the chair; and after an able address, stating the objects which had been kept in view in framing the new regulations, these were read and then considered *seriatim*. Various amendments were introduced, and many of these were adopted on the recommendation of Mr. A. B. Steele, the Honorary Secretary of the Liverpool Medical Registration Association, who attended on a special mission from that body, for which he acts, and very clearly and distinctly represented to the meeting the feelings which actuated the provincial Registration Associations. The great feature of the new rules is, that the whole of the Associations affiliated with that of the metropolis will now be consolidated into one "National Medical Registration Association," the local bodies sending representatives to the Committee. This movement, if properly supported, will really inaugurate a Parliament of the Profession. A Sub-Committee of the metropolitan branch is now engaged in the work of digesting the various suggestions of the local branches for an improvement of the Medical Act, and it is expected that they will embody these, together with their own views, into a memorial for presentation to the Medical Council at their meeting.

Testimonial to Dr. Parkes.—On Friday, June 1, a meeting was held by the students of University College, London, for the purpose of considering the best method of testifying the universal respect entertained for Dr. Parkes, late Professor of Clinical Medicine, at University College Hospital. Dr. Edwyn Andrew occupied the chair. After a preliminary address by the Chairman the following resolutions were adopted:—1. Proposed by Mr. Teevan, seconded by Dr. Buchanan:—"That this meeting observes with great regret the resignation of Dr. Parkes, who has been connected with this Institution for so many years, and who, by his uniform kindness, as well as his great talents as a Professor, and especially by his unwearied exertions as a teacher of Clinical Medicine, has obtained the esteem and respect of all with whom he has come in contact. That as a small acknowledgment of his great qualities and valuable services, an address, together with a testimonial (the nature of which to be afterwards decided by the Committee), shall be presented to him at the earliest time possible. 2. Proposed by Mr. W. J. Smith, seconded by Mr. Dawson:—"That a communication be made to the present and former pupils, fellow-students, and colleagues of Dr. Parkes, who may be willing to aid in this movement." 3. Proposed by Mr. Power, seconded by Mr. Gibson:—"That a Committee be at once formed to obtain subscriptions to carry out this desirable object." Treasurer: Dr. Edwyn Andrew. Secretaries were appointed.

Honour Conferred upon Two old French Professors.—In a recent report to the French Emperor, the following statement is made:—"M. Duméril, Member of the Institute, Professor of Medical Pathology to the Paris Medical Faculty, has participated in the duties of teaching during fifty-nine years. During his long career he has had the honour of acting as a substitute for Cuvier and Lacépède at the Museum, where, during a space of thirty-two years, he has occupied the titular chair of Herpetology and Ichthyology. In 1804 he was designated by Napoleon I. as the companion of Desgenettes during his examination into the yellow fever, and he is the author of several considerable works, which have conferred upon him great reputation in the world of science. Born about the same time as M. Duméril, M. Lordat is still, after fifty-eight years' teaching, Professor of Physiology in the Faculty of Medicine at Montpellier. A distinguished publicist and an eloquent Professor, he remains, at eighty-seven years of age, the most authorised representative of a school the doctrine of which he is the honoured personification. I have, Sire, to solicit the promotion of MM. Duméril and Lordat to the rank of Commanders of the Legion of Honour. By the character and by the value and exceptional devotion of their labours, these two Professors justify this high distinction. It will be the consecration of a whole life of work which may well serve as an example, and a just reward of a devotion which age has not enfeebled, and by which science and teaching have so largely profited." A decree has just conferred the honours sought.

Dr. Forget on Antiphlogistic Treatment.—Broussais invented inflammation and bleeding it seems. Hippocrates, Celsus, Galen, never suspected the existence of inflammation. MM. Andral and Gavarret are only the satraps of the reformer; and as for bleeding, this same Galen, and Sydenham, Botal, Guy-Patin, Chirac, Sylva, Hecquet, Bosquillon, and *tutti quanti*, never used the lancet. Hence, then,

"Si nous soignons sans succés,
C'est la faute de Broussais."

Unable to destroy inflammation, we have begun to calumniate it; it has completely changed its nature, we are told. For 3000 years it has been considered as an *exaggeration* of the vital forces, but we have it now demonstrated as a *depression* of the nervous system. For 3000 years bleeding has been used as the most natural means of disgorging the inflamed tissues, and now it is irrefragibly proved, that bleeding aggravates and produces inflammation. We have not only theoretical proofs of the fact, but we have practical proofs, which no one will refuse—clinical experiment. Thus English, German, and French Practitioners have taken it into their heads to lay the bridle on the neck of the phlegmasiæ of pneumonia, and erysipelas, for example; some of them have the courage even to treat them with alcohol, by the aid of which their patients do admirably. Ah! you will say, that does not surprise me at all; we have had expectant doctors, like Hippocrates; and busy doctors, like Asclepiades; and debilitating doctors, like Sydenham and Broussais; and stimulating doctors, like Morton and Brown. At all times there have been empirics and methodists, who have, turn by turn, ruled the Medical world. Broussais dethroned Brown, and now behold Brown revenging himself on Broussais. Science, like representative government, is a system of

balancing. The truth of to-day is the error of the morrow. All which proves that there is no constancy in nature, as Bichat has said, and proves also, that Nature is stronger than physic and physicians, for if she were the slave of systems, the world would soon be a desert. But statistics? you will say. Statistics are always on the side of the party who invokes their aid; they are kindly handmaids, at the service of the first comer. The value of statistics is the value of the observer. Science, good sense, and honesty are of more worth than figures.

THE FATHER OF THE THREE MONROS.—John Monro was an Army Surgeon under King William the Third, and settled as a Surgeon here in 1700. He became one of us in 1703, and was elected President in 1712 and 1713. He was a younger son of Sir Alexander Monro, of Bearerofts, in Stirlingshire, and was related to the family of the celebrated Duncan Forbes, of Culloden. Like his distinguished relative, he was a staunch friend to the Revolution Settlement, and like him, too, was a good and amiable man. He is said to have had engaging manners, and to have enjoyed a large share of professional success. He had the merit of discovering the peculiar abilities of his son, and of educating him to be a great anatomical teacher. I need scarcely add, that this son was the celebrated Dr. Alexander Monro, the first of the three successive Professors of Anatomy who bore his name, one of our members at a later period, and, I may add, Librarian to the Incorporation for many years.—*Dr. John Gairdner.*

VITAL STATISTICS OF LONDON.

Week ending Saturday, June 2, 1860.

BIRTHS.

Births of Boys, 751; Girls, 751; Total, 1517.
Average of 10 corresponding weeks, 1850–59, 1509·1.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	525	479	1004
Average of the ten years 1850–59	500·4	488·8	989·2
Average corrected to increased population..	..	..	1088
Deaths of people above 90	..	..	..
Deaths in 15 General Hospitals	33	17	50

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	4	2	1	12	4	4
North ..	490,396	6	9	6	1	9	4	5
Central ..	393,256	1	3	4	2	5	3	3
East	485,522	3	13	10	..	3	8	2
South ..	616,635	5	22	5	3	4	3	4
Total . ..	2,362,236	17	51	27	7	33	22	18

METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	29 578 in.
Mean temperature	51·3
Highest point of thermometer	66·3
Lowest point of thermometer	38·8
Mean dew-point temperature	44·0
General direction of wind	Variable.
Whole amount of rain in the week	1·53 in.

TO CORRESPONDENTS.

Dr. Rose's case of Poisoning by Alcohol shall appear as soon as possible.

Dr. Cotton's paper on the Action of Iodide of Iron upon Phthisis shall appear next week.

ERRATUM.—Appointment to the Office of House-Surgeon to the Islington Dispensary (see page 564)—*read* Mr. *Francis* Mason.

UNIVERSITY OF LONDON REPRESENTATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—A paragraph having appeared in the columns of one of your Medical contemporaries, to the effect, "That those who had signed a requisition to Sir John Romilly were free to support Sir Charles Locock, Sir John Romilly having declined to stand,"—I beg to state, as Chairman of the Committee for Promoting the Election of Sir John Romilly, that so far from his having declined to stand, the requisition has not yet been presented to him. I shall esteem it a favour if you will give circulation to this letter. I am, &c.

4, New-square, Lincoln's-inn, May 31. T. SMITH OSLER.

THE "SURGEON OF THIRTY-FIVE YEARS' STANDING."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I can quite enter into the feelings of astonishment with which your correspondent,—"M.D., M.R.C.P.L."—regards the wonderful individual who boasts of having so rarely to meet an "M.D." in consultation. It is clear to me that in spite of his "thirty-five years," he either has a small and poor practice, or that he lives in a locality more benighted than common. Your correspondent of last week only affirms the truth when he says that all who can afford it will have a second opinion when in danger; and that opinion, I may add, will be, when it is to be had, that of the regularly-educated Physician. In the county in which I reside, so far from consultations diminishing in number, they have from facilities of railway and telegraph much increased; and here the country squire, or parson, or even small tradesman of moderate means, who died without a Physician being called in in consultation, would be considered almost an anomaly. Neither is this from dearth of talent in the General Practitioners of "our shire:" on the contrary, we can boast of men who are not to be surpassed in their valued and laborious life; but these, unlike your "thirty-five years" correspondent, are the first to suggest consultations in difficult or socially-important cases. It tallies with my experience, in fact, that the greater the blockhead, the greater his aversion to consultations.

With regard to another point alluded to by the "thirty-five years' Practitioner,—that of his claiming to call himself "Doctor" if he joins the Royal College of Physicians under the proposed new *regime*, he may rest assured that the College will never do so manifest an injustice to its Fellows and Members as to permit dispensing Licentiates to assume the time-honoured title of M.D. Such a step would lead to the withdrawal of the names of many of those Physicians who now adorn its roll, but who in that case would prefer to rely on the *prestige* of the University in which they graduated to the further use of a title the glory of which would have departed. I am, &c. A "PURE" PHYSICIAN.

USE OF SANTONINE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your number for May 19th, "E. C." asks for information concerning the use of Santonine in Ascarides.

I have used it in many cases, without the slightest or at most only temporary benefit. I may mention, however, that I have used it in the lumbricoïdes with the most surprising, or I had almost said, specific effects. Much depends on the method of administration. Before using santonine I had tried Dr. Watson's method of treatment by steel and purgatives alternately, with only trivial benefit. I also tried santonine by itself, and found it scarcely more efficacious than the former, the only advantage being that from its small bulk, it could be easily administered to children.

On resorting to the method suggested by Kuchenmeister of administering it with castor-oil, the effect was most gratifying. The first patient to whom I administered it in this way, a child fifteen months old (and who had been treated by the two former methods without benefit), passed no fewer than thirty-six worms, varying in size from a few inches to nearly eighteen inches. On repeating the dose several more were expelled. The effect on the child's appearance was really wonderful, from being a tiny emaciated creature, with a ravenous appetite, etc., it in the course of a short time assumed a plump, healthy aspect.

Since that time I have used it very extensively, and know many instances where from twelve to forty and even in one instance fifty-nine worms have been voided, and that, too, where Dr. Watson's method and the santonine *per se* had signally failed. Indeed I may say, where children have previously passed worms (which is considered the only unequivocal evidence of their existence), that I have never known the santonine and castor-oil together fail to eject more of them when administered.

I usually order from two to eight grains of santonine, stirred in from a tea to a table spoonful of castor-oil, according to age, to be administered at night and a dose of senna the following morning.

Galashiels, May 28. I am, &c. J. BRISBANE, M.D.

NEW MEMBERS OF THE COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you kindly grant me a small space in an early number of your Journal that I may express my dissent to some of the sentiments which have of late appeared in the Medical periodicals, in reference to the admission of certain gentlemen to the membership of the Royal College of Surgeons of England?

I would ask whether the Medical is still to hold its rank among the "Liberal" Professions? or whether this term is henceforth to be a byeword—a thing that was? If it is still to hold its own and be "liberal," the hard dealings of those who complain of the conduct of the authorities of the College, in admitting certain gentlemen as members, who may not have passed through the usual ordeal or curriculum of study must cease. One might have thought that the letter of the President of the Medical Council which appeared in your number of the 12th ult. would have put this question at rest, and that his plain statement would have escaped misinterpretation; but far otherwise appears to be the case. It has, so far as I can find, been nowhere recorded that any gentleman has been admitted a member of the College without an examination, or without having gone through some preliminary course of study.

Now let me endeavour to prove that the warfare against gentlemen (I use the term without reservation) advanced in years, gentlemen who commenced life without sixpence in their pockets, gentlemen who performed the duties of assistants as a means of livelihood, gentlemen who were unable to complete their studies, much less their examinations, not from want of brains, but from the want of funds, is ungenerous and unbecoming

a Profession which would have the public believe in its liberality, and which fires up upon every occasion when its position is called in question.

Is there a man in the Profession be he ever so old, who does not remember in the days of his pupilage, many a hard-working fellow-student who scarcely knew from day to day how to exist? Is there a man who does not remember many a fellow-student, who left his studies for a time, became an assistant, scraped together enough to finish his studies and to pass his examinations? And again I would ask, is there a man who does not reeall another class, that one which disappeared altogether, and who was not again seen either in the Lecture Hall or the wards of the Hospital —not thus disappearing from misconduct or any preventible misfortune, but alone from want of funds? This last-named, it strikes me, is the class of men to whom the President of the Medical Council alludes; these are the poor half-starved, hard-working individuals who to maintain themselves as honest houourable men undertook, for a time at least in our Profession, almost menial service,—and haviug scraped together enough, perhaps, wherewith to purchase a brass plate with "Surgeon" engraved thereon, these are the men to whom the authorities have, I think, justly and fairly opened the portals of the College and not to those whose characters are exceptional, not to those who have had no preliminary education. Let it be remembered that before the passiug of the New Medical Act these gentlemen practised without any licence. To these surely some relaxation of existing laws, both as regards Education and Examination, has been and may still be fairly accorded. Let those of our Profession who think that an iujustice has been done them by the admission of these men as members of our College, place themselves in the reverse position, and I cannot but believe they will come to a very different verdict to that which has hitherto guided their proeeedings in the matter under diseussion.

I am, &c.

Ryde, Isle of Wight, June 1. BENJAMIN BARROW.

IPECACUANHA *v.* OPIUM.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—"An Inquirer" will find all the information he secks concerning "the action of ipecacuanha in lessening that of opium" in the first volume of Pereira's "Materia Medica" (edition of 1839), page 35, or, in case he may be more fortunate than myself in possessing a later edition of the work, he will find it alluded to at the commencement of the volume, Section 9, "Circumstances which modify the effects of Medicines." Cap. I.—Those "Relating to the Medicine." Sub-div. iv. Object—"To obtaiu a new and active remedy not afforded by any single substance." "By combining medicines which excite different actions in the stomach and system, in consequence of which new or modified results are produced; as when we combine opium (a narcotic) with ipecacuanha (an emetic) to obtain a sudorific compound,"—unless the learned Professor saw reason to alter his opinion, which I do not think probable.

With reference to "Inquirer's" question, "Is it a fact that it does so?" I will merely state the fact, that I have (and I believe it is generally the case) often given 15 or 20 grains of Dover's powder, without producing more than a tranquillising and sudorific effect, to patients who have both before and after got sound sleep of some hours' duration by a dose of laudanam or Battley's liq. opii. sed. equivalent to three-fourths of a grain or one grain of opium. I never before heard of the fact having been called in question, and was taught it as a well-authenticated dogma as soon as I was initiated into the mysteries of the Profession.

I am, &c.

Milton Abbas, June 2. JOHN EWENS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the last number of your Journal a gentleman signing himself "An Inquirer" asks where he may find authority for the statement that ipecacuanha has the power of controlling the narcotic action of opium. If your correspondent will consult the second edition of Christison's "Dispensatory" he will find, under the article Ipecacuanha, at page 564, the following remarks relating to the subject on which he desires information:—"The opium in fact diminishes the emetic and nauseating action of the ipecacuanha; which, it is remarkable, diminishes reciprocally the narcotic action of the opium:" and again, at page 684, in speaking of the modification of the effects of opium by conjunction with other remedies, Dr. Christison says:—"But the most important ascertained modification is what takes place from the conjunction of ipecacuanha. Three, four, or sometimes even six times the ordinary hypnotic dose may then be given without inducing sleep; and on the other hand sweating is brought on with much greater certainty."

I am, &c.

Leamington, June 2. T. A. CARTER, M.D., M.R.C.P.L.

MR. HERAPATH.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have to correct a mistake of the public, which has frequently occasioned painful disappointments. I am not a "Doctor," though often addressed as such, nor am I a Medical Practitioner, therefore, my name cannot be found in the "Medical Directory:" in order that strangers may discriminate between myself and another, who is mistaken for me, I had better be addressed as I sign this:—

WILLIAM HERAPATH, Senr., Old Park, Bristol,
Professor of Chemistry at the Medical School.

OPERATIONS AT ST. THOMAS'S HOSPITAL.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Trusting to an announcement in your Journal of last week, that on Saturday at one o'clock, Mr. Simon would ligature the femoral artery, and Mr. Solly excise the knee-joint at St. Thomas's Hospital, I found my way thither in a pouring rain. A few minutes after the hour named, I found the theatre occupied by studeuts, and saw Mr. Simon cross and recross the area; so after some minutes I enquired the reason of the non-appearance of the patient, and was informed by a student that it was owing to the non-arrival of the Physician, who was about to examine and report upon the condition of the patient's heart and aorta. At last, however, about 1·30 the patient made his appearance, and Mr. Simon proceeded carefully to examine the limb and more especially the portion of artery about to be operated on; having thus occupied many minutes and consulted with his colleagues, he announeed that he found the vessel too much diseased to allow of the application of a ligature, and therefore, the operation would not be performed! Mr. Simon suggested, however, that the surrounding students should take the opportunity of feeling the artery, and accordingly they flocked to the area, and the next quarter of an hour was occupied with their manipulations.

Mr. Solly now announced that the operating theatre on the other side of the house was flooded by rain, and that as the patient was a child, and therefore not particularly anxious about the operation, he would defer it till finer weather! The obvious expedient of carrying the child into the theatre where we were assembled, apparently never occurred to the gentleman in question, who next informed us that he was about to operate on a case of strangulated hernia, which he believed had been strangulated since Tuesday, but on which no attempt at the taxis had been made since admission! Accordingly the patient was brought in and Mr. Solly having manipulated it, another of the Surgeons followed his example and applied the taxis, while the Assistant-Surgeon stood by in an elegant and interesting *pose*. Unfortunately for us spectators, the last manipulator succeeded in returning the hernia, whereupon Surgeons and dressers disappeared without a word being said, and I of course took my departure.

I do not complain of operations being postponed because they are found impracticable or unnecessary, but would venture to suggest to the Surgeons of St. Thomas's, in all humility, that they should examine their cases thoroughly before they make formal announcements in the Journals and thus mislead, among others,

Yours, &c.

June 4. VIATOR.

COMMUNICATIONS have been received from:—

Professor SIMPSON; M. CLAUDE BERNARD; Dr. OGLE; Dr. F. HAWKINS; Dr. COTTON; Dr. E. WATSON, Glasgow; Mr. PRICE; Dr. S. WARD; Dr. DAVY; Dr. THOMSON; Dr. CARTER; Mr. MACNAMARA; Dr. MICHEL, Charleston; Dr. SMYTH; Dr. E. LEE; REGISTRAR-GENERAL; Mr. STEERS; Dr. BRISBANE; Mr. OSLER; Dr. BARROW; Mr. RIVERS; Dr. ROSE; Mr. EWENS; Mr. E. SMITH; VIATOR; Mr. WHEATLEY; Mr. CHAMBERLAIN; Mr. POWELL; Mr. GROVE; Dr. KIDD; and Dr. FAIRLESS.

APPOINTMENTS FOR THE WEEK.

June 9. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m. Mr. F. A. Abel, "On Explosive Mixtures and Flame."

11. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

12. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ZOOLOGICAL SOCIETY, 9 p.m.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. Ballot 7½. Dr. Jenner "On Congestion of the Heart, and its Local Consequences." Mr. Flower "On Pathology of Dislocation at the Shoulder-Joint."

13. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

GEOLOGICAL SOCIETY, 8 p.m.

MICROSCOPICAL SOCIETY, 8 p.m.

14. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL SOCIETY, 8½ p.m.

ROYAL BOTANIC SOCIETY, 3¾ p.m.

15. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ROYAL INSTITUTION, 8 p.m. Professor Faraday "On the Electric Silk-Loom."

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—For Tumour of Upper Jaw; Enlarged Barix Patella; Hare-lip (two cases); Varicose Veins; Necrosis of Humerus. By Mr. Bowman—Necrosis of Finger (Resection of the Joint); Plastic Operation on Face; Excision of Eye-Ball.

ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture XVII.

OPERATIVE PHYSIOLOGY— ON THE SUBLINGUAL GLAND.

Summary: Anatomical Disposition of the Sublingual Gland—In Man, and most other Animals, is not a Conglomerate Gland—In the Dog, however, it presents a Single Excretory Duct—Experiments connected with this Gland can be performed on the Dog alone—Peculiar Properties of Sublingual Saliva—Is slow in making its appearance, when the Gland is excited—Is principally useful in Deglutition—The Chorda Tympani is the Motor Nerve of the Sublingual Gland—Experiments which prove this—Vast Difference of Sensibility between the Sublingual and Submaxillary Glands—Each Salivary Gland devoted to some particular Use—Anatomical Disposition of the Gland, viewed in connexion with Ranula—Precise Seat of the Disease—In the Horse is found to exist in the Sublingual Gland alone—Inferences to be drawn thence, with regard to Human Pathology.

Gentlemen,—The functions of the parotid and submaxillary gland having been thoroughly investigated in our preceding Lectures, we shall now direct your attention to the physiological properties of the sublingual apparatus, in order to lay before you as complete a view as possible of the salivary secretion.

In the human species the sublingual is not a conglomerate gland; and, widely differing in this respect from its congeners, it possesses no excretory duct of sufficient dimensions to admit a tube; its products are poured into the mouth through six or seven small and distinct apertures, which correspond to as many separate portions of the gland. The same anatomical disposition prevails in most of the animals which usually serve for our experiments. It would therefore appear, at first sight, impossible to collect the fluid secreted by this little apparatus in sufficient quantities to ascertain its physical and chemical properties, and the part which it plays in the process of mastication. Fortunately, however, for experimental physiology, we find in the dog a large and conglomerate sublingual gland, provided with a single excretory duct, into which tubes can easily be passed; so that our experiments on this subject have invariably been performed on this latter animal. The dog we now place before you has just undergone the operation. A canula has been passed into the sublingual duct, and a viscid, semi-transparent fluid slowly escapes from its outer orifice—the difficulty with which it flows amply testifying its adhesiveness: how different in this respect from the watery saliva which the parotid produces! The submaxillary secretion appears to establish a transition between the other two as far as chemical composition is concerned. There exists, however, no satisfactory analysis of the sublingual saliva; all that we know is, that it contains an unusually large amount of lubrifying matter. It is only produced in small quantities, and is slow in its formation, when the secreting powers are excited. Thus, when vinegar is poured into the mouth, the excretory ducts of the three salivary glands having previously been provided with tubes, the submaxillary saliva flows at once; the parotidian secretion soon follows, while that of the submaxillary gland is the last to make its appearance. It might thence be inferred that the submaxillary gland ministers to the sense of taste, while the parotid is connected with mastication, and the sublingual gland with deglutition. Clinical observation, in the human species, tends to confirm the inferences drawn from physiology.

As in the case of the submaxillary gland, the nerves which hold the sublingual secretion under their influence appear to be derived from that peculiar branch of the facial which is known under the name of *corda tympani*, and which, after its separation from the lingual, might not inaptly be called the tympanico-lingual nerve: from the moment it joins the lingual it becomes, in fact, a mixed nerve, containing sensitive as well as motor fibres. The slender filaments specially connected with the sublingual gland might perhaps be considered as being of a different nature from the rest: we find them to be infinitely less sensible to galvanic excitation than those which fall into the submaxillary plexus. It might, however, be contended, that not in the nerves, but in the tissue of the glands themselves, must the cause of so marked a difference be sought.

We shall now repeat the experiments on which rests our knowledge of the source from which the nervous stimulus of both glands is derived. The corda tympani being divided within the membrane through which it passes, the sublingual secretion is at once paralysed, as in the case of the submaxillary gland; the motor nerve is therefore not derived from the branches which connect the otic ganglion with the facial: on the other hand, if the nervous trunk, after separating from the lingual nerve, is divided and then galvanised, a flow of saliva immediately takes place from both glands; a fact which proves that the peculiar properties inherent to this branch are not derived from the lingual nerve. A desideratum still, however, exists: an anastomosis is formed between Jackson's nerve and the tympanic chord, above the point on which we are about to divide it. To ascertain whether the ninth pair exerts any influence over the secretion, it would therefore be necessary to divide it in the immediate vicinity of its cerebral origin;—an experiment of such difficulty that no physiologist has hitherto attempted to perform it.

(Both experiments are performed in presence of the class; the nerve is first divided in its upper portion, and the secretion stops; it is then galvanised separately from the lingual nerve, and the secretion reappears.)

You therefore see, gentlemen, that each of the salivary glands is devoted to a distinct purpose, and furnishes its own peculiar secretion, under the influence of a special nerve. The recent discovery of the motor branch of the parotid gland is therefore the finishing stroke which completes the picture.

The peculiar anatomical disposition which the sublingual gland presents in most animals, has suggested certain important remarks in connexion with the singular disease known under the name of "Ranula." Surgeons are not entirely agreed as to the precise seat of this affection. Several authors attribute it to an obstruction of Wharton's duct, which gives birth to a cyst formed either in the duct itself, or within the gland from which the duct arises. Others, on the contrary, consider ranula as a serous cyst developed under the mucous coat which lines the mouth; and, lastly, the oldest opinion of all is that upheld by Louis, Lafaye, and Mannicks, who attributed the tumour to a cystic enlargement of the sublingual gland, or one of its elements. Veterinary science furnishes us with several facts which appear to justify this latter view; the disease is often found to exist in the horse; and whenever, in these cases, I have been enabled to dissect the parts, the cyst was not formed in Wharton's duct, nor within its gland, but invariably occupied one of the divisions of the sublingual apparatus; for, in this animal, a multitude of small glandular masses, disseminated under the mucous coat, and provided, in each case, with a separate duct, are the only bodies which correspond to the sublingual gland; now these little organs become precisely the seat of the disease, in the equine genus, when their ducts happen to be obstructed. The fact throws a considerable light on human pathology. Allow me, at the same time, to add that a case of obstruction in Wharton's duct occurred in my own practice; and after the patient had suffered a long time from this inconvenience, a calculus was expelled, and the saliva resumed its natural course; now, in this case, none of the symptoms usually attributed to ranula were observed.

We have now exhausted, gentlemen, the experimental study of the Salivary Secretion. It would now be proper to explain the uses of this fluid, and the part which it plays in the digestive process; but it is a course of *Operative* Physiology which we profess to deliver, and as this part of

the subject can be investigated without having recourse to vivisections, we pass it over in silence, and shall now descend to other parts of the digestive apparatus.

CLINICAL LECTURE
ON
JAUNDICE COMBINED WITH ASCITES.

DELIVERED AT
King's College Hospital.

By GEORGE BUDD, M.D. F.R.S.

When, in a person of middle age, jaundice has existed for many weeks without much constitutional disturbance, and when during this time the colour of the intestinal excrement has shown that the flow of bile into the bowel has been completely stopped, there can be little doubt that the jaundice depends, not on fault in the lobular substance of the liver, but on some mechanical impediment to the passage of the bile through the common gall-duct.

In such cases the liver increases in bulk from the retention of bile within it, but its anterior surface remains smooth; and, if there was no antecedent disease of the liver itself, its lower edge remains thin. Sometimes, the gall-bladder becomes so much distended as to project below the surface of the liver, forming a globular tumour, which, if the abdominal parietes be thin and yielding, can often be readily felt. Cases of this kind—of jaundice, that is, from mechanical obstruction of the common duct—are of frequent occurrence.

From the continued complete absence of the bile-pigment in the intestinal discharges, from the enlargement of the liver subsequently to the jaundice, from the smoothness of its surface and the thinness of its edge, and from the absence of much constitutional disturbance, it is easy and safe to draw the inference, that there is some mechanical impediment to the passage of bile through the common gall-duct; but it is generally very difficult and unsafe to advance further in the diagnosis, and to say what the impediment actually is in the particular case before us. The question naturally arises,—Does the closure of the duct depend on obstruction of the canal from within? Is the canal blocked up by a gall-stone; or by inspissated bile; or closed, as such a narrow tube may readily be, by inflammatory thickening of its lining membrane and viscid secretions from it; or, on the other hand, is the duct closed by a tumour pressing on it from without?

There are two classes of cases in which the diagnosis may be made without much chance of error.

The first is, where the jaundice has been ushered in by symptoms indicative of the passage of gall-stones, especially when the previous history and condition of the patient render the existence of gall-stones probable.

When the illness commences suddenly and unexpectedly with agonizing pain and spasm in the situation of the gall-duct, recurring in paroxysms and soon followed by jaundice, and when similar attacks of pain and spasm, whether followed by jaundice or not, have occurred before and have ceased as they began, suddenly, the health in the interval being perfectly restored, the probability is very great that the common gall-duct is obstructed by a gall-stone or by the spasm excited by the passage of biliary gravel.

Gall-stones are much more common in women than in men, in middle age than in early life, in persons fat and of sedentary habits than in persons who are lean and lead an out-of-door life.

The probability, therefore, that such attacks as I have described result from the passage of biliary calculi or gravel, is much greater, if the patient be of the female sex, of middle age, of sedentary habits, and fat.

There are two circumstances that render it, in many cases, impossible to say positively whether an obstruction of the gall-duct and the consequent jaundice is caused by a gall-stone or not, unless a gall-stone has previously passed and has been detected in the intestinal discharges.

One of these circumstances is that attacks of pain and spasm, soon followed by jaundice, like the attacks caused by the passage of gall-stones, sometimes occur when no gall-stones are present.

The attacks appear to depend on a persisting unhealthy condition of the lining membrane of the gall duct, which becomes readily affected with pain and spasm, or on an ulcer in the duodenum, near the orifice of the common duct, the irritation of which causes spasm and pain in the duct.

The difficulty of diagnosis is increased by the circumstance, that such attacks, like those caused by gall-stones, are much more common in women than in men. The malady may, however, be distinguished from that caused by gall-stones by the persistence of the disorder, by the failure to detect gall-stones on the most diligent search, and often by the circumstance that the attacks of pain and spasm are obviously attributable to some immediately antecedent indiscretion in diet.

The other circumstance to which I referred as adding to the difficulty of a positive diagnosis is, that a gall-stone may obstruct the duct, and cause persisting jaundice without exciting the attacks of pain and spasm usually attributed to it. Such attacks are caused by the passage of the stone along the duct, but not always by its mere presence in it, and the duct may be permanently obstructed at its upper end, at its junction with the cystic duct or just below it, without repeated attacks of pain and spasm, and with no great pain, and no very appreciable sense of spasm at the time even of the closure.

In many cases of jaundice from closure of the duct it is, nevertheless, possible, from the peculiar character of the symptoms, and from the age and condition and previous history of the patient, to pronounce with but little chance of error that the cause of obstruction is a gall-stone.

There is another class of cases in which an opinion may be formed of the cause of obstruction—cases in which the jaundice is preceded or followed by ascites. The one symptom throws light on the origin of the other. When two symptoms, such as jaundice and ascites, attributable to the same organ, occur together, or as successive events in the same illness, the probability is very great that they depend on the same condition. The inference, consequently, is, that the obstruction of the gall-duct, from which the jaundice results, is caused by some condition that likewise obstructs the current of blood through the portal vein.

Now, an obstruction to the current of blood through the portal vein, to such a degree as to produce ascites, cannot result from a gall-stone or inspissated bile in the common duct, or from a thickening of its lining membrane, or viscid secretions from it. These conditions may close the channel of the duct and cause jaundice; but they cannot obstruct the current of blood so as to produce ascites.

The occurrence of ascites in connexion with jaundice leads, then, to the inference that the jaundice is not due to something within the duct obstructing its channel, but rather to compression of it from without by something which likewise compresses and obstructs the portal vein. The conditions of the problem are satisfied by a tumour resulting from cancerous degeneration of the head of pancreas, or from enlargement of one of the lymphatic glands that lie along the common duct, especially when this enlargement is caused by cancerous disease. The duct and the trunk of the portal vein lie side by side from the point above the origin of the cystic duct, where they respectively branch out to go to the lobes of the liver, very nearly down to the point where the duct opens into the duodenum; and a tumour along this common tract, caused by enlargement, and especially by cancerous enlargement of the head of the pancreas, or of one of the lymphatic glands there situate, is consequently very apt to obstruct in succession both the channels, and to cause in succession both jaundice and ascites.

Now, primary cancer of the head of the pancreas or of one of the lymphatic glands contiguous to the common gall-duct is not very uncommon, and when persisting jaundice, with complete absence of bile in the intestinal evacuations, is preceded or followed by ascites, it is generally from this condition. I say emphatically, persisting jaundice with complete absence of bile in the intestinal discharges, because a certain degree of jaundice often co-exists with ascites in cases of cirrhosis from spirit-drinking. But in such cases there is never complete absence of bile in the intestinal evacuations. In cirrhosis the obstruction to the escape of bile takes place partially, and in the substance of the liver, like the obstruction to the current of blood; and the flow of bile is never entirely obstructed in all the radicles or twigs of the duct. Some twigs are obstructed, but others remain pervious, so that while a sallowness or jaundice results from absorption of

bile retained in the liver, the discharges from the bowels still attest by their colour the presence of bile.

We are led, then, to the conclusion that when persisting jaundice is preceded or followed by ascites, and when the course of the bile through the duct is completely arrested, the probability is very great, and more especially when the habits of the patient have not been such as to induce cirrhosis, that the common cause of the jaundice and ascites is a tumour in the course of the common gall-duct, compressing both the duct and the vein.

A tumour in this situation large enough to produce these effects is generally cancerous, but when it originates in cancerous degeneration of one of the lymphatic glands, it does not lead speedily to the formation of secondary cancerous tumours in the liver itself, so as to add to the size of the liver and render its surface uneven. The liver escapes the cancerous contamination because the direction of the lymph-current which conveys the cancer-germs, is here from the liver and not towards it, so that the cancer has a tendency to spread to the lymphatic glands in the neighbourhood of the stomach and in the mediastinum rather than to the liver itself.

The preceding remarks are illustrated by the case of M. S., the poor Irishwoman, with ascites and jaundice, who died in the Hospital on February 6. She was admitted into the Hospital on October 6, and from that time to her death, a period of four months, was constantly under our observation. The following particulars of her case were recorded by the Clinical Clerk in the case book.

She was 35 years of age, temperate in her habits, and five years ago was left a widow with two children, the youngest of them now nine years old. For four years before her admission to the Hospital she had been employed in field-work, at Barking, in Essex; but previously, for most of her life, had lived in London. She had an attack of cholera some years ago, but with this exception, had excellent health; and was, she stated, a stout, fresh-complexioned woman till the commencement of the illness which brought her to the Hospital.

This illness began suddenly five months before, with severe pain in the left shoulder blade extending down the spine, which had never entirely ceased. The pain which she described as gnawing or aching, usually increased on her lying down in the bed, and was sometimes so severe as to entirely deprive her of sleep, and induce her to sit up and walk about great part of the night. Her appetite fell off and she lost flesh rapidly. About two months from the accession of this pain, she became affected with tertian ague, which had continued to recur ever since. She had pain at the epigastrium and vomitieg, at the onset of the ague fits, but not at other times, Ten days before she entered the Hospital, swelling of the belly gradually came on without pain. On admission to the Hospital she was much emaciated, and complained of the pain in the back, and of the recurring ague fits. The abdomen was much distended by ascites and flatulence, but was quite free from pain or tenderness. The veins on its surface were somewhat enlarged.

There was no tumour discoverable, and no perceptible enlargement of the liver or spleen. No disease of moment was detected in the lungs or heart, and the urine was free from albumen.

The complexion had a peculiar brownish dusky hue, which had, she stated, gradually come on since her illness. The urine exhibited no appearance of bile, and the conjunctivæ were clear and white. Two grains of quinine, twice a-day, were prescribed. Under this the ague abated, continuing, however, to recur till the 20th, after which there were no more fits.

The swelling of the belly also gradually subsided. On the 24th the ascites had disappeared and then a hard nodulous tumour, feeling like a chain of indurated glands, was felt in the epigastrium, a little to the right of the middle line. This tumour, which was not painful or tender, had a pulsation communicated to it by the subjacent artery, but no *bruit* was heard through the stethoscope over it.

Further to the right and lower down—about two inches below the false ribs—another tumour was felt, which was ascertained after death to be the distended gall-bladder.

During all this time she had little appetite, and constantly complained of pain in the back, which was most severe about the last two dorsal, and the first lumbar vertebræ.

No further change of importance was noted till November 2, when the conjunctivæ were visibly jaundiced, and the urine was stained with bile.

The jaundice gradually increased, and at the end of another week had become very decided.

There was absence of fever, the pulse ranging from 68 to 80. She had very little appetite and constantly complained of pain in the back. She continued to lose flesh perceptibly.

Towards the end of November ascites returned, and a diuretic mixture was in consequence given. The dropsy appeared at first to lessen, but soon increased again to a high degree, and so continued till the poor woman's death.

From this time onward she had deep jaundice, and a high degree of ascites; she ate very little, had but little sleep, and constantly complained much of the pain in the back. By the middle of January she had become extremely emaciated; the eyes and cheeks being hollow from absorption of fat. In this state she continued to her death, which took place, from exhaustion, on February 6. The extreme emaciation, coupled with the jaundice and ascites, led to the inference that the tumour involved the head of the pancreas. The stools were, in consequence, more than once inspected, but no solid fatty matter was observed in them.

On examination after death the tumour felt in the epigastrium during life was found, as was expected, to be a nodular cancerous mass, that seemed to originate in cancerous degeneration of the lymphatic glands, lying in the neighbourhood of the common gall-duct, or between it and the spine. The mass, which embraced the common duct and the portal vein, extended backwards to the second or third lumbar vertebra, not however blending with them, and sent off firm hard off-shoots, one on each side of the aorta, adhering to its coats, but not narrowing its cavity. It was adherent to the posterior part of the duodenum, about two inches below the stomach, and adherent also to the large intestine at the junction of its ascending and transverse portions. The hepatic duct entered the tumour about an inch below its junction with the cystic, and was much compressed and narrowed, but remained pervious, so that bile was forced through it when pressure was made on the distended ducts on the liver side. The portal vein shortly after its entrance into the tumour was constricted, and finally quite occluded. The gall-bladder was very much enlarged, reaching considerably below the liver, and forming the globular tumour felt in the side during life. The mesenteric glands, especially those in the transverse mesocolon, and in the immediate vicinity of the tumour were enlarged and hard, evidently tainted with cancer, but the only cancerous formation in the liver itself was a small nodule on the under surface of the right lobe.

A remarkable effect of the disease was the complete occlusion of the portal vein. Complete occlusion of the portal vein generally proves fatal, not by causing ascites, as in this instance, but by causing profuse hæmorrhage from the stomach and bowels, the result of the great congestion of their mucous membrane, which this condition necessarily produces.

The circumstance that there was no hæmorrhage from the stomach or bowels in Mrs. S., is probably attributable to the occlusion of the vein having taken place very gradually, and to the great wasting and diminution in the quantity of blood in the body before the vein became completely closed. Occlusion of the portal vein, by stopping the current of the portal blood on which the nutrition of the lobular substance of the liver mainly depends, leads also to rapid and great diminution in the size of the organ. In Mrs. S. the liver weighed only one pound and six ounces, notwithstanding the accumulation of bile within that resulted from obstruction of the common duct.

While Mrs. S. was under our care in the Hospital my attention was called by Mr. Ridley, of Charlotte-street, Bloomsbury, to another case of the same kind.

The patient in this case was a silversmith and jeweller, fifty years of age. He first complained of illness on April 29, 1859, and two days afterwards jaundice came on without the pain and spasm usually produced by the passage of gall-stones.

From this time onward there was very little pain or constitutional disturbance, but the jaundice continued, and the intestinal evacuations had no stain of bile. The liver grew large from the accumulation of bile within it, but its surface remained smooth, and its lower edge thin. There was no

symptom indicating more than simple stoppage of the common gall-duct.

At the end of June some œdema of the legs occurred, but this, after a time, disappeared.

In August ascites came on, and was, before long, followed by dropsical swelling of the legs.

On October 31 the dropsy had attained such a degree, and caused so much distress that the belly was tapped, and an enormous quantity of dropsical fluid drawn off.

The ascites rapidly returned, and on November 8, only eight days after the first tapping, he was again in such distress from distension that it was necessary to tap him again. This was done so as to empty completely the peritoneal sac.

The poor man died on the 11th, three days after the second tapping; and at the time of his death there was again a great quantity of dropsical fluid in the belly.

On examination of the body, the liver was large from the retention of bile, but exhibited no cancerous disease. The gall-bladder and the cystic and hepatic ducts were enormously distended.

The cause of obstruction in this instance was a hard, cancerous mass, which you see here, about the size of a large apple, that completely obstructed the common gall-duct, just above its termination in the duodenum, and greatly obstructed also the passage of blood through the portal vein.

You will remark, that in these two instances, though the vein and the duct were both obstructed, the symptoms indicating obstruction of the vessels occurred in different order. In the case I have just related the jaundice preceded the ascites: in Mrs. S. the ascites preceded the jaundice.

Sometimes a cancerous tumour, originating in one of the lymphatic glands near the common duct, compresses the duct so as to cause persisting jaundice, without also compressing the vein and causing ascites. One of the symptoms, on which our diagnosis of the cause of obstruction can be founded is wanting. At first, all that can be made out in such cases generally is, that the jaundice depends on a mechanical closure of the duct, and that the symptoms and condition of the patient do not warrant the supposition that the cause of this closure is a gall-stone. After a time, greater constitutional disturbance, and a more rapid wasting than usually results from simple closure of the duct, may lead to the inference that the disease is malignant (a): or, a sudden and profuse hæmorrhage from the stomach or bowels may give evidence that the vein is obstructed as well as the duct. Two cases in which this last event happened, and in which the nature of the disease was ascertained by a post-mortem examination, have fallen under my notice, in private practice, within no great space of time.

The first in order of these cases is that of a Welsh clergyman, 40 years of age, who first consulted me in November 1857, on account of jaundice, which had come on in the April preceding, and had continued ever since. The jaundice was not ushered in by pain or spasm, but in the month of September, five weeks before I saw him, severe pain and spasm, in the region of the liver, came on and lasted two days. The liver was enlarged, but its outer surface was smooth, and its lower edge thin. A small quantity of bile passed into the bowels occasionally. The jaundice continued, and on the 22nd of March 1859, he came to see me again. The liver was then very large, and the gall-bladder formed a small round tumour, projecting from its lower edge; but there was no pain and no constitutional disturbance, more than might arise from simple closure of the duct. He had performed his clerical duty up to that time.

He remained in London under my observation till the middle of May, and then returned to North Wales. While in London he had an obstinate diarrhœa, and lost flesh much; but nothing else happened to make the diagnosis more clear.

Soon after his return to Wales, profuse vomiting of blood occurred. Hæmorrhage recurred several times, at intervals of two or three days, and then ceased. In September vomiting of blood occurred again, and proved fatal.

The body was examined by Mr. John Hughes, of Denbigh, and the cause of the jaundice was ascertained to be a hard cancerous tumour, compressing the common duct.

Another case, somewhat similar, was brought under my notice by Mr. Izod, Surgeon, of Esher, on October 16, 1858. The patient, a corn-dealer, 44 years of age, had then been deeply jaundiced for three months. The jaundice came on suddenly, and was ushered in by severe pain at the stomach, which came on after a dinner of cold ham and salad; but there was, subsequently, no recurrence of severe pain. The liver was large from the retention of bile, but its outer surface was smooth, and its lower edge thin. The only circumstance noted as indicating more than simple stoppage of the common gall-duct was a loss of flesh, greater than simple stoppage of the duct generally causes. The jaundice persisted, and there was continuous and rapid wasting, and on December 20 the patient died. In a note kindly sent me by Mr. Izod, it is stated that "he began visibly to decline about ten days before his death, when he became unable to walk from pain in his legs, which were slightly œdematous. Two days before his death he complained of occasional acute pain in the region of the gall-bladder, and for twelve hours before dissolution of acute abdominal pain. On laying open the abdomen we found three or four quarts of dark fluid blood, several lumps and strips of fibrine, and the pelvis filled with large clots of blood. There was no inflammatory fibrinous deposit." The original disease was ascertained to be a tumour, formed by cancerous degeneration of the head of the pancreas, which caused jaundice by obstructing the lower end of the common duct.

Hæmorrhage occurring in this way in protracted jaundice is, however, less significant of a mechanical obstruction of the trunk of the portal vein than ascites is, because long-continued jaundice induces a great disposition to hæmorrhage, apparently by the change it causes in the quality of the blood, and when this disposition exists, profuse hæmorrhage may result from slight ulceration or abrasion of the mucous membrane of the stomach or bowels, or even, without this, from a congestion of the mucous membrane caused by the atrophy of the cells in the lobular substance of the liver, and the consequent arrest of secretion, which long-continued obstruction of the secreting duct generally occasions.

(a) In such a case, a very rapid wasting, for which there is no obvious cause, may warrant the conclusion that the disease involves the head of the pancreas, and that the flow of the pancreatic juice into the bowels is stopped, as well as that of the bile.

ORIGINAL COMMUNICATIONS.

ON THE

ACTION OF CERTAIN SUBSTANCES UPON PHTHISIS.

By RICHARD PAYNE COTTON, M.D.

Fellow of the Royal College of Physicians, London. Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

(Continued from p. 627.)

No. III.—Iodide of Iron.

In my last communication I noticed the effect of iodide of potassium upon twenty-five cases of consumption, in the Hospital at Brompton. I have now to record my observations with respect to the iodide of iron.

This substance was first introduced as a remedy for phthisis by M. Dupasquier, of Lyons, and has since gained considerable repute at the hands of other Medical Practitioners. I have employed it for some years, and frequently with marked success, in cases of general struma in children, as well as in phthisis, and chronic pneumonia. I am now, however, anxious to compare it, as fairly as such observations will admit, with other remedies in the treatment of consumption. For notes of the cases I am indebted to Mr. Hyde, one of the resident clinical assistants.

The twenty-five cases upon which it was tried were not selected, but taken just as they arrived at the Hospital, those only being excluded which either were at too advanced a stage to admit of any remedial treatment, or which happened to be labouring under some inflammatory or other important complication.

The iodide was administered in the form of the syrupus ferri iodidi mixed with water, in doses of a drachm, twice, and sometimes three times a-day. It was continued, according to its effects, for various periods; the shortest being one month, and the longest three months.

Of the twenty-five patients, eleven were males and fourteen females; their ages varied from eighteen to forty

years. Eight were in the first stage of the disease; three were in the second stage; and fourteen presented positive evidence of pulmonary cavities. In ten cases there was great improvement; in four moderate improvement; and in eleven no improvement.

In analysing these results, it was found that of the ten greatly improved four were in the first stage of the disease, and six in the third. Of the four moderately improved, one was in the first stage, one in the second, and two in the third. Of the fourteen in whom no improvement was noticeable, three were in the first stage, two in the second, and nine in the third.

Three cases of improvement were very decidedly marked; two of these patients, whose disease was only in the first stage, left the Hospital with their pulmonary affection quiescent, and apparently restored to health, calling themselves, indeed, "quite well;" and the other although more advanced and in the third stage of phthisis, was marvellously improved, and able to resume his occupation.

In two cases hæmoptysis came on during the administration of the iodide, and in two the iodide was discontinued on account of headache and dyspepsia. The spitting of blood probably was in no way attributable to its use, hæmoptysis having occurred previously in the same patients; but the other symptoms, having ceased or diminished with a change of medicine, might perhaps fairly be referred to its employment. Except in these instances, the iodide of iron appeared to agree very well with the patients, several of whom improved very much in appetite and strength.

Three of the patients in whom there had been no improvement afterwards derived benefit from other medicines.

In eight of the cases cod-liver oil was occasionally taken in combination with the iodide; one-half of these were found to belong to the class of improved, the other half to that of not improved.

Of the fourteen improved cases ten gained in weight, some of them very considerably, three remained *in statu quo*, and one lost two pounds while under treatment. The improvement, however, was not always in proportion to the increase of weight, some of the patients who had increased the most having improved the least.

It is, perhaps, worth recording that one of the patients took, accidentally, an ounce of the syrup, which would contain thirty-two grains of the iodide of iron. It produced a distressing feeling of weight at the epigastrium, attended with nausea and subsequent purging. For several weeks afterwards there was a loss of appetite, depression of spirits, and a constant feeling of uneasiness in the region of the stomach, all of which, however, gradually passed away, leaving the patient apparently none the worse for the overdose.

After making due allowance for the influence of concomitant circumstances, such as rest, hygiene, and hope, all of which, as I have previously remarked, claim a prominent share in the improvement of all Hospital patients, we are justified, I think, in arriving at the following conclusions:—

1. Syrup of the iodide of iron, in doses of a drachm twice or three times a-day, occasionally produces headache with some dyspeptic symptoms; but, for the most part, it is found to agree very well with consumptive patients.

2. Although very far from exhibiting what might be termed a *specific* effect, it nevertheless seems to act very beneficially in a fair number of consumptive cases, especially in those where the disease is only in an early stage.

3. Under its influence the patient's weight is generally increased.

46, Clarges-street, Piccadilly.

CLINICAL MIDWIFERY.

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Obstetric Physician to St. George's Hospital, London.

(Continued from p. 419.)

Case 630.—At about half-past one on Sunday, January 11, 1852, I was requested to see a case of protracted labour. It had commenced on the Thursday evening, and continued Friday and Saturday. The presentation had not been accurately ascertained. At ten a.m. on Sunday, vomiting and collapse had taken place, and the patient was dead before I entered the room. It was the second labour, and the first had been attended with great difficulty. On the following day the body was examined. The extremities and trunk of the child had passed through an immense rent in the anterior part of the cervix uteri. The head remained within the uterus. The sacro-pubic diameter was 2½ inches. Into this the head had been squeezed, and was flat like a wedge.

Case 631.—On January 14, 1852, I was called to see a patient in the fourth or fifth month of her first pregnancy, and who had been some time in great pain. The abdomen was greatly enlarged, and the Medical attendant believed that this arose from the urinary bladder being over-distended. The patient would not allow him to introduce the catheter. Feeling the strongest conviction that it was the distended urinary bladder, and not the uterus, which I felt, the propriety of passing the catheter was strongly urged, but the patient would not consent. How long the urine had been retained could not be ascertained. We considered it our duty to compel her to submit to the employment of a catheter, and a large wash-hand basinful was first drawn off, but the bladder was not then completely emptied, and another half basin of bloody urine was drawn off. The husband was an artist, with moustaches, or what is now called an imperial, and he called upon me next day to know whether he ought to seek further advice. I gave no advice on the subject. I did not learn the result of the case.

Case 632.—On January 20, 1852, I was requested by Mr. Harding, of Mylne-street, Pentonville, to see a patient, aged 35, who had been married in May, 1851. She had enjoyed good health before, and was well during the summer. Menstruation had taken place last about the end of August. Soon after it was believed that pregnancy had taken place. In November this patient was suffering from a serious cold, and Mr. Harding was called to see her. On passing the hand over the abdomen, he felt a tumour on the right side of the hypogastrium. This has increased without occasioning much uneasiness; and another small hard moveable tumour has since appeared on the left side. On January 20 I saw this patient, with Mr. Harding. The areolæ were dark; glands enlarged. There was a large hard irregular tumour on the right side of the abdomen, fixed to the brim of the pelvis, and felt backwards between the ileum and the short ribs. In this tumour there is an obscure fluctuation felt; there is a small hard moveable tumour on the left side. The gravid uterus is felt in the centre of the hypogastrium; the placental *souffle* is heard, but not the fœtal heart. I made an internal examination, and ascertained that the uterus was gravid, and that part of the interior of the pelvis was occupied by three tumours. The distension produced by these tumours on the gravid uterus was not distressing to the patient. We saw no necessity for interrupting the pregnancy by inducing premature labour, after the question had been maturely considered. It was agreed that the patient should be carefully watched. No unfavourable symptoms occurred, and Mr. Harding has informed me that the labour was natural and the recovery favourable. In 1859 this patient was still alive and in the enjoyment of good health.

Case 633.—On January 22, 1852, in a young married lady. The first labour commenced early in the morning of the 21st. The first stage was nearly completed at 8½ a.m. It went on all the day without much progress till 7 p.m. I then ruptured the membranes, and expected that the process would be completed about 11 p.m. No progress from 12 till 8 a.m. of the 22nd. A consultation was then held, and it was agreed to wait a few hours in the hope that the child would be expelled without artificial assistance. At mid-day, there having been no progress, and exhaustion taking place, the forceps was applied, and the child extracted alive and uninjured, and the mother recovered favourably.

Case 634.—On February 10, 1852, Dr. Richardson, of Bedford-square, requested me to see a patient in High Holborn, in whom there was complete placental presentation near the full period. The hæmorrhage had been going on for nine weeks, but not profusely. The os uteri was widely dilated and soft. Dr. Richardson passed up his hand without difficulty, and delivered by turning in a slow and deliberate manner. The hæmorrhage ceased, and on the 12th I saw the patient recovering favourably, and no bad symptoms followed.

Case 635.—On February 27, 1852, I was requested to see a private patient who had profuse uterine hæmorrhage, from complete placental presentation, with a rigid state of the os uteri. An unsuccessful attempt had been made by her Medical attendant, to deliver by passing the hand into the uterus, and much and long-continued force had been employed. I passed the right hand into the vagina, then the fore and middle fingers through the os uteri, between the placenta and uterus, ruptured the membranes, seized a knee without much difficulty, and speedily completed the delivery. The recovery of the patient was very satisfactory. The Medical attendant afterwards inquired how I had succeeded in getting the hand so easily into the uterus, and was surprised when informed that the whole hand had never been within the uterus. He had not before this even heard of the operation of turning being performed with two fingers instead of the whole hand, in cases of placental presentation, with rigid os uteri.

Case 636.—On March 12, 1852, I saw a case of very protracted labour with Mr. Young. It was the first child. There being no hope that the child would ever be expelled by the natural efforts, and the head being impacted in the brim, it was opened and extracted, and the patient, I believe, recovered favourably.

Case 637.—On Friday, May 21, 1852, at ten o'clock, I was called to a case of protracted labour. It had commenced on the Wednesday afternoon. The Medical attendant informed me that the urinary bladder had descended before the head, that the head was firmly impacted in the brim, and that the brim was distorted. The membranes were protruding through the external parts. The urinary bladder was in the natural situation. The patient was not exhausted; pains strong; head descending into the pelvis; the pelvis of the usual size. I begged Mr. —— to push his finger through the membranes, and let the liquor amnii escape, and to introduce the catheter into the bladder. On the morning of the 22nd the husband called to inform me that the labour was not completed; that his wife had been delirious and had been bled I went and found the labour over; child dead—very large; patient doing well.

Case 638.—On May 30, 1852, I was called to see a patient in Northumberland-street, Stand, who was far advanced in pregnancy, and in a very alarming condition, the pulse was 140, laborious breathing, insensibility at times. These symptoms had continued six or eight days, and had not yielded to the remedies employed. There was every appearance that the patient would die undelivered. We agreed to puncture the membranes with the stiletted catheter. Twenty-six hours after labour came on, the funis came down pulsating the nates presented. A finger was passed up into a groin, and a lower extremity drawn down, and the child was extracted alive. On June 1 and 2 the patient greatly improved. Now perfectly conscious, and on the 3rd was recovering so well that I did not again see the case. Dr. Newman had the care of this patient, and to him she certainly owed her life.

Case 639.—On June 20, 1852, I attended Mrs. D. in her third labour. In her two former labours great difficulty had arisen from extensive cicatrices of the vagina. On this occasion the head presented, and the labour was left to Nature until it became obvious that it would never be completed without artificial assistance. The labour went on until the pains had become extremely feeble and the patient was exhausted. There was no chance of the head passing through the contraction at the upper part of the vagina. The head was opened and extracted with difficulty. The placenta was long retained, and was removed artificially. 24th.—Going on well.

Case 640.—On June 20, 1852, I was called to see a patient who had been attacked with maniacal symptoms a month after delivery. Gradually sunk this morning without convulsions; conscious to the end.

Case 641.—On Thursday, September 23, 1852, I saw a lady who was dying from scarlet fever during her first labour. The symptoms had manifested themselves before the labour commenced. The pulse could not be felt, and she was evidently sinking. The os uteri was dilated to the extent of half-a-crown; head presenting. I went for the perforator and crotchet; but on returning she was moribund, and died undelivered in a few minutes. This is the only case of scarlet fever during labour that I have ever witnessed.

Case 642.—On November 12, 1852, I received a note from Mr. Dunn requesting me to see a case of flooding previous to labour. "I have introduced a sponge," said Mr. Dunn, "to check the discharge, the os uteri not being apparently dilated for me to determine with accuracy whether the placenta is presenting. The case is one I feel very anxious about." Half-past seven a.m.—It was the third pregnancy. Slight hæmorrhage first occurred a week ago; it has returned repeatedly, and a good deal of blood has been lost. The pulse small and rapid; very faint. I examined, and felt a small portion of the placenta protruding through the os uteri, which was little dilated, and not rigid; not sufficiently open for turning, but I thought it would soon be so. I recommended waiting a little till the os uteri was a little more dilated, and then the operation of turning to be performed. In the evening I received a note from Mr. Dunn stating that soon after ten o'clock he found the os uteri sufficiently dilated to admit two fingers, and that he "had found no difficulty in passing them into the womb."

Case 643.—A little before one o'clock on Friday, November 12, 1852, I received the following note from Dr. Richards, of Bedford-square. "Head born some hours, shoulder with deformed (pelvis I suppose) or enormously large. Bring instruments please." I went immediately to No. 65, Berwick-street with the husband of the patient, and found the head of a child and an arm hanging out of the vagina—the back part. I laid hold of the arm and neck covered with a napkin, and attempted to draw it forward, but did not succeed. I then took the crotchet and endeavoured to pass it into the opposite axilla, but I could not succeed in getting the point of the instrument into the arm-pit, it constantly slipped off and entered the neck of the child. The cause of this I could not explain, and for a short time felt at a loss how to proceed to complete the delivery. I then determined to pass the crotchet along the hollow of the sacrum and force the point through the abdominal parietes near the short ribs. The instrument here got a firm hold and I dragged the trunk forcibly down along the hollow of the sacrum. In doing this I felt all the viscera protrude through the laceration. In a short time the trunk lower extremities escaped and then without any effort there followed a second head not quite so large as the first, and a second arm. It was a fœtus with two heads and one trunk, and two upper and two lower extremities. The patient recovered in the most favourable manner. The fœtus with two heads has been preserved, and was offered to me long after for sale. Where it is now preserved I do not know.

PERSONAL OBSERVATIONS ON THE RESULTS OF THE REV. HUGH REED'S TREATMENT OF CANCER.

By T. SPENCER WELLS, F.R.C.S.
Surgeon to the Samaritan Hospital, etc.

In January last I published a pamphlet entitled "Cancer Cures and Cancer Curers" in which I did my best to expose the true character, the extortionate system of payment, and the falsehood of the bold promises and the pretended cures of the so-called cancer curers. I also gave my reasons for believing that the Rev. Hugh Reed, although a clergyman of the Church of England, had identified himself with the class represented so recently by Pattison, Fell, and the "*Docteur Noir*," by the use of a secret remedy for his own profit, by following a similar system of payment, and by exciting equally unfounded hopes of curing patients suffering under incurable disease.

Soon after that pamphlet appeared I received a letter from Mr. Reed in which he stated that its publication had been of great injury to him; that it was preventing many persons from submitting to his treatment who would otherwise have been disposed to do so; and that he was convinced if I would only lay aside professional prejudice and judge for myself after actual observation of the results of his treatment upon a number of cases I could see at any time, I should cease to oppose the promulgation of a discovery which he felt convinced was a "great boon to humanity." I replied that I should be very glad to see any cases he could show me, and

I promised to publish in the *Medical Times and Gazette* an exact report of the state of every patient I actually saw. Mr. Reed appeared to act in the most open and candid manner, with the single exception of concealing the nature and composition of the remedies he used.

The first patient I saw was on March 6, the last on June 11. The following is a short report of these cases :—

Case 1.—A gentleman, aged 57, had a tumour on the lower lip removed by Mr. Syme, of Edinburgh, in July, 1858. It had commenced about six months before. A V shaped piece of the lip was removed. Three months after removal the cicatrix opened, but ulceration proceeded slowly. In June, 1859, he saw a London Physician, who ordered a very free diet, which the patient thinks did a great deal of harm. In September he saw Dr. Walshe and Mr. Erichsen, who decided against any further operation, as the gum and lip were adherent. In October he consulted Velpeau. At this time the submaxillary glands were enlarging, and Velpeau advised repeated leeching, from which great relief to pain was obtained. There seemed to be no progress of the disease until February, 1860, when he saw Mr. Reed, who promised to effect a perfect cure for 100 guineas, which the patient paid. I saw him on March 6. He then spoke hopefully of the treatment, said a gas was applied to the lip every day, and it had a very soothing effect. The lower lip was thickened, adherent to the neighbouring gum, its mucous surface tense and livid, its cutaneous surface red and tuberculated, but not ulcerated, although in spots there were crusts, or strata, formed by the drying of an offensive fluid which oozed from parts of the surface. The submaxillary and sublingual glands were enlarged, but not hard. I did not see this gentleman again until May 28. He then told me that he had continued under Mr. Reed's care since I saw him before, although he had suffered greatly soon after I saw him from a profuse salivation, during which he had lost several teeth from the lower jaw. He was recovering from this, but there was still a profuse flow of saliva, and a salivary fistula had formed in the lower lip, on the left side by the giving way of part of the cicatrix left after Mr. Syme's operation. The dribbling of saliva through this opening caused great inconvenience. Ulceration was extending within the mouth, and the glands were much more enlarged. He had a sallow cachectic aspect, and I think no reasonable person can entertain a doubt that, so far from Mr. Reed's treatment having been of any use, the salivation had done a great deal of harm and hastened the progress of the disease.

Case 2.—On the same day, March 6, I saw a gentleman, aged 39, who had had his right testis removed in Rio de Janeiro in October, 1858, by a gentleman whose name I forget, but who had furnished the patient with an admirable report of the case, and an account of the condition of the testis after removal. He described the disease as "cerebriform cancer." Some time after the removal of the testis a swelling appeared in the right groin, and he came to England —saw Messrs. Busk, Curling, and Paget—and then applied to Mr. Reed, who promised to effect a perfect cure for 100 guineas. To this the patient objected, and it was arranged that he should attend daily, and pay half-a-guinea for each attendance. When I saw him there was an elastic tumour in the right groin as large as a cocoa-nut, and the superficial veins near it and extending upwards were varicose. He was applying gas to this tumour by means of a funnel. Cotton-wool was placed around the tumour. The edges of the funnel rested on the wool. The spout was attached to an india-rubber tube, and the other end of this tube was attached to a Florence flask. The flask rested on a retort-stand, placed on the ground. Beneath the flask was a lighted spirit-lamp. There was a strong smell of chlorine, so that I have little doubt the flask contained chloride of lime and sulphuric acid. The patient told me that he had applied the gas in this manner for the last twenty-four days for about half-an-hour each day. He thought his general health had decidedly improved since he began this treatment, as he could rest on either side, which he could not do before on account of great oppression at the chest. He had been directed to leave off beer, which he had taken before ; and he was taking a quarter of a grain of morphia every night. I saw this gentleman a few days afterwards. The skin over the tumour was then vesicated, and he said this had been owing to some of the boiling fluid or vapour in the flask having come up through the tube into the funnel, and acted upon the skin. The tumour had become more painful. He had a cachectic aspect, and was evidently becoming dissatisfied. I have not seen him since. I have asked Mr. Reed more than once where he could be seen, but the only information I could obtain was that he had "ceased to attend."

Case 3.—A lady in reduced circumstances, aged 50, a gratuitous patient of Mr. Reed's, came to me on March 12. The left breast was gone. In its place was an ulcerating surface with hard elevated edges. There were indurated glands in the left axilla. The outer portion of the right breast was very hard, and the hardness extended up to some indurated glands in the right axilla. She was very breathless. Although much emaciated, the percussion sound on both sides of the chest was much duller than natural. The respiratory murmur was scarcely audible anywhere, obscured possibly by whistling and cooing sounds from the larger tubes. The cancer in the left breast appeared, she said, about three years before, and ulceration commenced in February, 1859. She went to Mr. Reed about five weeks before I saw her. He assured her he "could make a perfect cure." At that time she was suffering very much from "retching and irritation of the throat," and constant vomiting of "phlegm, not of food." The gas was applied three times a-week. No alteration in diet was made, except that she was to leave off beer, milk, and eggs. The gas at once "destroyed the bad smell, the sickness soon ceased, and she began to sleep well." She spoke most enthusiastically and hopefully of the treatment ; and I have since been told that her expressions of gratitude to Mr. Reed induced several ladies to place themselves under his care.

She called again on April 10. She had been ill for a fortnight with influenza. Now goes twice a-week to Mr. Reed. Takes red powder (ferri carb.?) twice a-day, and charcoal at night. Puts a red powder (ferri carb.?) to the ulcerated surface. Has had the gas applied only twice. She seems in better general health than at her first visit, and says she feels much better. There is dry cooing respiration in upper part of right lung, tubular breathing in left lung. No alteration in breast or axilla on left side. Induration of right breast increased, and the skin in the axilla vesicated by an ointment which had been applied.

On May 25 she called a third time, stating that she had seen Mr. Reed for the last time a fortnight before ; had told him the wound was spreading and the arm stiffer, and he had replied,—"It was her own fault if she died of cancer." She was evidently much discouraged by the death of Mr. Head, whose letter in the *Times*, she said, had induced her and others to go to Mr. Reed, and she begged me to treat her as an out-patient at the Samaritan Hospital. The ulcer on the left side was spreading, it was inclined to bleed, and there was a deep blush all round it, with œdema. The left arm was stiff and painful. I ordered a diluted lotion of tannin and glycerine to the sore, and a lead lotion to the right breast.

I saw her again on June 4. The sore appeared cleaner. There had been no bleeding. She was much easier ; had slept well, and the pain in the arm was less. I heard from her on the 8th, stating that she had had a bad night from breathlessness, and I have advised her to go into some Hospital where cancer cases are admitted.

I think it is very clear that in this case the temporary improvement which undoubtedly followed her early visits to Mr. Reed is to be explained—1, by the cheerful, hopeful feeling exerted by the promise of a perfect cure ; 2, by leaving off beer ; 3, by the daily cab rides to and from Mr. Reed's house ; 4, by the action of the chlorine in destroying the fœtor of the discharge, and thus removing one cause of nausea, loss of appetite, and want of sleep. But the progress of the disease was not arrested ; harm was done by irritating applications to the right axilla, and some three months' trial was quite enough to convince this patient, the most earnest of the early believers in Mr. Reed, that the hopes he excited were delusive, and that her last days were more likely to be soothed and prolonged by Medical treatment which had stood the test of experience, than by the novel experiments of an amateur.

Case 4.—A married woman, aged 39, was shown to me on March 9, by Mr. Reed as one of his cases of "Cancer Cured." In the left breast there were two lobules of hardened gland tissue, freely moveable, the skin over them quite free, and the nipple healthy, and not retracted. She said the breast was

much larger a year ago than when I saw her, and that she had been told at the Cancer Hospital that it was cancer. The history she gave, however, was rather that of subacute inflammation of the gland, which had gradually disappeared, and left a little hardening. I have inquired at the Cancer Hospital, and find that no person of the name given to me by this patient has ever been treated there. She first saw Mr. Reed a year before; had not had gas applied; had only taken medicines. "Her mouth had been rather sore, but nothing to speak of;" she had taken no beer, and her general health had greatly improved of late. I have not seen her since.

Such cases as this speak for themselves to the Profession, but they have a great effect on the public. A woman is told that she has cancer, or says so, is treated by some one who does not know whether she has cancer or not, some simple disease subsides spontaneously, a competent authority after a time decides that there is no sign of cancer present, and the case is paraded as a cure.

With the exception of one case which I shall relate presently, this is the only patient Mr. Reed has shown me in which he says he has effected a cure.

Case 5.—On March 6 I saw a lady from Dublin, who had had a non-ulcerated cancer in one breast for about nine years. She had seen Mr. Cusack and other eminent men in Dublin, and had been advised to "let it alone." Mr. Head's letter in the *Times* attracted her attention, and Dr. Cronin was written to. His reply induced her to put herself under Mr. Reed's care. As I expected to see her again in a few days and was in a hurry, I did not take any notes of the case, but I noticed that her conjunctivæ were very red, and as she told me she was taking some white drops I suspected she was under the influence of arsenic. She had had the gas applied, and said her general health had very much improved under the treatment. I called a few days afterwards and was told that she was in bed with "bad eyes." On another visit some excuse was made, but her maid told me that she was decidedly much better in health and spirits than before she left Dublin. I have never seen her since the first time, but I wrote a few days ago and received the following reply :—

"Mrs. ——'s compliments to Mr. Wells, and informs him, in reply to his note, that she is very thankful to have it in her power to state that both herself and her family are fully satisfied with Mr. Reed's mode of treatment; and likewise that it is not in her power to afford Mr. Wells the interview he proposes, the same members of her family objecting to her doing so."

When patients who can be seen are all worse, and those who are said to be better cannot be seen, the inference is obvious.

(To be continued.)

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

EXTENSIVE MALIGNANT DISEASE OF THE UPPER LIP—EXCISION.

(Case under the care of Mr. CURLING.)

Epithelial cancer of lip, which is so common in smokers, almost always attacks the lower lip. When it affects the upper one it has generally commenced at the angle, and extended into both. The following case, in which almost the whole upper lip was involved, is of interest not only because the disease had begun in its centre, but on account of its rapidity of developement, and certain features which differed from what is usual in this variety of cancer.

J. R., aged 48, was admitted a few weeks ago under Mr. Curling's care on account of great swelling with ulceration of almost the whole upper lip. The diseased part was greatly thickened, but its induration was not very great, nor was it so well circumscribed as is usual in cancer. Its surface was scabbed over, and looked very angry, but did not present any warty growths. On the whole the aspect of things nearly as much resembled what is now and then seen in cellular inflammations of syphilitic origin, as it did the usual features of epithelial cancer. The man appeared in good health; he had no enlarged glands, and he denied *in toto* any history of syphilis. The ulceration had commenced about six months ago as an irritable pimple surmounted by a scab. This itched very much, and he scratched it, with the effect of inducing its rapid extension. He attended one or two Hospitals, but got no benefit from the remedies prescribed. There was no history of cancer having ever shown itself in any of his blood relatives.

Mr. Curling, after a careful examination of the diseased part and its history, expressed a confident opinion that it was malignant, and advised its removal. The operation, which was performed about a month ago, consisted in a free removal of almost the entire lip. It was not practicable to effect any adjustment of the parts which were left, and the wound was accordingly covered with lint and allowed to cicatrise. Immediately after the removal a microscopic examination of the diseased textures was made by Dr. Andrew Clark, who reported that they showed the cell elements of epithelial and of colloid cancers. The epithelial cells were comparatively few in number. The colloid material was contained in distinct loculi, and to the naked eye resembled gelatine. The substance of the excised part was much softer than epithelial cancer usually is,—a circumstance which corresponded with the history of its having been of rapid growth. The wound healed well. It should have been stated that the man had long been a smoker, though never to any great excess.

ROYAL LONDON OPHTHALMIC HOSPITAL.

SYMMETRICAL APOPLEXY OF THE RETINÆ OCCURRING IN CONNEXION WITH BRAIN SYMPTOMS.

(Under the care of Mr. DIXON.)

George S., aged 63, was admitted under Mr. Dixon's care in March, 1860. Until the last eight months, although he had been a very intemperate man, he had had good health. He stated that he then "broke a blood-vessel," and lost pints of blood. He had lost none since, nor has he ever had any bleeding at the nose or other hæmorrhages since childhood. He recovered, but it was about three months before he got into his previous health. His wife gave the following history of the symptoms more directly connected with the impaired vision for which he now attended. She stated that on March 2 he came home from a long walk, pulled off his boots, and immediately fell into a fit. He was quite sensible throughout, and there does not appear to have been any convulsive attack, though his wife said his mouth was worked. It was impossible to get any clearer idea than the expression given. He himself said that he was paralysed on the left side, and that his mouth was drawn to the same side. It was evident, however, that he could not give a clear account of what had occurred as to these points. At all events, next morning he was able to walk, although he dragged the left leg a little. He, however, now found that he could not see, and was obliged to be led about.

At the date of his admission, March 22, he was obliged to be led to the Hospital. There was now no paralysis remaining. His hearing was good, and he complained of little else than the defect in his sight. There was, however, a certain air of helplessness which indicated pretty clearly that he was still suffering from some cerebral disturbance. Nothing abnormal was detected on a superficial examination of the eye. The pupils were unfortunately dilated by atropine for ophthalmoscopic examination before their condition had been noted. Ophthalmoscopic examination showed the presence of a small apoplectic effusion just *below* the yellow spot in each eye. The motions of the eye were good. The urine was examined. It contained no albumen, and otherwise appeared on cursory examination to be normal. On April 11 it was noted that his sight was improved, and that he could now easily find his way coming to the Hospital by himself, and seeming, in fact, to see well, to ordinary observation. May 18.—He is still subject to attacks of giddiness, but describes his general health as being pretty good. He has had no more decided

cerebral symptoms, and his sight seems to be very much improved.

Remarks.—The above case supplies us with an interesting example of symmetrical extravasation of blood from the retinal vessels, occurring in connexion with other symptoms of disturbed cerebral circulation. There would appear to be two groups of cases in which retinal apoplexies are observed. In one, as we have had occasion repeatedly to notice, the effusions take place in connexion with albuminuria, and are, perhaps, quite as nearly allied to purpuric ecchymoses as to those forms of hæmorrhage usually designated as apoplexies. In this group are included patients of all ages. In the second group, of which the case just related is an example, the retinal affection occurs coincidently with other indications of cerebral disturbance in elderly (for the most part) patients, and without any abnormal state of the kidneys being detectible. In these it is in all probability dependent upon disease of the coats of the vessels. The rupture, no doubt, occurs during a temporary congestion of the whole cerebral system, the pressure of which the weakened vessels of the retina are unable to sustain. The exact symmetry often displayed by atheromatous disease of the arterial coats is well known, and by reference to it we would explain the symmetry of the lesions in the above case. The large amount of interference with visual power observed in connexion with such limited effusion, was of course explained by the peculiar position of the latter in such proximity to the yellow spot.

June 14.—From the last date he has steadily improved, and can now read No. 4 type (Jaeger) easily with convex glasses. He is to continue to rest the eyes, and to attend occasionally.

THE POPLAR HOSPITAL.

SUBCUTANEOUS EVULSION OF A LOOSE CARTILAGE FROM THE KNEE-JOINT.

(Under the care of Mr. BLOOMFIELD.)

The following case, in which a loose cartilage was removed from the knee-joint, is of especial interest, because we are able to follow its details over a long period subsequent to the operation. Its subject is an old man, now attending at the London Hospital under Mr. Gowlland's care on account of double nasal polypus. It being noticed that he walked rather lame, he was asked the cause, and gave us the following history. It will be seen that the operation for the removal of the cartilage was performed more than two years ago, and that the credit of the very successful result is due to Mr. Bloomfield, of the Poplar Hospital, under whose care the man then was.

A. M., a tall, bony Scotchman, aged 72, first began to suffer in his left knee about ten years ago, after having received a blow on the part. About a fortnight after the blow he slipped down in the street, "his knee giving way under him." After the fall the joint inflamed, and he obtained admission into Guy's Hospital. Mr. Cock, under whose care he was, told him before his discharge that he had a loose cartilage in the joint, and must expect to suffer at times, and advised him to wear a knee-cap, and not to allow of any operative interference unless the inconvenience should greatly increase. With the support of the knee-cap he could walk very fairly, and during the ensuing six years he continued at his ordinary employment, and had little or no trouble from his knee. In March, 1857, however, he one day trod on a stone, slipped, and gave his knee a severe wrench. At this time he was doing without his knee-cap, it being worn out. He was admitted into the Poplar Hospital a few months after this sprain, having in the interval been unable to use his limb, and constantly liable to sudden falls, with extreme pain from the loose body getting between the ends of the bones. It would appear probable, indeed, that the fall had detached the cartilage from some adhesions which had existed previously, and which had prevented its being a source of much inconvenience.

At the time of the patient's admission, under Mr. Bloomfield's care, he was, however, willing and anxious to have anything done, as he was quite incapacitated for his occupation, besides suffering from frequent attacks of inflammation of the joint. Mr. Bloomfield determined to remove the cartilage from the synovial sac by a subcutaneous incision, and to leave it in the cellular tissue. This was successfully accomplished, the offending body having been squeezed out of the joint at its upper and outer part. After the operation the limb was kept quiet on a straight splint until all risk of irritation had passed by.

At the present time, more than two years after the operation, the man is able to walk easily, though with a little limp, as "the joint feels weak." The loose cartilage can easily be felt beneath the skin above and to the outer side of the patella. The scar of the incision made at the operation is about a handsbreadth above the outer edge of the patella, and the cartilage itself about an inch below this. The cartilage is flattish, and about the size of half a horse-chesnut. It is the man's impression that the cartilage has not materially diminished in size since the operation.

THE LONDON AND PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

REPORT ON OPERATIONS FOR INJURIES TO THE SKULL.

(Continued from page 578.)

Case 65.—*Compound Fracture with Depression from the Effects of a Blow—No Brain Symptoms at First—Subsequent Hemiplegia of the Right Side—Operation three Weeks after the Accident—Convulsions—Recovery.*—An Irishman, aged 35, was admitted into the South Staffordshire Hospital, under the care of Mr. Coleman, on account of a compound fracture with depression of the left parietal bone. The injury had been occasioned by a brick falling upon the head. There were no symptoms of compression at the time, but subsequently hemiplegia of the right side came on. The operation was performed three weeks after the accident, and consisted in trephining over the sound bone, and then elevating the depressed portions. The dura mater was uninjured. Considerable hæmorrhage followed the operation, apparently proceeding from a branch of the middle meningeal artery. To arrest it a pledget of lint was introduced between the bone and the dura mater. Five hours after the operation an attack of convulsions occurred, which lasted for ten minutes, and having passed off did not recur. It was not until a week after the operation that any signs of improvement were shown, but he afterwards progressed steadily. The man regained the use of his limbs, and recovered.

Case 66.—*Compound Fracture from a Kick by a Horse—Escape of Brain-substance—Operation — Hernia Cerebri—Recovery.*—A lad, aged 12, was admitted under Mr. Barber's care into the Sheffield Infirmary, having received a compound fracture of the left parietal bone from the kick of a horse. A portion of bone had been driven into the brain, and brain-substance protruded in the wound. The detached portion of bone was removed. Subsequently the membrane sloughed, and a hernia cerebri formed. The protrusion was protected by the application of a zinc plate, and at length receded. The part healed, and the patient ultimately made a good recovery. Some slight imperfection in speech had persisted for a considerable time during the convalescence.

Case 67.—*Fall on the Head—Symptoms of Concussion followed by those of Pressure — Trephining — Death within Six Hours.*—A man, aged 28, was admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley. The man had fallen from a height of twenty feet, and had alighted on his head. At first the symptoms were those of concussion only, but they soon afterwards passed into those of compression. The head having been shaved, no irregularity of the bone could be detected, but there was a large puffy swelling over the anterior inferior angle of the right parietal bone. Mr. Stanley cut down over this part and trephined. The outer surface of the dura mater, when exposed, bulged into the wound and became very tense. A puncture with a narrow scalpel was made. A large quantity of dark fluid blood flowed into this opening, but its escape in no degree relieved him. He sank and died about six hours after the operation.

Case 68.—*Punctured Fracture of the Squamous Plate of the Temporal Bone—Operation—Hernia Cerebri—Death on the Twenty-first Day—Autopsy—Abscess in the Brain.*—A healthy

man, aged 27, was admitted into the Leeds Infirmary, under the care of Mr. Teale, having had a chisel driven through the squamous portion of the temporal bone. He had also sustained fracture of one thigh and of both legs. Several portions of bone, by which the brain had been injured, were removed. Hernia cerebri followed, and the man sank twenty days after the accident. At the autopsy abscess was found in the brain-substance beneath the part from which the fungus grew.

Case 69.—*Compound Fracture of the Frontal Bone from a Fall on the Head—Trephining and Removal of Fragments—Death from other Injuries to the Chest.*—A man of middle age was admitted into the London Hospital, having sustained a compound comminuted fracture of the right frontal bone from the falling of a heavy stone on his head. Besides the injury to the skull the stone had fallen also on the chest and abdomen, and had caused serious contusions as well as fractures of several ribs and of the right clavicle. He was quite conscious and without paralysis. Mr. Corner, the House-Surgeon, immediately after his admission, removed several portions of the outer table, which were detached and driven inwards. It was then seen that the inner table had been broken and driven under the edge of the adjacent part of the skull. In order to elevate these Mr. Gowlland was obliged to use the trephine, after which the removal of the depressed portion was easily effected. The dura mater was not torn. The man remained without head symptoms until the time of death, which took place on the following day. The cause of the fatal event had probably no connexion with the injury of the skull, having been preceded only by extreme difficulty of breathing, pain in the abdomen, and much emphysema of the walls of the chest.

Case 70.—*Injury to the Head and Detachmant of Pericranium—Erysipelas followed by Hemiplegia — Trephining—Death—Autopsy—Diffuse Purulent Meningitis.*—A boy, aged 15, of good previous health, was admitted into St. Bartholomew's Hospital, under the care of Mr. Skey. He had been struck by the wheel of a cab on the left side of his head. The left parietal bone was bared of skin, and a large piece of the pericranium was detached. The wound was covered with mud. The wound was cleaned and the flap re-applied. Suppuration took place, and he had an attack of erysipelas over the left eyelid. Afterwards sickness came on, and continued for two days. He then had rigors, restlessness, and also an attack of hemiplegia, though sensation remained perfect. He was still quite rational, but answered questions slowly, there being a slight impediment in his speech. The trephine was applied, and a piece of bone about the size of a sixpence was removed. The dura mater appeared quite healthy. A few drops of pus oozed up between the dura mater and bone. No relief to the paralysis followed the operation. On the 20th, Mr. Skey finding that the paralysis was increased, carefully punctured the dura mater, and let out at once two or three drachms of pus. The wound was afterwards enlarged, and more matter escaped. The general symptoms did not improve, and death followed the next day. At the autopsy no fracture was found, nor any pus between the dura mater and bone. There was a great quantity of matter diffused over the left cerebral hemisphere. It was in the subarachnoid space. The brain was otherwise healthy.

Case 71.—*Compound Fracture of the Skull, without Brain Symptoms—Hemiplegia on the Fourth Day—Trephining—Death from Meningitis on the Seventh Day.*—A woman, aged 32, was admitted into the Middlesex Hospital, under the care of Mr. De Morgan, having sustained a compound fracture of the skull. No urgent symptoms were present until the fourth day, when she became hemiplegic. Trephining was then adopted, and with some relief, but death from meningitis resulted on the seventh day.

Case 72.—*Compound Fracture with Depression—Anticipatory Operation.*—A boy, aged 14, was admitted into St. Mary's Hospital, under the care of Mr. Haynes Walton, for compound fracture with depression of the left parietal bone, near its middle. The injury had been occasioned by a brick, which had fallen from a height of fifty feet. There were no symptoms of compression, and the dura mater was not lacerated. By means of Hey's saw a portion of overhanging bone was cut away, and the depressed fragment was then raised into its place.

Case 73.—*Scalp Wound—Abscess between Dura Mater and Bone—Operation—Evacuation of Pus—Second Operation over a Different Part—Death—Suppurative Arachnitis.*—A man, aged 32, of intemperate habits, was admitted into St. George's Hospital, under the care of Mr. Cutler. Three weeks before the operation he had received a scalp wound, which had been neglected, and had terminated in abscess (Pott's puffy tumour). The diagnosis of pus between the dura mater and bone having been formed, the trephine was used. Matter was found in this position, and also infiltrated in the diploe. A second abscess having formed beneath the pericranium, at the same side of the head, at a different spot, the trephine was also applied there. This was three days after the first operation. At the autopsy a large collection of matter was found between the visceral arachnoid and brain.

Case 74.—*Compound Fracture of the Parietal Bone—Operation—Death.*—An adult man, of unknown age, was admitted into St. George's Hospital, under the care of Mr. Prescott Hewitt, for a compound and comminuted fracture of the parietal bone. A large portion of loose bone was removed by the elevator, and in it was seen the groove of the middle meningeal artery, which had been lacerated The man died.

Case 75.—*Compound Fracture from a Kick by a Horse—Removal of Fragments—Laceration of Dura Mater—Hernia Cerebri—Recovery* (?).—A boy, of previous good health, aged 17, was admitted into St. George's Hospital, under the care of Mr. Hawkins, having been kicked by a horse over the right eyebrow. There was compound fracture of the frontal. The operation consisted in sawing away an overhanging portion of bone with Hey's saw, and then removing the depressed and loose fragment. The latter comprised a large part of the orbicular portion of the frontal, and nearly the whole of the roof of the orbit, with a small part of the great wing of the sphenoid. The dura mater had been lacerated in the accident, and during the operation a small portion of brain escaped. Extensive hernia cerebri followed the operation, but it was not attended by paralysis, or loss of consciousness. Seventeen days after the operation the boy was reported as doing well.

Case 76.—*Fracture with Depression—Symptoms of Compression—Operation—Death—Fracture of the Base, and large Extravasation of Blood.*—A man, aged 65, was admitted into Hospital for fracture of the vertex of the skull. There was not apparently any depression. As he laboured under symptoms of compression the trephine was resorted to, in the hope of finding blood effused between the dura mater and the bone. Such did not, however, prove to be the case. Death took place a few hours after. At the autopsy the fracture was found to extend across the base of the skull. There was large extravasation of blood on the surface of the brain.

Case 77.—*Fracture without Depression—Symptoms of Compression with Convulsions—Operation—Death—Laceration of the Brain.*—A man, aged 58, was admitted into University College Hospital, under the care of Mr. Erichsen, for fracture of the skull, without depression, on the right side of the occiput. Symptoms of compression, attended with slight convulsive attacks, set in about eighteen hours after an injury. The trephine was used, and a small quantity of blood removed. Death ensued about five hours after the operation. At the autopsy the brain was found lacerated, and blood effused on the side opposite to the external injury.

Case 78.—*Compound Fracture with Depression—Operation—Recovery* (?).—A delicate lad, aged 16, was admitted into St. Mary's Hospital, under the care of Mr. Lane, for a compound fracture, with depression of the posterior part of the frontal bone. He was insensible. By the use of Hey's saw a small fragment of bone was liberated and taken away. Complete relief to the symptoms followed, and although a severe attack of erysipelas subsequently occurred, the lad was reported doing well more than a month after the operation.

Case 79.—*Compound Fracture of the Skull—Trephining—Recovery.*—J. S., aged 31, was admitted May 14, having fallen, while drunk, from a loaded waggon the night before. The wheel passed over his right shoulder. There was a comminuted fracture of the skull with depression, the wound, about an inch long, being over the left parietal eminence. There was also a comminuted fracture of the right occipital bone, and contusions on other parts of the body. There was a tendency to coma and blood had apparently escaped from the right ear. The right pupil was dilated but sensible to light. The left was contracted and irregular, but this eye had suffered injury some time before. He progressed favourably until the 16th, when he was rather deaf and inclined to be

drowsy. On the 17th the stupor had increased. On a further examination, the wonnd having been enlarged, a horizontal fracture was seen with the bone below it depressed. There was a fissure also directed upwards from it in a direct line towards the vertex. Two triangular portions of bone were removed with Hey's saw and the depressed portion raised. The patient progressed favourably, but there was slight paralysis of the right side of the face and upper eyelid. Motion and sensation were nowhere else affected. A grain of tartar emetic was added to the saline mixture. He left the Hospital on July 26. The wound had been then healed for some time, and he was much stronger, but slight deafness and paralysis of the right side of the face remained, though they were both much less than they had been.

Case 80.—*Of Fracture with Depression of the Skull in an Infant Seven Months old—Trephining—Death.*—J. C., aged 8 months, was admitted into the Great Northern Hospital, under the eare of Mr. Gay, August 27, 1857 for injury to the head. On admission there was found on the centre of the left parietal bone a well-marked depression of the cranium, about an inch and a-half long and the eighth of an inch in its deeper part. The overlying integuments bore no mark of violence. He had received a blow of some kind about five-and-twenty days before, and except for a little insensibility at the time the ehild seemed quite well for fourteen days, then it began to be ill with diarrhœa, and eight days before admission, it had "a fit." Four days after this the diarrhœa eeased, and at this time it began to have sawing movements of the right arm and leg. The child had another attack of convulsions the day before his admission. On the 27th, chloroform having been given, Mr. Gay removed the greater part of the depressed portion of the bone by the trephine. The portion of bone removed presented a large fissured ledge having a pointed extremity. During the influence of chloroform the sawing movements ceased, and after it had passed off the child appeared much quieter. He, however, died early on the 28th. At the autopsy a depression was found in the hemisphere exactly corresponding with that in the skull. The dura mater eovering it was perfeetly healthy. The arachnoid presented no abnormal appearance.

Case 81.—*Depressed Fracture of the Skull without Symptoms—Trephining on the Fifth Day—Death.*—A young and healthy Irishman was admitted into St. Bartholomew's Hospital, under the eare of Mr. Paget, for injury to the head from the falling of a hod of bricks on it. There was a wound in the mesial line, and it was ascertained that the bone was fractured, but as there were no symptoms either of compression or irritation, the wound was merely dressed. During the four days following the man did remarkably well and was wholly free from cerebral symptoms. A shivering fit then occured and was succeeded by difficulty in forming his words, and by a tendency to stupor, and he gradually became more and more insensible. Mr. Paget, therefore, trephined. After the removal of a thick piece of the skull a dark coloured clot was seen lying on the dura mater which latter had given way at one spot, and allowed of a small protrusion of the brain. Some small portions of bone were taken away but no large depressed portion had been found. Chloroform had been used, and on his recovery from its influence the symptoms seemed to be much as they were before. Subsequently retention of urine and hemiplegia of the right side came on, and he sank into a state of profound coma and died. No post-mortem examination was allowed.

Case 82.—*Fissure Fracture of the Skull—Convulsions—Trephining on the Fourth Day—Recovery.*—A boy, aged 12, was admitted into Guy's Hospital, under the care of Mr. Cock, two days after having sustained an injury to the head from the fall of a tree. He was suffering from indications of slight compression on the left half of the brain, there being a partial paralysis of the right side of the body. As from his age, and the ill-developed character of the symptoms, there seemed fair reason to hope that no operation would be requisite, he was merely kept quiet in bed for the first forty-eight hours. Convulsive twitchings of the face, however, supervened, and were followed by violent spasmodic contortions of the affected limbs. It was now determined at once to employ the trephine. It should be stated that there was no wound of the skin, and that, beyond a puffy swelling over the part—that is, over the front part of the left parietal bone—on exposing which a fissure was found; there was no depression whatever, but the blood oozed up from the line of fracture. Hey's saw was used, and an almost square portion of bone, about three-fourths of an inch each way, was removed. No blood was found effused between the bone and the dura mater, and this membrane was quite sound. A few very slight twitchings occurred during the twenty-four hours immediately succeeding the operation, but with this exception, the symptoms were wholly and permanently relieved. The boy made an excellent recovery.

Case 83.—*Compound Fracture of the Skull—Elevation—Suppuration—Arachnitis—Death.*—A lad, aged 16, under the care of Mr. Cooper Forster, in Guy's Hospital, was admitted after having received a violent blow from a piece of iron on the left side of the head. There was a compound and comminuted fracture of the parietal bone, with evident depression yet no symptoms whatever existed. The lad undressed himself and got into bed without assistance. Immediate elevation of the depressed portion of bone was performed, and the bleeding from the middle meningeal, which had been free, ceased spontaneously afterwards. The dura mater was not much injured and the brain was not exposed. The lad expressed himself as relieved by the operation. The accident had occurred on a Monday and up to the next Friday all seemed to be doing well, when he became drowsy, then delirious, and then eomatose. He died in coma on Saturday, the autopsy showed acute suppurative arachnitis of the left hemisphere. A eonsiderable quantity of pus had been effused but the inflammation did not extend itself below the tentorium or to the opposite side.

Case 84.—*Compound Fracture of the Skull with Depression—No Head Symptoms—Elevation of Bone—Recovery.*—A young man, aged about 22, was admitted into Guy's Hospital, under Mr. Poland's care about four months ago, having sustained a eompound and comminuted fracture of the upper part of the frontal bone near its junction with the parietal. He had no symptoms whatever. The depression being manifest, Mr. Poland immediately enlarged the scalp wound, employed Hey's saw, and, having removed some small portions, restored the depressed fragments to their place. No ill symptoms occurred afterwards. The man was up and about the ward a fortnight afterwards, and ultimately left the Hospital quite well.

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Medical Times and Gazette.

SATURDAY, JUNE 16.

WHAT SHALL WE DO WITH CRIMINAL LUNATICS?

Dr. Charles Hood, Physician to the Bethlem Hospital, has called attention to the condition of Criminal Lunatics, in a letter addressed to Lord Shaftesbury. This class of lunaties has already received the occasional notice of philanthropists; but up to the present time little has been done in effecting the reformation in their treatment which is required in accordance with modern notions of humanity. Government is, however, occupied with a State Lunatic Asylum, and the inmates of the Government division of Bethlem Hospital will shortly be removed to these new quarters. This, therefore, affords an opportunity for a new classification and organisation of Criminal Lunatics.

"Criminal Lunatics," as they are at present termed, repre-

sent two distinct classes of offenders,—First, Those who have escaped judicial punishment on the ground of insanity; and Secondly, Those who have become insane while undergoing judicial punishment. Among the second class there appears also to be included a curious sub-species, viz. "the impostor feigning insanity to escape prison discipline;" and of him we will only say, that we should have been glad to have heard from Dr. Hood a few more particulars; how comes it, one cannot help asking, that an impostor can baffle the scientific eye of the guardians of deranged intellects? If the thing is possible, what criminal is there who may not escape punishment?

It is evidently great cruelty to treat alike, and subject to the same society, these different classes of individuals,—the man of refined mind, who has committed murder under the irresponsible state of insanity; and the low-bred, vulgar scoundrel, who has gone mad, or who feigns madness, while undergoing the punishment of his crimes. Yet up to a very recent period they were all treated with the same food, clothing, and attention. Recently, some kind of division has been made of them in Bethlem; and in the State Asylum doubtless the subject will be still more properly handled. An ordinary asylum, Dr. Hood says, is not adapted for the insane, or pretended insane convict; for such persons require extraordinary vigilance, and buildings of more than ordinary strength." Besides, the impostor-lunatic poisons the minds of all with whom he comes in contact; and if "sent back to prison, will return followed by others whom he has induced to act with equal duplicity."

The special object of Dr. Hood's letter is to call attention to the condition of that class of lunatics who are acquitted on the ground of insanity. And Dr. Hood shows clearly enough that the Commissioners of Lunacy ought to enter into, and obtain a certain degree of control over, their management. At present, all lunatics—however great or small their crime—if acquitted on the ground of insanity, are subjected or liable to an indefinite term of confinement; so that their recovery of reason gives them no title to liberty. We are glad to see that Dr. Hood does not favour the notion of lunatic murderers being ever again let loose upon society. He makes, however, one very proper exception in the case of women who have committed infanticide under the influence of puerperal mania:—

"With the exception of cases of infanticide committed in a state of puerperal mania, it is difficult to draw any distinction in acts of dangerous personal violence, if committed during mental aberration; for, in addition to our knowledge that the liability to relapse in the disease is more than fifty per cent., and the lesson taught by experience, that the reappearance of the disease brings with it the same impulses that have already led to crime, it is not to be forgotten that the restored lunatic, if discharged, re-enters the world as an irresponsible agent; the thoroughly established and undoubted previous attack affording him a passport through any future entanglement, because it will be sufficient to induce any jury to give the culprit the benefit of doubt as to his knowledge and appreciation of right and wrong. Few juries would convict a prisoner in whose previous career residence of months or years in a lunatic asylum is registered, especially if worked upon by the arguments of a skilful counsel."

He thinks, however, that some restricted sort of liberty might be granted to some of those "who, under the influence of mental disease have committed or attempted murder, or other grave offences, and who are liable to such sudden ebullition of homicidal mania that no laws can bind them, and no companion or friend be safe from their attack; and, secondly, those who have feigned insanity to escape conviction, and who, through the exertions of astute counsel supported by *ex parte* Medical evidence, have been acquitted of murder, or attempted murder, or other grave offences, on the ground of insanity, but who, nevertheless, through a series of months or years, while subject to the close surveillance of an asylum, evince no symptom of a disordered mind." For these he suggests that "a place of safety might be provided for the well-conducted, in which some of the comforts and liberties of a home are substituted for the discipline of an asylum, and where they would not be shocked by constant association with less favourable cases."

It is clearly absurd as well as cruel to subject a lunatic to confinement for life, who has been guilty of some petty larceny or trivial misdemeanour. Such persons, when restored to reason, ought to be admitted to the benefits of their rational state, just as any ordinary lunatic is who is discharged cured from an asylum. Surely in such case he has expiated his "lunatic crime." If society requires protection against him, then pass him over into the hands of the Lunatic Commissioners, and let them deal as mercifully with him as this protective principle requires.

The inconveniences and inconsistencies which thus arise Dr. Hood thinks might be remedied if, "instead of acquitting a prisoner on the ground of insanity, 'the crime being proved,' he be ordered to be kept 'in safe custody until discharged as the law directs;' for by this course his liberation or his residence in a prison or lunatic asylum would be regulated by his antecedents, as well as his mental state, and general conduct."

Another part of Dr. Hood's letter opens up some facts well worthy of the serious attention of those of our Profession who are always ready "to go as a witness," when requested to do so. He clearly enough indicates, that, thanks to our Professional evidence, many a murdering scoundrel escapes the halter. Between 1852 and 1858, it seems, that 120 persons charged with murder, attempt to murder, or personal violence, were acquitted as being insane; and of these 79 were received into Bethlem. Yet, "in several cases no symptom of insanity has been evinced during the period of residence in the asylum." Why, then, were they acquitted? The jury were bamboozled by the Doctors. Such is Dr. Hood's conclusion: and this makes him question the value of the evidence of Medical "experts" as guides to the jury. In difficult cases it is clear that such witnesses have no proper opportunity of testing the mental condition of the patient. He says, and very truly, and we quote his words with satisfaction:—

"It is believed that the majority of the Medical profession object both to the mode in which evidence is now procured and now given in criminal cases; the solicitors for the prosecution and defence seek Medical testimony not to elicit the truth, but to obtain a verdict for their respective clients. Physician is pitted against Physician, and Surgeon against Surgeon, while 'specialists' (a modern and very undesirable *soubriquet*) are supposed to bring with them the clenching evidence produced by concentrated study or particular aptitude, and all this difficulty is increased by cross-examination, which endeavours to reduce to the narrow limits of a mathematical problem the reasons for ever-changing pathological conditions."

Dr. Hood says he has known cases, in which "particular Medical men were retained," not to give evidence, but "in order to prevent the opposite side having the benefit of their opinion." Medical witnesses thus become merely counsel; and their evidence about equal in value to the statements of the said counsel, while the evidence being given on oath the Profession suffers in character.

To remedy these various evils, Dr. Hood recommends, in any new Act affecting criminal lunatics, that clauses may be inserted giving power to any two justices of the peace with two Medical men, to inquire into the condition of any person under judicial sentence who may appear to be insane, and if the person be found lunatic a Secretary of State shall, on their certificate, issue his warrant for the removal of the lunatic to some proper asylum. Should the person again become sane, the Secretary is to send him back to the prison

whence he originally issued, or discharge him if his term of imprisonment have expired. If a person on his trial appear lunatic, the trial is to be postponed if the Court think fit, and his state of mind inquired into by a petty jury and Medical men summoned by the Court.

Other provisions are also made by Dr. Hood in order to provide for the different emergencies which arise from the carrying out of the principles which he proposes to adopt in the management of criminal lunatics. We fear that they will not wholly meet with the approbation of the legal eye; indeed, it is certain that many difficulties surround the dealing with this question, among which may be mentioned, as not the least, the anxiety which a large section of the public has to see execution done in cases of murder. Indeed, if Dr. Hood's statement be correct, which we do not doubt it is, it is clear that the guilty do not unfrequently escape their due punishment. Be this as it may, Dr. Hood has done well in bringing this question prominently into notice, for it is one which, for the sake of justice and humanity, requires the serious consideration of the Legislature.

THE WEEK.

Mr. Gamgee has been actively engaged in raising subscriptions to convey necessaries, comforts, and Medical stores to the wounded in Sicily. Dr. Albert Monastier has proceeded to Garibaldi's head-quarters in charge of the stores, and Mr. Gamgee volunteers to take charge of any money, medicines, or instruments, which may be contributed. He says :—

"Ladies may afford incalculable help by making pillows and cushion cases, to close with strings or buttons, of the following dimensions : two feet square, one foot square, three feet in length by one foot in breadth. These when stuffed with straw, hay, wood shavings, or sawdust, are of the greatest comfort to rest heads, broken limbs, and stumps."

In a letter to Dr. Monastier, he adds :—

"You will not for an instant lose sight of the great principle which has at all times guided the members of the Medical Profession. For us no field of battle is trodden by an enemy. We have nothing to do with the political causes of evil and suffering, of which we only take cognizance to give relief."

A report may be found in another column of some proceedings at Belfast under the Medical Act. In one case the defence was successful, as the defendant proved to the satisfaction of the Bench that, although not registered, he held the licence of the Dublin Apothecaries' Company. A second case was given up, as the "Doctor" had left the town. The *Belfast Newsletter* makes the following sensible remarks on these prosecutions :—

"The object of the prosecution was to endeavour to put down the system, too prevalent, of individuals practising as Medical men while in no wise qualified for the duties of such an important profession. This class of practitioners very generally placard the walls of our town and its vicinity, as well as neighbouring towns, with indecent bills. The law has for the present been vindicated; and, as the case heard was the first brought into court, it may prove a warning to others, and be sufficient to deter them from setting themselves forth as 'duly qualified Medical Practitioners' until they first duly register their names in the proper quarter, and so give the public a guarantee that they do not belong to the class generally designated by the term 'quacks.' The Ulster Medical Protective Association deserves the thanks of the community for having taken up this matter; for, while preserving their own interests, they are doing that which will prove equally beneficial to the general public."

From the statistics given in Mr. Wilde's Memorial to the Lord Lieutenant of Ireland (last Report of St. Mark's Hospital, p. 20), it appears that there are 8000 blind persons in that part of the United Kingdom, of whom 4000 are women. Although Ireland contains more blind, compared with its population, than any other country in Europe, except Norway, the proportion being 1 in every 864 inhabitants, it would seem that the existing asylums for this helpless class of the community are capable of sheltering only a very limited number. We are, therefore, glad to see that an institution has been commenced, intended to receive within its walls at first 75, and eventually 100 of the most helpless class of all, blind females. The first stone of the new Molyneux Asylum for Blind Females was laid on Monday last, under favourable auspices, by the Lord Lieutenant, in a healthful situation,—"open," as his Excellency observed, "to the salubrious breezes from those mountains upon whose swelling outline its inmates could never gaze." The first stone of the new church in connexion with and in support of the Asylum was, at the same time, laid by His Grace the Archbishop of Dublin. The old Asylum, opened in 1815, which is incapable of receiving more than thirty inmates, exists in a close and decayed part of the city, and it is therefore desirable, independently of the necessity for increased accommodation, that the new building should be placed in a more open and rising locality. A pleasing feature of the institution is that it enables the blind to earn their bread. Some of the inmates have already obtained good situations as organists, and others are being educated for the same occupation. We are glad to see that our brethren take an interest in this benevolent work, and that the Medical Profession is fairly represented upon the Committee.

The remarks which we lately made in reference to accommodation required by certain classes of the insane have called forth suggestions on the subject. We particularly refer to a letter in another column, in which the question will be found practically handled. The writer, who is a gentleman actually engaged in the management of a lunatic asylum, points out some means of meeting the want referred to; and we should be glad if his plan might meet with the attention of those best competent to judge of its applicability.

The Fellows of the College of Physicians of London have appointed Dr. Burrows to be their representative at the Medical Council. Dr. Burrows succeeds Dr. Watson, who retires from the honourable office. It must be extremely gratifying to Dr. Burrows to receive so distinguished a proof of the confidence reposed in him by his Professional brethren.

The Belfast Medical Society has just held the annual dinner. We notice it here on account of a passage in one of the after-dinner speeches—that of Dr. Dickson—which is worthy of note. He said :—

"The Government of the country, long neglectful of their claims as a Profession, had at length seen the importance of securing their co-operation; and in a Bill now before Parliament for the registration of deaths, etc., it was proposed to employ Medical men as registrars. Their social position, education, and training, with a thorough knowledge of their districts, point them out as the most eligible parties to be engaged. A guarantee would thus be afforded to the public that such an important measure, calculated to reflect the greatest light upon the sanitary state of the kingdom, would be faithfully and successfully worked. He (Dr. Dickson) highly valued this tardy recognition of the fitness of Medical men for employment in the civil service of their country; and he confidently hoped that it was but a prelude to their introduction to other departments of public office."

THE LATE PROFESSOR RETZIUS.

In announcing in our publication of the 5th of May last, the melancholy intelligence which had then just reached us, of the death of the above-named distinguished physiologist, we stated our intention of giving, when the necessary materials should reach us from Sweden, a notice of his active and benevolent career. We had hoped that a memoir might have appeared from the pen of some one of his compatriots, of which a translation would have been acceptable to our readers. We learn, however, that no such memoir has yet been published; but we are indebted to the kindness of Baron Gustaf von Düben for what he calls a "*curriculum vitæ*," which, to use the Baron's words, "is trustworthy, though it shows not the man." The article in question, however, consisting of some pages from a biographical dictionary, exhibits clearly how great must have been the energy and activity of the illustrious deceased, and also proves that his distinguished qualities had gained him the approbation, respect, and esteem of the highest and most learned of his fellow men.

Anders Adolf Retzius, M.D., Ch.M., Professor and Inspector of Anatomy at the Royal Carolinean Institute, Professor of Anatomy in the Royal Academy of the Liberal Arts, son of Professor Anders Jahan Retzius, Knight, was born at Lund on October 3, 1796. He was privately educated until 1812, when he entered as a student at Lund; in 1815 he underwent an examination in surgery. He subsequently studied comparative anatomy under Jacobson and Reinhardt, in Copenhagen, attended Professor Münster's clinique at Frederik's Hospital for Internal Diseases, and Oersted's Lectures on Chemistry in 1816. He thence returned to Lund, and became candidate in Medicine in 1817, Licentiate in Medicine in 1818, and Master in Surgery at Stockholm on December 5, 1818; he disputed in 1819 (*Observationes in Anatomiam Chondropterygiorum præcipue Squali et Raye generum, Præs. Florman*), and in the same year was admitted to the degree of Doctor of Medicine.

On March 1, 1815, young Retzius was appointed Assistant-Surgeon in the Scanian Regiment of Hussars; in 1817 he became extra, and in 1818 ordinary full Surgeon in the same regiment. In the summer of 1817 he was Dispensing Physician at Ramlösa, Helsobrunn. During the greater part of 1818 he acted as Physician to the Royal Military Academy at Carlberg; and in May, 1821 was appointed Lecturer in the Scientific Institution in Stockholm, where in the same year he founded an Anatomical Museum. In the summer of 1822 he resided in Jemtland, and acted as Surgeon to the Jemtland Royal Regiment, while on annual duty, and afterwards travelled to Trondhjem, and through Surendalen to Christiansand and Söndmör, and over Dovre-fjell to Christiania. On December 27, 1823, he was appointed, by royal warrant, Theoretical Professor in the Scientific Institution in Stockholm; and in February, 1824, he undertook, by command of the king, a journey to Stora Kopparberg, in reference to an epizootic disease which had broken out among horses in that district. On August 16, 1824, he became occasional Professor of Anatomy at the Royal Carolinean Institute, and was also in the same year appointed Lecturer on Military Hippology in the Artillery High-school at Marieberg. In 1830 he became Inspector-extraordinary at the Royal Carolinean Institute. In the year 1834, during the epidemic of cholera in Stockholm, he acted as District Physician in the parish of Kungsholm. In 1835 he was commissioned to establish an Anatomico-Physiological and Pathological Museum in the Royal Carolinean Institute. In 1836 he was elected Vice-Professor of Anatomy in connexion with painting and sculpture to the Royal Academy of the Liberal Arts; and in 1839 he was elected ordinary Professor to the same Academy. On December 10, 1840, he was appointed Professor and Inspector of Anatomy in ordinary to the Royal Carolinean Institute.

In addition to the journey already mentioned through Jemtland and Norway in 1822, and to Dalecarlia in 1824, Retzius in 1827 undertook a scientific journey through Tornea Lappmark, to the North Sea and Lofoden, and by Trondhjem to Christiania. He attended in 1828, as a deputation from the Royal Academy of Sciences, a meeting of Naturalists and Physicians in Berlin. During the summer of 1831 he visited the principal Universities and Museums of Germany, and in 1833 he travelled, partly at the public expense, to London, Paris, Strasburg, Heidelberg, Stutgardt, Tübingen, Munich, Vienna, Breslau, and Berlin; and in September of the same year was present at the meeting of Naturalists in Breslau, when he was chosen one of the Presidents and read several papers in the section for Zoology, Anatomy, and Physiology(a). In 1841 he went to Germany, and in the autumn of the same year visited, in company with Professor J. Müller, the small islands adjoining the coast of Bohuslän, in order to complete an investigation previously commenced on the new cartilaginous fish, the *amphioxus lanceolatus*, discovered by Yarrell in England and Fries in Sweden. In 1844 he attended the meeting of the Scandinavian Naturalists in Christiania (b), and was Secretary to the Association, and at the same time first President in the section for Practical Medicine. In 1846 he visited England, France, Belgium, and Holland, and was present at the meeting of Naturalists at Utrecht(c). In 1847 he attended the meeting of Scandinavian Naturalists at Copenhagen(d) in the capacity of General Secretary for Sweden, on which occasion he also filled the office of First President in the section for Zoology and Physiology. In the summer of 1852 he visited Göttingen, Cassel, Leipsic, Prague, and Berlin.

Professor Retzius was a knight of two orders, his appointments to which bore date January 28, 1836, and July 21, 1847. A list of the Swedish and Foreign Scientific Societies (the latter in all parts of the world) of which he was either an ordinary or an honorary member, fills upwards of two pages of the biographical dictionary whence we have drawn the foregoing particulars. In 1840 the Royal Academy of Sciences awarded him the Flormanian prize for the discovery of a loop-shaped ligament in the foot of man and animals. In the same year he was elected Secretary to the Scandinavian Society of Naturalists, and continued in this office at and in the intervals of the meetings held at Stockholm in 1842 (e), at Christiania in 1844, in Copenhagen in 1847, and in Stockholm in 1851. In 1844, with the assistance of Prosector Sundevall, he made the post-mortem examination of the body of King Charles the Fourteenth. He was chosen President of the Royal Academy of Sciences for 1844-5. On November 30, 1848 (his name's day), a banquet was given by the Students of Medicine of the Royal Carolinean Institute and some young Physicians, in celebration of the completion of the twenty-fifth year of his Lectureship on Anatomy. At the meeting of Scandinavian Naturalists in Stockholm in 1851 he read papers; On the so-called Os Incae; On the similarity of the formation of the Pelvis in the male sex in Negroes, Caribs, etc.; On the signification of the Fornix Cerebri; On a mummified Human Head from Egypt; On the Structure of Cartilage; On the bone Luz; On Osteomalacia Cerea of the Base of the Brain; On Atrophy of the Bones of the Face after a stab with a knife; On an Enterolith from the Cæcum, weighing ten ounces; On a Celtic Skull from Samsöe, etc.

In 1855 Professor Retzius again visited Great Britain and

(a) "Bericht über die Versammlung Deutscher Naturforsch in Breslau,' v. Wendt und Otto. Breslau. 1834.

(b) On this occasion Professor Retzius read papers On the Form of the Skull in different Races of People; On the so-called Os Metacarpi Pollicis and Metacarpi Hallucis; On Doubling of the First Cuneiform Bone of the Foot; Two Cases of Malformation with Shortening of the Trunk.

(c) Where he read a paper On the new Muscles in the Throat, and on the Muscles which preserve the Equilibrium of the Articulations. See *Aanteekeningen*, etc. Utrecht, 1846.

(d) At the Copenhagen meeting he read papers: On the minute Structure of the Liver in Mammalia; On peculiar button-shaped Processes on the Arches of several of the Dorsal Vertebræ in the Erinaceus Europeus; On peculiar Cutaneous Glands in the Fox and on the very peculiar tendinous and muscular structure in the Stomach of graminivorous Birds; On a congenital Polypus of the Nares; On Phrenology, judged from a Medical point of view (inserted in Müller's *Archiv f. Anatomie*, etc., 1848); On the Mucous Membrane of the Stomach in persons who have suffered from Pyrosis; On the Attachment of the Urino-genital Apparatus to the inferior opening of the Pelvis in Man (inserted in the *Hygiea* xi. 321).

(e) At the meeting in 1842, Professor Retzius read papers: On the form of the Skull of the Inhabitants of the North of Europe (printed separately, Stockholm 1843); On the Function of the Ligamentum Teres in the Hip-joint in Man; On a Pair of new associated Muscles on the anterior surface of the transverse processes of the Cervical Vertebræ in Man; On the Muscular Structure of the Zonule of Zinn; On the meaning of several hitherto unexplained Muscles belonging to the anterior extremity in Birds; On the Structure of the Stomach in the fish-tribe Silurus, and On a reticular Structure on the inside of the Aorta in the Turtle; On three hitherto undetermined Muscles overlooked by authors on the front of the Cervical Vertebræ in Man, and on the Ligamentum Rotundum.

Ireland. He was twice married; first, on December 30, 1828, to Wendela Sofia Westerberg, who died 1832, aged 25. Issue, Anders Wilhelm, born December, 1829, afterwards an architect, died in America, February 5, 1850: second in 1835, Emilie Sofie Wahlberg. Issue, Elis. Sofia, born 1837; Magnus Gustaf, born 1842. He died, as we have already stated (f), on April 18, 1860, and in him, to use the words of one who visited him in Sweden during the last year of his life, "Stockholm lost one of the kindest hearts and brightest intellects that ever graced the society of that learned and beautiful capital."

We have seen it stated in the *Athenæum* that "Professor Retzius, on his dying bed, made observations on the progressing dissolution of his own body. 'This struggle of death is hard,' he said to those about him; 'but it is of the highest interest to note this wrestle between life and death: now the legs are dead, now the muscles of the bowels cease their function, the last struggle must be heavy, but for all that it is highly interesting.' These were his last words." The authority for this statement is not given, but it reminds us of what we ourselves witnessed at the bedside of an aged Christian philosopher, who, two or three hours before his decease, when his extremities were cold and the pulse scarcely perceptible at the wrist, in addition to eagerly listening to favourite portions of Scripture which were read to him at his request, was divided between his study of what he called "the strange phenomena of death," and "a consuming curiosity about the future state." We may hope that in Professor Retzius' case, as was certainly true in the instance to which we allude, not the terrors of the law, but the consolations of the Gospel, were present to the mind.

The following extract from a letter to Dr. Priestley, dated Stockholm, March 13, 1860, will be read with interest, as probably one of the latest communications from the departed Professor to a scientific friend in this country:—

"I beg to return my best thanks for the very valuable and interesting Treatise on Development of the Gravid Uterus, which you have been pleased to send me.

"It was for me a quite new discovery that, in the beginning of the fœtal development, there exist two umbilical veins in the funis. That such is the case among the ruminantia is well known, but I never heard of this duplicity in the human fœtus.

"I am fully persuaded that the presence of *tela elastica* in the structure of uterus plays an important part in the eliminatory act, perhaps more than the muscular fibre. The cervical part of the uterus is entirely destitute of muscular fibres, being composed only of the said elastic element. No spindle-shaped fibre-cells exist therein during vacuity, and no muscular thread during gravidity, with exception of a thin layer of longitudinal fibres, coming from the body of the organ, and ending in the margin of *os tincæ*, evidently destined to stretch out the softened opening of the canal during parturition. There cannot be shown a track of circular fibres about the external opening of the canal, and every assertion with respect to the sphincteric character of this part is a mistake. If there exist circular fibres about the upper end of the canal, I dare not at present say; but I think it very doubtful, because a sphincteric opening, being during several months in continual dilatation, may necessarily lose its contractility without recovery; and, nevertheless, we find the *os internum* closed already a se'ennight after parturition. On the other hand, I have convinced myself that a quantity of longitudinal fibres ends in the *os internum* in a very regular manner.

"The way whereby Messrs. Stolz and Cazeau explain the shortening of the cervix during the last month of pregnancy is more than obscure."

CAMBRIDGE. — The Board of Medical Studies have selected the following portions of classical authors for examination in the ensuing academical year:—Hippocrates—The 1st, 2nd, 3rd, and 4th sections of the Aphorisms. Aretæus—"On the Causes and Symptoms of Acute Diseases;" the first five chapters of the second book. Celsus—The second book. Candidates will be required to satisfy the Examiners in the portions selected from each of the above authors.

(f) See page 451.

REVIEWS.

On Consumption: Its True Nature and Successful Treatment. By GODWIN TIMMS, M.D. Lond., M.R.C.P., etc. Pp. 412. London: 1860.

IT is only a few weeks ago that we had to remark upon a new work on Consumption; and here already are another 400 pages on that old enemy, and well worked subject. Dr. Hogg said we ought to prevent the disease. Dr. Timms on his title-page shadows forth in promise a greater secret: "Its True Nature and Successful Treatment;" and in his preface he tells of "The elucidation of a mystery hitherto concealed." And as if to cheer us through the aforesaid 400 and odd pages on this dreary topic he further excites us: "He ventures to promise, that his readers will not judge at the conclusion their time to have been wasted in vague and purposeless hypothesis; for should they not confess that he has succeeded in unveiling the long-hidden mystery of the subject, they will own, at least, that by the consideration bestowed upon it, they are in an advanced position to elucidate it for themselves." Dr. Timms, too, like Dr. Hogg, wrote his graduation thesis on Consumption; and twenty years ago his convictions (as now published) were formed. Dr. Hogg has thirty years of practice to confirm his original opinions.

Now really what is the critic to do in a case of this kind? Is he obliged in honesty to accept the author's invitation and follow the leader through these many hundred pages? Clearly not. Life is too short for that sort of discursive labour. And we must candidly say, that our author has no such claim upon the time of the Profession. We do not ask for the brevity which leads to obscurity, but for the condensation which gives the pith of the author's tale in so many words. Whoever makes a greater discovery than his predecessors is bound to give the world the benefit of his advanced knowledge; but he should be quick and plain in the doing of it, and there is no reason to the contrary. *A priori*, indeed, it is not unfair to rule, that any mystery in disease, which requires a deal of explanation for the author's elucidation of it, is probably left by him still in a state of mystery. Such we must confess is the way in which we have looked upon this book. And we began it by looking at the theory of the disease, whatever it might be, through the light of the practice of the author; and certainly therein found quite enough to satisfy us that there is a screw loose somewhere in his views on the subject of phthisis. Let the reader judge. Dr. Timms gives his cases for the last two years—sixteen in number; with one exception they all recover more or less completely, and this one would have been saved by a timely venesection. Here is a sample, Case 12—"Rapid Phthisis in Third Stage of both Lungs, consecutive of Pleurisy of the right side. Pulse 140. extreme debility and emaciation, œdema of extremities. Cured of all his symptoms, except shortness of breath on exertion, in three months (when he returned to his employment), by daily emetics (except one day's omission), cod-liver oil, opiates, and steel." Now we will venture to say that nine out of ten who read this case will agree with us that the man never had phthisis at all; and is it unfair to suggest to Dr. Timms that some other of his cases were not cases of phthisis at all? We think anyone but himself who will take the trouble to peruse them will think so, as we do. His great success excites the doubt, and his cases justify it. In Case 7 Dr. Timms says his patient, besides chest symptoms, complained of "an enormous increase of size about his waist," so that he could not button his waistcoat; and Dr. Timms attributes this to "excessive deposit of fat in the wall of abdomen, and probably in omentum." In six days, however, he reports—"the abdominal swelling has subsided"! the man all the while improving in health. Altogether, we cannot accept these cases as proofs of any great elucidation of the mystery.

But what is the "true nature" of consumption, and what is the "successful treatment" of it according to Dr. Timms? Has he, indeed, "unveiled the long-hidden mystery?" Tubercle, he says, consists of "broken scales, ruptured cells of various sizes, imperfect cell-walls and nuclei," etc. It is the product of the destruction of the tissues, an excessive

action of "destructive assimilation," and consists of elements not only dead, but broken up into fragments. How these dead, fragmentary particles, collected from all parts of the body, get out of the blood-vessels *as such*, Dr. Timms does not explain. He says that this collection of "devitalised atoms are deposited from the blood in a fluid or a semi-fluid state." Tubercle has hitherto always been considered a product of low organisation, incapable of further growth, like pus; it contains corpuscles as a proof of the fact. Is Dr. Timms aware of this? Is Dr. Timms also not aware of the fact, that much of the *débris*—the particles—contained in tubercle is the dead tissue of the lung itself? How does he imagine that the broken elements of the tissues, even ossific matter as he says, is conveyed along in the blood, and re-deposited as such in the lungs. He must excuse us for saying, that his explanation—there is too much effete matter in the blood, and it oozes out into the lungs—is more mysterious than the mystery it would solve. In our view it is simply absurd, because contrary to what pathology and physiology teach.

The excess of effete material which constitutes tubercle originates from opposite conditions—firstly, from mere luxuriance of growth, and consequent excessive waste; secondly, in deficient vital resistance of tissues; and thirdly, in a little of each of these. Having thus settled his theory, Dr. Timms on it founds his practical treatment. The first sort, sthenic phthisis, requires daily emetics and occasional venesections—"on a day when no emetic is used, eight or ten ounces of blood should be taken in a full stream." In a week's time another blood-letting, and if the blood be buffy another. Appropriate diet—oil, milk, etc.; antimonials and saline purgatives will, however, often render bleeding unnecessary. But there is nothing like emetics; "of all proposed remedies, the act of vomiting is, with, perhaps, the exception of salivation by mercury, the most penetrating to the innermost recesses of the body." Emetics loosen impacted tubercle, promote its expulsion, empty vomicæ, keep them empty, and so assist their cure. They are of use in all stages of the disease.

In the asthenic forms of phthisis, emetics, cod-liver oil, and suet, with opium and saline purgatives, are the chief remedies.

Such is a short outline of Dr. Timms' book. We believe that he has worked well and conscientiously at the subject. His chapter on the symptoms of the disease shows this; and he appears to have a conviction as he writes of the truth of all he states. We regret, therefore, that we cannot praise his pathology, or accept the peculiarities of his treatment. What there is good in the treatment seems to be the good which all of us practise daily. Emetics we know are a very old remedy; and about ten or twelve years ago Dr. Burslem (we think) wrote a book expressly to prove their utility; but his reasonings have not satisfied the Profession up to this time. Dr. Timms also surely knows that all the Medical world admits the possibility of the healing up of a cavity. He has surely seen Professor Bennett's work on this point. Surely, again, every Medical tyro admits, now-a-days, that to cure phthisis is curing the cause which provokes the tubercular deposit. Who is so ignorant in the Profession as in treatment to direct his remedies simply to the removal of the tubercular deposit? Dr. Timms keeps quoting Andral on this point. He forgets that all the world has got beyond that sort of pathology.

There is one sentiment of our author's in which we fully agree, and it is this:—"It is this consideration which makes it of such importance not to yield to the seductions of the imagination, and our duty to oppose dogmatic assertions or descriptions, which, however plausible, are not supported by some sort of proof." (P. 141.)

Queen's Hospital, Birmingham.—The election of two Surgeons-Accoucheur to the Queen's Hospital, took place on the 11th inst., under the presidency of Thomas Lloyd, Esq., Mayor, who occupied the chair at the Town-hall, Birmingham. The polling continued from one till four o'clock, and the report of the scrutineers was for Dr. Suckling, 63; Mr. Clay, 41; Dr. Hinds, 26; Mr. White, 18. The Mayor thereupon declared Dr. Suckling and Mr. Clay duly elected. Mr. W. J. B. Scott being called to the chair, a cordial vote of thanks to his Worship for his impartial conduct in the chair, was carried with acclamation.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON IODINE INJECTIONS IN OVARIAN CYSTS.

By Professor SCUH.

The primary action of iodine injections on ovarian cysts is remarkably variable; and that not only according to the quantity and dilution of the tincture, the amount of the still remaining contents of the cyst, and the peculiarities of the individual, but also according to the condition of the cyst itself as regards its thickness, solidity, its connections with surrounding parts, its surface, and the abundance or scarcity of the supply of vessels,—leading to the greater or less stimulation of the cyst, and hastening or delaying the passage of the injected material into the blood, as well as its influence on the nervous system. The peculiarities of the walls of the cyst due to their permeability and their capability of exosmose and endosmose, cannot be determined beforehand with any exactitude not only in different patients, but even in the same patient, in case of repetition of the injections,—changes being determined in the texture of the sac which cannot be appreciated. A certain quantity of the tincture, which on the first occasion scarcely exerted any local or general influence whatever, may on a repetition of the injection give rise to the most violent and dangerous symptoms. This is the more extraordinary because the same disparity of effect is not observed in other affections in which iodine injections are employed, *e.g.* ascites, abscess, thyroid cysts, enlarged bursæ, etc.

The author has studied the primary effects of injections on fifteen occasions. Sometimes there is no pain or tenderness on pressure; or if the latter exists to some extent, it only lasts for a day or two, the iodine freely passing into the urine from the commencement. Sometimes severe pain is produced at the time of the injection, which persists with exacerbation, or it only first comes on some time after the operation. At the same time a great change in the general condition is noticed,—restlessness, vomiting, sleeplessness, faintness, and rapidity of pulse being among the symptoms. In some cases, the pulse remains unchanged, but great alteration has taken place in the countenance. In other instances the pulse is very small and feeble, as well as rapid, the extremities are cold, and consciousness is temporarily lost,—alarming symptoms that may continue for several hours or a day, and then gradually cease. Not only is iodine found in the urine a few minutes after injection, but likewise in the saliva and in the vomited matters; this iodine reaction being exhibited for from four to twelve days, although the other symptoms have usually terminated earlier. In some cases the primary influence seems to be expended on the cyst and its vicinity, since great pain and tenderness arise, to be followed by shivering and heat, indicating either suppurative inflammation of the cyst, or the development of a dangerous peritonitis. There can be no doubt that the symptoms of poisoning above mentioned, arise chiefly from the rapid passage of the iodine into the blood; but although the nervous system may be principally affected through this, its becoming so so rapidly in some cases, also indicates a primary action of the iodine upon it.

The *indication for the iodine injection* is the existence of an unilocular globular cyst which has not reached too great a size, having but thin walls, presenting an equal resistance at all points, and containing thin, serous fluid. In order the better to judge of these points, a preliminary puncture of the cyst should always be made, discharging the contents as far as possible. The manner in which this preliminary puncture is borne,—*i.e.* with respect to the amount of irritation produced,—will give some idea as to the quantity and concentration of the fluid which is to be hereafter injected. This injection should be proceeded with as soon as the fluid has collected again in sufficient quantity for a puncture to be made without risk of injury to the intestines, it being by no means desirable to wait until the tumour has reacquired its former volume. When after the preliminary puncture a large mass is still left behind, we may conclude either that the walls of the cyst are thick and vascular, that there are multiple cysts, that there are villous or other pediculated

growths from the inner wall, or that the cyst is interwoven with fibrous or other parenchymatous structure. These circumstances diminish greatly the chance of success, or they prohibit the performance of the injection. In some rare cases, indeed, in which two or three cysts have existed the injection of the largest of these has sufficed for a cure, the iodine through the operation of endosmose or exosmose exerting its influence upon the smaller cysts; or the smaller cysts having become perforated through the larger, the remedy thus gains access to all. But upon such exceptional instances the Surgeon cannot count. In very large cysts, by which great traction of the viscera, dyspnœa, etc., have been induced, and in cysts exhibiting irregularities of surface and indurations, which may arise from the aggregation of numerous cysts, or from the presence of fibrous, carcinomatous, or other degenerated masses, the idea of the injection should be entirely abandoned. It would only lead to a more rapid growth, or give rise to suppurative inflammation. When the puncture gives issue to a thick, almost gelatinous, fluid, this indicates a condition of the walls of the cysts not easily influenced by iodine. It is very rare for such fluid to become thinner and more serous on subsequent punctures.

The fluid to be injected should amount to from two to six ounces, consisting of tincture of iodine diluted by from one to eight parts of water, adding a scruple of iodide of potassium. As the extent of its stimulating power cannot be always foreseen, it is best, especially on the first occasion, and when the cyst has been nearly emptied, not to employ it too concentrated. The desirableness of preventing the access of air during the injection is obvious: and the canula and tube affixed to the syringe are best made of platinum, this being the metal upon which iodine exerts least action. The fluid is not to be allowed to run out again; but should very severe pains follow immediately after the injection, some water should be thrown in, in order to effect dilution. The stimulation of the cyst by the iodine usually leads to an inflammation which is limited to the walls of the cyst. The serous exudation is increased, and the tumour in a few days reacquires the size it had prior to the operation. After then the size again gradually diminishes, and it is a very favourable sign when with such diminution in size an increase of resistance or an actual induration is perceived. This latter condition is due to the coagulation of albuminous matters induced by the iodine, and these are often so thick that a repetition of the puncture at this period gives issue to no fluid, or only a very small quantity. After weeks or even months further changes take place, in virtue of which the coagula disappear, and the contents of the sac again become serous. As long as any diminution in the size of the tumour is observed, however slow in progress this may be, no repetition of the operation should take place; nor should such repetition be put into force as long as any considerable tenderness on pressure remains. It is indicated when the inflammatory condition has been quite transitory; and when the enlargement takes on an increase or remains completely stationary for longer than six weeks. In some cases the repetition may be necessary from two to six times. When from the entrance of air, or other cause, foul suppuration, with extrication of gas, is engendered, and there is tenderness on pressure, fever and loss of strength, a simple puncture should be made and a catheter left in or the aperture enlarged. In all such cases a most careful cleansing of the cavity by means of repeated injections of water or decoction of bark should be effected. It has been said that by repeated iodine injections the contents of a cyst may be converted from a purulent to a serous fluid; but in this statement the author puts no trust, a similar result never being produced by injection of abscesses.

The statistics of the results of iodine injection are given very differently by different authors. This seems to have arisen more from the mode in which the cases were chosen, and the degree of exactitude with which they were reported, than from trifling differences in the operative procedure. The author can only speak personally respecting six cases for which fifteen injections were employed. In only one of these did complete recovery take place, and that after a second injection. It was the only one of the six which united all the conditions necessary to secure a favourable issue. In a second case the cyst was bilocular, and a slight diminution of its size only resulted from five injections. The others were multilocular cysts, or the cysts contained a thick, gelatinous fluid—constituting cases which were, according to the author's present conviction, unsuited for iodine injection. In two of them no essential change was produced, and in the others the end of the patient seemed to have been hastened, partly through the speedy repetition of the operation, and partly through suppurative inflammation and peritonitis being induced.—*Zeitschrift der Aerzte zu Wien*, 1859, No. 48.

GENERAL CORRESPONDENCE.

CONVALESCENT LUNATICS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I entirely agree with the tenor of your remarks upon Mr. Gaskell's suggestions respecting the supply of asylum accommodation for the middle classes, and the necessity of providing some arrangement, whereby patients, when discharged from the asylums, may be subjected to an intelligent *surveillance* before their final liberation.

I had the honour, lately, to suggest to the consideration of some asylum superintendents, an arrangement, which, I think, might be made to meet this great want in our asylum economy. The plan suggested embraces two objects, viz. First. An occasional residence for those patients who might be benefitted by a change; and, secondly, a place of probation for convalescents, before their re-introduction into the outer world; and, I think, it might be also made to serve the purpose of a temporary asylum for incipient or suspected cases of insanity. All that is required is to open establishments here and there, which we may designate "Sanatoriums," "Porch Asylums," etc., they should be fitted up in a style as like the ordinary domestic life of the parties for whom they are intended, as the objects to be attained will allow. These houses should be in some attractive locality, where walks, drives, shooting, fishing, etc., can be obtained, in fact, they should be a sort of country lodgings or boarding houses, where pure air, health, and strength, may be obtained, and the restraint of the asylum gradually merge in the liberty due to confirmed sanity, under the eye of a trained Physician empowered to loosen or tighten the bonds of discipline according to the indications exhibited. My original suggestion was, that a number of asylums should combine to support such a dependency. Each, by an annual payment, to have the right to place in the house a certain number of patients, with the power of sending a succession of boarders for longer or shorter periods, so that a large number might enjoy the change throughout the year. I fancy there would be no more illegality about the transference of patients, than there is in the practice of some asylum Physicians, who hire a house or lodgings for a few weeks for their private patients, and send them away for change of air and scene, under the charge of attendants. The proposed establishments would be licensed by the Commissioners, and to them, instead of lodgings, the first class could be sent. The next class, the convalescents, ought to be retained in the asylums till fit for discharge, and, as a confirmatory measure, sent for two or three months to the "Porch" before final dismission; and to give further security, and relieve the Medical Officers from responsibility and unjust censure, one or more examiners, not connected with the establishment, should examine the patients, and order their discharge when satisfied of their complete recovery. The reception of the third class, viz. the incipient or suspected insane, would involve an extension of the law. It would be necessary to give power to relatives, relieving officers, etc. with (or without) a magistrate's order, and to magistrates who may have parties brought before them for breaches of the peace, to send suspected lunatics for a limited, definite period, say of two or three months, to the establishment, to be discharged at the expiration of that time, or sent to the asylum proper, according to recovery or otherwise.

If dipsomaniacs are to be included in the operation of these or of special establishments, and detained till their vile appetite is conquered, an incalculable amount of good would be effected at a cheap cost.

The power enjoyed by relatives and others to remove private patients at will from asylums, is a very dangerous one, requiring some modification. The interests of the insane and of the public would be sufficiently protected, if it were

unlawful to remove a patient, save in the case of transfer to another asylum, without the consent of the superintendent, or of two Medical men. If the "Porch Asylums" were in operation, the only legal door of exit would be through them, and much danger avoided. At present it often happens, in the case of private patients, that a mistaken affection, a foolish prejudice, or paucity of funds, determines the relatives to "try at home" some unhappy lunatic, who, when taken there, perhaps, becomes a suicide or murderer, or is brought back in a worse condition, the disease probably confirmed, and all hope of cure banished.

I believe that many an insane man and woman is hidden in injurious hiding, deprived of all chance of treatment, and doomed to hopeless disease in many instances, because their friends are too proud to acknowledge this disease in their families; but in more, because they have not the ability to pay the Asylum Board, and shrink from the help of the parish, bringing, as it does with it, the brand of "Pauper." Why should not the insane be the care of the State, as in other countries? This sad disease involves the loss of that which is dear to every British heart—of liberty; and it seems fitting that a free people should care tenderly for its afflicted ones thus deprived by disease of their birthright. Were it to do so, the perpetual struggle betwixt asylum authorities and parochial paymasters, for economy of cost, rather than cure or amelioration of disease, would cease,—for the working man would be saved from pauperism, the pauper would cease to be a pauper, and it would become the interest of all to place their lunatics as speedily as possible in circumstances where cure would be a probable issue. I do not propose that the State shall pay the cost of every lunatic, but only for those that would otherwise be paid for by the parish funds. The middle and higher class patients would be maintained in circumstances suited to their rank, by their own funds, or those of their friends, according to their ascertained ability.

I submit these suggestions with diffidence, to the consideration of those interested in this important subject, in the hope that it may receive at their hands that necessary preparation for Reform, viz. Agitation.

—— Asylum, June 5. I am, &c. MEDICUS.

MEDICAL TITLES.

[To the Editor of the Medical Times and Gazette.]

SIR,—The question of Medical titles, to which you have directed attention in your leader of Saturday last, is one no doubt of much importance, but it seems to me that too much has been already made of it, and that a molehill has been magnified into a mountain. If we could, by the simple prefix attached to a man's name, designate the kind of practice to which he devotes himself, no doubt a great point would be gained; but at present it is quite certain we cannot. We have Doctors of Medicine in abundance, who are practising as Surgeons, many of them dispensing their medicines; and the same remark applies to the numerous recently-made Licentiates of the Royal College of Physicians of Edinburgh. We have also Doctors of Medicine assuming the title of, and practising as Physicians, who belong to no College of Physicians at all; and although the number has been diminished during the past year, by the easy manner in which the London College has admitted University Graduates to its membership, yet many must still remain.

With regard to the assumption of titles I, for one, certainly differ from the author of the pamphlet, that the prefix "Dr." is synonymous with and implies either D.D., LL.D., M.D., etc., etc. I hold that every *bonâ fide* Physician, Fellow or Member of a College, practising as a Physician, is entitled to the prefix, for that the word Doctor is synonymous with Physician, and that he is as much entitled to put "Dr." before his name, as he is to put Physician. Whatever may have been the practice in Scotland, this prefix has always been taken by, and allowed to, the Physician of the London College; and the diploma he holds gives him the power, not only to practise, but to teach Medicine, and as such, entitles him to the designation of Doctor.

If the assertion of your correspondent is to be admitted, by what title are Bachelors of Medicine to be designated? It is quite clear that they are no more Doctors of Medicine than ungraduated Physicians. A large number of such graduates, who are also Fellows or Members of the London College, exist, who at present enjoy their title of "Dr." as well on account of their diploma as of the degree.

That every General Practitioner, because he has taken the licence of the Edinburgh College, should assume the title of "Dr." may probably be fairly objected to; but it must be borne in mind that the prefix is really one which does not denote any higher professional qualification, nor that the person using it is following any particular line of practice; it is therefore no guide for the public, and the Profession do not look to the prefix, but to the affix; and should those mystical letters not be in themselves sufficient to decide where the qualification is from, a reference to the Register or Directory soon settles the question. If the Medical Council should take up the question "Who is a Doctor?" which is very improbable, as not coming within their province, there will be another question they will have to settle, viz. "Who is a Physician?" Doubtless many will hold that the Doctor of Medicine is no more a Physician than is the Physician a Doctor of Medicine. That the London College, in creating a new order of Licentiates, should distinctly state the terms on which the Licence is to be granted, is highly to be commended, and that the Licentiates should not be allowed to take the title of Physician will be approved by the Profession. The College will still have its higher grade of men, who will be essentially Physicians, which the Licentiates will not be.

I am, &c. MEDICUS.

ON THE TRUE LEPROSY.

LETTER FROM MR. NOURSE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I cannot but think your correspondent, Dr. Hobson, to be in error, in asserting that the *spedalskhed* of Norway is a disease distinct from the true ancient leprosy. His description of leprosy as observed by him in China precisely tallies with the account of it given by the best observers of the Norwegian type, the "tubercular form" of which commences, after certain feelings of indisposition, with an eruption of patches, sometimes on the face, sometimes on the extremities, sometimes over the whole body. These patches vary in colour from a crimson red to a deep dusky brown, and in size from that of a silver penny to that of a crown-piece; are of roundish form, and are a little elevated above the rest of the skin, appearing slightly tumified, and feeling thickened. The appearances are well delineated in Danielssen and Boeck's plates in my possession, as I shall be happy to show to Dr. Hobson whenever he is in Brighton, or to any gentleman interested in the subject. I saw a case of the disease in this very stage in London some years ago, and the appearances exactly answered to Dr. Hobson's description. The patient was an English sailor, and had been previously stopping at Bergen in Norway for some months, where he had no doubt partly lived as the natives do there.

This being the case, it is clearly also an error to consider leprosy a disease of hot climates; for, if it be so, how came it in England, Ireland, Scotland, and the Isles, to say nothing of its present existence in Norway and Iceland? How came it in Faröe? Its prevalence in the south of China, and absence in the north, is probably due to some local causes, and can no more warrant the conclusion that leprosy is a disease of warm climates, than the prevalence of it within the Bergen Stift, and the comparative freedom from it of other parts of Norway, could justify any other generalisation drawn from so limited a field.

I am, &c.

WM. E. C. NOURSE, F.R.C.S.

11, Old Steine, Brighton.

DETACHMENT OF THE PLACENTA.

LETTER FROM DR. LOWES.

[To the Editor of the Medical Times and Gazette.]

SIR,—I send you an account of a case of partial detachment of the placenta, in the eighth month, without much external hæmorrhage, causing death.

I am, &c. FRED. J. LOWES, M.D.

Anglesey, near Gosport, June 11.

Mrs. W., aged 41, the mother of eight children (had entered the eighth month of her ninth pregnancy), awoke suddenly about 4 a.m., on the morning of January 17 last, complaining of great pain in the abdomen, faintness, accompanied by extreme cold, and shivering. These symptoms having continued for some time, induced her husband to call in the aid of a Medical gentleman residing in the neighbourhood, who administered to her a sedative draught combined with ammonia. This appeared to relieve the symptoms and quiet her for a time; but, shortly afterwards, she discovered that there was a slight discharge of blood from the vagina. The coldness and occasional faintness still continued, for which the nurse had administered a little gin and water, after which she appeared to rally a little. About 10 a.m. I was sent for, and saw her about half-an-hour after. I found her in a state of extreme exhaustion and collapse, the pulse thready and scarcely perceptible, great nervous tremor. She was able to speak to me, and was quite collected. I made an examination and found the os uteri dilated to the size of a fourpenny piece. There was still a slight discharge of blood, but apparently very little had been lost from the state of her night dress and bed clothes. I immediately despatched her husband for some brandy, as she appeared to be fast sinking. She was just able to drink some, diluted with water, but died in less than ten minutes afterwards. On the following day I made a post-mortem examination in conjunction with another Medical gentleman. The body appeared perfectly bleached, like a person who had died from hæmorrhage. The viscera were healthy. The uterus on being opened contained a fœtus about the size of one at the eighth month of gestation. At the anterior part of the fundus of the uterus there was a considerable quantity of coagulated blood, as much as would fill a quart measure; this was caused by partial detachment of the placenta. The quantity found would have been scarcely sufficient to have caused death had she been a robust person, but being naturally delicate, and having undergone much fatigue a day or two previously, would sufficiently account for so speedy and fatal a termination.

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, June 6, 1860.

Dr. Rigby, President, in the Chair.

Dr. Routh exhibited a specimen of

HYDATIDIFORM BODIES FROM THE UTERUS.

The history of the case was as follows:—Mrs. B———, aged thirty-five, a laundress, consulted Dr. Routh on the 22nd of March, suffering from menorrhagia, with slight procidentia. She had weaned her child on the 15th of July last, on the day preceding which the catamenia occurred. They did not again recur till the beginning of October. She, however, believed herself pregnant. The discharge persisted, off and on, till the time when she sought advice, never ceasing for longer than four days at a time. On the 1st of May she was examined; diagnosis—a blighted ovum of two or three months. She miscarried the next day, Dr. Clark, of Adelaide-terrace, Notting-hill, attended her. There was a good deal of hæmorrhage. A large number of hydatidform bodies escaped during the miscarriage; and a considerable number were found, as usual, attached by small pedicles to the membranes; these were of a pinkish hue, and contained an albuminous fluid of an acid nature. The case did well.

Dr. Graily Hewitt exhibited, for Dr. R. Uvedale West, of Alford, an

ENORMOUS FIBROUS TUMOUR OF THE UTERUS.

The patient, a married woman, aged fifty-three, died from hæmorrhage. The tumour had existed for nine or ten years. Menstruation had been profuse, though somewhat irregular, up to a year ago, when it ceased. The tumour, connected, but not very intimately, with the cervical part of the uterus, and of an irregularly globular shape, measured forty-two inches in circumference, and sixteen in diameter; it weighed forty-two pounds. On examining the tumour, Dr. Graily Hewitt had ascertained that its structure was that ordinarily found in fibrous growths connected with the uterus. The vagina appeared to have been drawn upwards and narrowed considerably, so much so that the os uteri could not be reached by the finger. It seemed probable that the fatal hæmorrhage resulted from rupture of one of the very large vessels which passed into the pedicle of the tumour, and which lay close to the vaginal wall.

Dr. Graily Hewitt also exhibited two other specimens of

FIBROUS TUMOUR OF THE UTERUS,

In each of which several tumours were attached to the uterus by pedicles of varying length. These latter specimens were exhibited for the purpose of showing the extent to which tumours originated in the uterus were occasionally separated from that viscus.

Dr. Tanner exhibited specimens of

TWO FŒTAL MONSTERS.

The first specimen which Dr. Tanner exhibited was an excellent example of a double monster. In this obstetrical curiosity all the parts were in duplicate, with the exception of the thoracic and abdominal cavities and their contents. The organs of generation—those of a female—were complete in each infant. There was one umbilical cord and placenta. After some observations on the origin of these bodies, attention was directed to the second case, which proved to be a good example of congenital umbilical hernia. The fissure in the abdominal parietes, though large, was seen to be limited to the epigastric region above the umbilical cord. This is just the part which naturally remains the longest open; but in the present instance an arrest of development had prevented the closure at that stage when a portion of the abdominal viscera is contained in the sheath of the umbilical cord. Below the umbilical region the integuments were in a healthy condition. The hernial sac had been formed of two coats—that is to say, externally by the amnion, and internally by the peritoneum. They had ruptured, so that the contents of the hernia were shown to have consisted of the intestines and liver, while at the upper part was the heart.

CYSTIC WITH MALIGNANT DISEASE OF THE OVARY.

Dr. Priestley exhibited an ovarian tumour removed from the body of a patient who had died in the Samaritan Hospital with all the symptoms of peritonitis caused by perforation. The tumour was united at its inferior portion with the posterior surface of the uterus. Here was a quantity of deposit, supposed to be of a cancerous nature, which was breaking down into the peritoneal cavity, and had effected an opening into the bowel. The intestines were glued together by recent lymph, and the interior of the largest ovarian cyst was lined by beautiful meshes of the same material. He considered a further examination necessary to determine if the softened deposit were really cancerous.

A paper, by Dr. W. Tilbury Fox, was read on

PHLEGMASIA DOLENS.

The paper commenced with the statement that the general prevailing opinion that phlegmasia dolens was a disease dependent upon inflammatory changes (the result of local or general causes) in the vessels was too limited. The author passed in review the various states in which phlegmasia dolens occurred, viz.:—1. As the sole local disease—ex., after abortion, removal of polypi, etc. 2. As part of a general disease, (*a*) either of virus origin—ex., puerperal fever, erysipelas, dysentery, etc.; (*b*) or abnormal nutrition—ex., cancer, phthisis, etc. 3. As complicating other local diseases—ex., iliac abscess, dislocations, suppressed menstruation, etc. A principle was then noted, clearly defined, upon which its evolution depends—namely, the existence of obstructive disease in both veins and lymphatics. The causes of this obstruction might be ranked as extrinsic and intrinsic in regard to the vessels; the extrinsic being compressed under the head of pressure from without; the intrinsic, all producing coagulation, being subdivided under the heads of —1. True phlebitis conjoined with angeioleucitis. 2. Thrombosis. 3. A mixture of these twain. 4. Preternatural coag-

ulability of the blood doubtful (merely a favourable condition). The main point insisted upon was that phlegmasia dolens, except in its epidemic form, is in the majority of cases a pure thrombus, produced by sudden absorption of morbid fluid, the (compensating) effect of sudden loss; the class of cases in which it occurs—viz. diseases accompanied by breach of surface—ex., after labour, cancer, phthisis, dysentery, after removal of polypi, being especially favourable to such an occurrence. This mode of production applies equally well to many cases of œdema, which pressure leaves unexplained, the difference between the two cases being that in phlegmasia dolens the lymphatics are involved in addition to the veins.

The PRESIDENT observed that the subject of phlegmasia dolens was one of considerable extent and intricacy. The peculiar tense swelling of a limb known by this name occurred under different pathological forms, and arose from different causes. In some cases it arose from venous, in others from lymphatic, obstruction. He had lately seen a case of phlegmasia dolens affecting the arm of a patient with a remarkably feeble circulation, although a fine healthy woman to look at. It was precisely one of those cases of coagulation in the veins which Dr. Humphry, of Cambridge, had lately described in his excellent paper. He had followed Dr. Humphry's practice of giving ammonia for the purpose of dissolving or breaking down these coagula, and in the present instance had combined it with bark with the best effects. He had also lately seen a singular case, in a man of temperate habits, not only affecting the right arm so that he could scarcely put it into a sling, from the impossibility of bending it, but implicating also both sides of the neck and face. He had availed himself of Dr. Burrows' great experience, who, after a careful examination of the case, and having ascertained the absence of sound on percussion and auscultation over a circumscribed space corresponding to the anterior mediastinum, had diagnosed the presence of some malignant disease in that direction, which had compressed some of the large venous trunks. He could not help thinking that the rapid and enormous swelling from venous congestion which followed the bite of a venemous snake was in great measure due to the coagulation of blood in the veins of the bitten part. There could be no doubt that phlegmasia dolens was frequently caused by the absorption of putrid matter, as seen after labour and occasionally after malignant disease of the uterus. In this latter case it never occurred while the patient had strength to sit up and walk about; but when the advance of the disease confined her to the horizontal posture, the putrid discharges collected in the vagina, and absorption was apt to follow.

Dr. GRAILY HEWITT had devoted considerable attention to the subject treated of in Dr. Fox's elaborate paper. There were two questions for solution—the one being the *nature* of the pathological changes which take place in phlegmasia dolens; and the other the *cause* of these changes. With reference to the nature of the changes observed, he conceived that they consisted in coagulation of the blood within the veins, alone, and he could not admit that the lymphatics were primarily or necessarily affected. The arguments used by the author, on this point, did not appear to him by any means convincing: the fact that phlegmasia dolens had not been observed in certain cases of obliteration of the lower cava, did not of necessity support the view of the question put forward by the author. The appearances presented were due to coagulation in the veins, and almost complete obstruction to the circulation. These changes were now known, chiefly in consequence of the researches of Virchow, to be due, not to phlebitis, but to coagulation. Then as to the cause of the coagulation, the author had, he believed, correctly, as well as ingeniously, explained that it might be produced by the action of septic matter introduced into the cavity of the veins; but he would himself explain the occurrence of coagulation in the veins in that series of cases, or certainly a large proportion of them, coming under the notice of Practitioners in midwifery, in another way. Two years ago he had published in the *Lancet* some remarks "On Coagula formed in the Veins during the Puerperal State," and of several causes there alluded to as leading to the coagulation in question, he would now refer only to two—one of these being deficient contraction of the uterus after delivery; and the other, the occurrence of hæmorrhage. The influence of deficient contraction was very important. The uterine sinuses remaining patent were necessarily filled with coagula, and these coagula, of small size normally, were, in cases of deficient contraction, much larger. The coagulation spread upwards from these nuclei, and, when the iliac veins became invaded, the phlegmasia dolens occurred. The existence of these large, loose coagula, he would remark, also favoured the introduction of septic matter. Then, again, in cases of hæmorrhage, the tendency to the occurrence of coagulation in the veins was, as he had endeavoured to explain, increased; but he believed that this resulted rather from the loss of contractile power in the uterus, the effect of the hæmorrhage, than from absorption of septic matters. Hæmorrhage, undoubtedly, favoured absorption, although, perhaps, not to the extent insisted on by the author. The recognition of the effect of imperfect contraction of the uterus in inducing coagulation, he conceived to be of great importance in practice; and he believed that phlegmasia dolens would be rarely observed if steps were always taken to secure due contraction of the organ after delivery.

(To be continued.)

PROSECUTIONS UNDER THE MEDICAL ACT.

BROWNE *v.* CAREW.

Edward J. Carew, of Academy-street; Robert Johnston, of Durham-street; and Michael M'Cloy, Divis-street; were summoned by Surgeon Browne, at the instance of the Ulster Medical Protective Association, "for having on the 3rd of May last, at Belfast, wilfully and falsely pretended to be Practitioners in Medicine and Physicians, and that they did supply, and prescribe and supply, medicine contrary to the 21st and 22nd Vic., cap. xc."

Mr. J. M. Thompson (barrister), with Mr. Sceds, appeared for the prosecution, and Mr. M'Lean for the defence.

Surgeon Browne, Secretary, and Dr. Patterson, Treasurer of the Ulster Medical Protective Association, attended to watch the proceedings on behalf of that body.

The case of Carew was the first called on.

Mr. Thompson stated that the case for the prosecution, detailing the charges brought against the defendants, and remarking upon the seriousness of the offences as affecting not only the Profession as a body, but the community at large. He also explained the nature of the Act of Parliament under which the prosecution had been brought, and contended that the defendant, by not being entered on the Medical Register violated the provisions of that Act.

Constable Cairns, examined by Mr. Thompson: On May 3 I went to the residence of the defendant, 17, Academy-street. I had previously seen bills of his on walls through the town. When I went into the shop I asked a woman could I see the doctor. She went up stairs and sent the defendant down to me. On seeing him I asked if he were the doctor? and he said he was. I told him I had got a very severe cough and a pain in the chest. He opened a door, and told me to go into a little room where there was a lot of empty bottles. He then told me to loose my breast, and he made one of those telescopes (stethoscopes) with an old account-book. (Laughter) He put it to my chest and applied his ear to it. (Renewed laughter.) After talking a lot of "bladders and nonsense" about having got £5 for curing parties in Newtownards, and £100 from the late Marquis of Waterford for Medical treatment, he told me I was like a big tree that had grown up without any substance in me. (Great laughter.) I told him I had been with Dr. Corry, and he said, "Corry is no Doctor at all"—and that he (Carew) had just got three of his patients that week, for whom Dr. Corry could do nothing, but who were now getting on well under his treatment. He also stated that before he dirtied paper with ink his charge was £5 to a gentleman. I told him I was no gentleman, and he replied that his lowest charge was £1 for a man like me. I told him I had not so much as £1. I gave him 10s. and he gave me credit for the other 10s., which I was to pay him when he would cure me. He said he could not make that bargain with me, but that the sooner I would give him the other ten shillings the better it would be for myself. I was then to give him 5s. the following Saturday, and the other 5s. in the week after. He said there was no mistake but that he would cure me once he took it on hands. He said I wanted "new machinery"—(laughter)—and observed "that there were as many diseases following a man as there were hairs on his head, and that it took a smart man like him

to know six of them at a time." He further stated that there had been three of the foremost doctors in Belfast with him that day getting information from him about curing their patients, and that he would give them none because they understood nothing about his mode of curing. He gave me a little pill about the size of a pickle of hempseed, and a spoonful of liquid, which I took. I told him I was a stranger in town, and that I had seen his bills on the corner. I asked him if he had any in the house. He said he had and gave me one. He gave me this handbill. [This handbill informs the public of the efficacy of Mr. Carew's cures; that his consulting department was conducted by "a regularly-qualified Medical Practitioner;" and that he charged according to the nature of the case and the means of the party.] The defendant told me that he gave a man £10 a-year for posting up those bills. I asked him would the medicine do me any good that night; and he said that I must go to him for three days running, and "every other day" till I was cured. I told him I wished a receipt for the 10s. lest my mother might think I had gone on the spree. He then gave me the following:—"I have this day received 10s. from Mr. Thomas Cairns for a cure of a chest affection.—3rd May, 1860. E. J. Carew." He told me he was the Doctor when I went into the shop.

Cross-examined by Mr. M'Lean: When I said I was from the country, and a stranger in Belfast, it was a lie. When I said I got the 10s. from my mother it was a lie. It was Inspector M'Ilroy sent me to Mr. Carew's establishment. He did not tell me to tell the lies. He told me not to let Mr. Carew know that I was a constable. Inspector M'Ilroy gave me the 10s. I did not know who got M'Ilroy to act in the case. I was bound to obey him.

Mr. Thompson: I now tender the Medical Register as evidence. According to the Act of Parliament it was evidence in the case, and the defendant is bound to show that his name is in it or ought to be in it.

Mr. Lyons: Prove it before you tender it as evidence.

Mr. Thompson said that they did not require to prove it; the words of the Act were—"Purporting to be a copy." What he handed in purported to be a printed copy, published by authority.

Mr. M'Lean contended that it was necessary to prove it as in the case of any document coming out of the hands of the officer of a court. The Secretary of the Medical Association in Dublin held the original list, and a copy of that should be signed by him, and it would then be very necessary, under the Act, for some one in Belfast to prove the handwriting.

Mr. Dunville thought the words "purporting to be a copy" set the matter at rest.

Mr. Lyons said they would receive it as evidence.

Mr. M'Lean said his next point was that, according to law, any information should set forth the time and place, when and where, the alleged offence was committed. The information of Surgeon Browne only set forth the time and residence of Mr. Carew, but did not say where the offence had been committed. He therefore called on the Bench to dismiss the case.

Mr. Lyons said that would have been a good point if made before the evidence had been given; but the evidence made up for the want in the information.

Mr. M'Lean said he then came to his defence. He had only to hand in a certificate or diploma from the Apothecaries' Hall, Dublin, in order to show that the defendant was properly qualified; and he would examine Medical gentlemen in court to prove that it was a proper certificate or diploma.

Surgeon Browne, examined by Mr. M'Lean: I could not tell if this [document handed witness] is a certificate of the Apothecaries' Hall, Dublin.

Dr. Patterson, examined by Mr. M'Lean: I could not say that it is a certificate of the Apothecaries' Hall, Dublin. Perhaps Professor Ferguson could.

Professor Ferguson, examined by Mr. M'Lean: My opinion is that this is a diploma of the Apothecaries' Hall, Dublin. It is in the name of "Edward J. Carrooe."

Mr. Lyons: What date?

Witness: It is dated 1834.

Mr. Lyons: There has been no evidence given yet as to the man's name.

Mr. M'Lean: I intended to raise that point, but I will now prove that the defendant is the gentleman named in this diploma.

Surgeon Browne, examined by Mr. M'Lean: He had corresponded with the secretary of the Apothecaries' Hall, Dublin, in relation to this matter, and received a letter saying that "Edward J. Carew" was the same individual who had received a diploma from that hall in 1834 as "Edward J. Carrooe."

Mr. M'Lean said they had the opinion of a late Attorney-General that any gentleman holding a diploma from the Apothecaries' Hall, Dublin, could practise in Medicine in any part of her Majesty's dominions.

Mr. Lyons: But show us that Mr. Carew is registered under the Act.

Mr. M'Lean contended that it was not compulsory on any gentleman to register; but he could not recover fees in a civil court unless he had registered.

Mr. Lyons held that the defendant, having set himself forth in the printed bill which he gave Cairns as "a duly-qualified practitioner," was bound to register, or to suffer the penalty if he practised.

After some discussion as to this legal point,

The defendant said he would register properly under the Act.

Surgeon Browne said that was all they wanted.

The Bench then postponed judgment for one month in order to allow the defendant to register.

BROWNE *v.* M'CLOY.

Mr. Seeds said the defendant had left the town, and they would withdraw the case.

BROWNE *v.* JOHNSTON.

Mr. Thompson said, inasmuch as the law had been vindicated, they would withdraw this case also.

Mr. Seeds: Or let it be dismissed.

Mr. Carew said it was a hard thing that they should prosecute a man who had a diploma and let others off. He also wished to know if he would not be allowed his costs.

Mr. Lyons said the Bench had postponed the case for a month, and if, in the meantime, the defendant did not register himself, they would give the complainant full costs.

The Court shortly after adjourned.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

CRIMINAL LUNATICS.

Sir G. C. Lewis obtained leave to bring in a bill to make better provision for the care and custody of criminal lunatics.

The bill was brought forward and read a first time.

PROGRESS OF INTEMPERANCE.

Lord Brougham presented petitions from Bradford and Salford, signed by several thousands of persons interested in the dissemination of temperance and education. The petitioners expressed their great distress of mind at finding all their efforts to spread education met at every step by the great demon of Intemperance, and much regretted that Parliament in both Houses should appear to encourage it by sanctioning such measures as the Wine Licences Bill, which authorised the sale of wines and other intoxicating liquors in places that would not be subject to the same restrictions as the present beer-houses.

OBITUARY.

MR. POYSER, OF WIRKSWORTH.

We are sorry to announce the death of Thomas Poyser, Esq., F.R.C.S., of Wirksworth, which took place on Monday, June 11, after a very brief illness. For fifty years Mr. Poyser had been the leading Practitioner at Wirksworth, and the adjoining district of Derbyshire. His mind was highly cultivated, and his extensive reading, added to his great experience enabled him to bring to bear upon his Profession, all the known resources of our art. He had seen much and thought much, and has left valuable practical information in

two ably-written papers which appeared in the *London Journal of Medicine* "Cases and Dissections chiefly in reference to the Uncertainty of Diagnosis," and "Illustrations of the Difficulties which beset some Cases of Disease." His kindness of heart, cheerful disposition and warmth of friendship endeared Mr. Poyser to all who knew him; and it is no figure of speech to say that by a wide circle his loss will be long and deeply regretted.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora held on Friday, June 8, the following Members of the College were *admitted* into the Fellowship:—

Balfour, Thomas Graham, M.D., Sumner-place, Onslow-square
Bryson, Alexander, M.D., Barnes, Surrey
Brown-Séquard, Charles E., M.D., Wimpole-street
Cooper, Sir Henry, M.D., Hull
Davies, William, M.D., Bath
Evans, Thomas, M.D., Gloucester
Goodeve, Henry Hurry, M.D., Stoke Bishop, near Bristol
Headland, Frederick William, M.D., Margaret-street, Cavendish-sq.
Morehead, Charles, M.D., Bombay
Ranking, William Harcourt, L.M. Cantab., Norwich
Tyacke, Nicholas, M.D., Chichester

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations, received their diplomas in Dental Surgery at a meeting of the Board on the June 13, viz.:—

Allen, Frederick Charles, Gloucester-gardens, Camden-road-villas
Bell, James, Blackfriars-street, Perth
Chisholm, John Knox, Queen-street, Edinburgh
* Corbett, Daniel, Clare-street, Dublin
De Lessert, Charles, Waterloo-road, Wolverhampton
Lindsey, John Burke, Castle-street, Dover
* Penny, George Stothert, Rodney-terrace, Cheltenham
Ransom, Robert, Verulam-place, St. Leonard's-on-Sea
Tweed, Edward Hope, Brook-street, Hanover-square
Vizard, Edward, St. Nicholas-street, Scarborough
* Walker, Joseph, Holles-street, Cavendish-square
Wonfor, William Henry, Sackville-street

Gentlemen marked thus (*) are Members of the College.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, June 7:—

Barnes, William Edgar Grose, Newbury
Butler, Thomas M., Guildford
Carmichael, John Richard, Blythe, Northumberland
Clift, George, Redruth Cornwall
Corin, William John, Redruth, Cornwall
Hudson, Robinson, Bishopwearmouth
Tofts, Henry, Cambridge
Williams, Evan Evans, Llandyssil, near Carmarthen

The following gentlemen also on the same day passed their First Examination:—

Dooley, William, Liverpool
Edwards, Walter, Bampton, Devon
Skrimshire, William Truscott, Sloane-street

For an Assistant:—

Rawcliffe, John Lingard, Meltham

DEATHS.

BUCHANAN.—June 4, at No. 14, Lyndoch-crescent, Glasgow, Moses Steven Buchanan, M.D. Univ. Edin.; F.F.P.S. Glasgow.

COSGRAVE.—May 1, at Shippingford, Beaver County, U. S. America, Maurice Cosgrave, M.D. aged 34.

GORDON.—March 11, at his residence near East Geelong, John Gordon, Surgeon, fourth son of the late George Gordon Esq., of Bankfoot, Prestonpans, N.B.

ORMEROD.—June 10, at Canterbury, William P. Ormerod, F.R.C.S.

ON the 7th inst. the degree of M.D. was bestowed upon C. C. Ingram, Trinity College, Cambridge.

THE President and Fellows of the Royal College of Surgeons, Edinburgh, entertained the Medical officers of the Channel fleet at dinner in the Hopetoun-rooms, Queen-street, on Tuesday night.

M. GOUGET, an *externe* of the Hôpital St. Eugénie, died lately from malignant angina, which he had contracted in attending upon the sick children there. He was carried off in six days.

JOHN HUNTER.—A meeting of the Hunterian Committee was held on Wednesday, the 6th inst., at the College of Surgeons, when it was decided that the execution of the statue of the great John Hunter should be intrusted to Mr. H. Weekes, A.R.A.; and that, when completed, it should be placed in the Museum of the College.

TWO Persians have recently passed their examinations at Paris and obtained degrees as Doctors of Medicine. It is said that they are the first of their countrymen who have gained scientific honours in Europe. There are eighteen Persian students now in the municipal college of Dieppe, and twelve more studying in Paris with a view to some profession.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia Majora held on Saturday, June 9, Dr. Burrows was elected the Representative of the College in the General Council of Medical Education and Registration, in the room of Dr. Watson resigned.

DR. FALCONER, of Bath, has published a report of forty-nine cases of different diseases treated by him at the Mineral Water Hospital, Bath. His report is valuable, because it gives the result of all the cases treated, not merely the successful cases. Dr. Falconer says "that the Bath waters possess healing powers of a very valuable kind, but they have of late years not been regarded so highly as they ought to be. I have endeavoured, by carefully reporting their effects, whether beneficial or otherwise, which have come under my own observation, to supply materials for consideration, and thus enable others to judge of their powers, and to decide what amount of confidence is to be placed in their remedial properties, uninfluenced by any local or personal prejudice which might be believed to exist."

VACCINATION.—"It is said that the source of cowpox has been discovered almost by accident in the purulent matter of a disease to which horses are liable, and which is known here as water on the legs. One of these horses having been taken to the Veterinary College at Toulouse, the professor, M. Lafosse, recognised the malady as the source referred to by Jenner, caused a cow to be inoculated with the matter, and was rewarded by soon seeing the vaccine pustules. The produce of the latter has since been tried on several children, under the supervision of the Medical officers of Toulouse, and the success is reported as complete. A commission has been appointed to follow out the subject, and it will be a fitting completion of the great work of our countryman Jenner if it should really appear that the source of vaccine indicated by him has been discovered by our neighbours, who hold his name in the highest rank of honour. Hervey, Jenner, and Bell are the three English gods of the temple of Æseulapius here."

TOADS LIVING WHEN SHUT UP IN PLAISTER FOR YEARS.—M. Seguin, wishing to ascertain what amount of truth there is in the marvellous tales told of batrachians being found living within the substance of stones, has undertaken some experiments upon the matter. He enclosed some toads very firmly in plaister, and left them for years in the middle of these blocks of factitious stone. At various intervals he has broken some of these blocks, and has found a certain number of the toads alive. One of the animals had remained thus deprived of air during ten years, another twelve, and a third fifteen years. Two still continue enclosed, and as M. Seguin is very old, and fears that these two blocks may be lost to the purposes of science, he offers them to the Academy of Sciences in order that it may hereafter test the truth of the phenomenon. M. Flourens announces on the part of the Academy its willingness to accept them, intending after a verification of the dates of sequestration to have the plaister broken in presence of a commission *ad hoc*.

THE HOT-AIR BATH.—Mr. Bolton, House-Surgeon, in his Annual Medical Report of the Newcastle Infirmary, where a hot-air bath, with frigidarium, tepidarium, and sudatorium, has been erected at the cost of only £60, speaks of its great value in cases of rheumatism (acute and chronic), dropsy, skin diseases, catarrh, influenza, and ague. He says, "In regard to the last-mentioned disease, I have several times witnessed the aversion of its paroxysms by placing the patient in the bath prior to the expected onset of the rigor. By this means alone the essential features of the disease have been removed, and quinine has then been used as an ordinary tonic for

the remaining debility. The influence of the bath on persons in health is also interesting. After the very first impression of the high temperature is past, the sensation is rather agreeable than otherwise, and a few minutes elapse before any marked effect is observable. Before ten or twelve, however, are over, the perspiration will begin to stand in drops upon the skin, and the pulse to beat more quickly; in other ten or twelve minutes the pulse will almost have doubled itself, and the perspiration will run down the skin in torrents, and no doubt will be entertained as to the greatest luxury in the world being the cold douche; accordingly, after twenty or twenty-five minutes' tolerance of this temperature of 130 or more, resistance being no longer possible, a rush is made to the shower-bath, and its contents are brought down eagerly. The bather feels the cold intensely grateful, leaves the heated apartment under its influence, carefully wrapped in a blanket, his pulse rapidly falls to its wonted rate, and he feels himself a very fresh, clean, hungry, and independent man."

British Association for the Advancement of Science.—The 30th annual meeting of this Association is to take place at Oxford on Wednesday, the 27th inst. and following days, under the presidency of Lord Wrottesley. The time for holding this great scientific gathering has been fixed three or four months earlier than usual, and it is anticipated, from the forward state of the new Museum, and following so closely upon the Commemoration, which generally attracts crowds of visitors from all parts of the kingdom, that the meeting will be one of an unusually brilliant and successful character. The proceedings will commence on the afternoon of the 27th inst. in the Sheldonian Theatre, when it is expected that Prince Albert will attend and resign the presidency, after which Lord Wrottesley will deliver the inaugural address. The subsequent days will be occupied with the meetings of the several sections, and on the afternoons of Friday and Monday, June 29 and July 2, there will be general discourses in the theatre. One great feature of the meeting will be the evening *soirées* in the Museum, which is rapidly approaching completion; and, from its capacious size and the interest which attaches to it, is admirably adapted for the purpose. The last of these meetings will be especially devoted to the exhibition of microscopes, and Dr. Acland and Mr. Grey of Exeter College, who have undertaken the care of the exhibition, have received numerous promises of assistance from several of the most eminent microscopists and opticians throughout the country. Another evening will be occupied with electrical experiments. Letters of invitation have been issued to all the members of the Association, to the number of upwards of 2,000, and there is reason to believe that the meeting will be well attended by the representatives of science in England as well as abroad.

Inauguration of the Bust of the Right Hon. Sir John Pakington in the Museum of Haslar Hospital.—The bust of Sir John Pakington, executed by Marochetti, and subscribed for by the Medical officers of the Navy, was placed in Haslar Museum on Tuesday week in acknowledgement of the great service rendered to the Medical Department of the service during the administration of the right hon. baronet as First Lord of the Admiralty. After the deputation had been formally introduced to the Captain Superintendent by Dr. Nisbet, the medical inspector-general of the Hospital, Dr. McWilliam delivered an address, in the course of which he observed, that "there were statesmen who, while holding the office of First Lord of the Admiralty, thought it not unworthy of them to inquire into the condition of the Medical Department, and make such changes and improvements as the occasion demanded. And prominently in the foreground of such a view stand the first Lord Melville and Sir John Pakington. The bust of Lord Melville, executed by Chantrey, was placed here by a generation of our brethren now almost passed away, commemorative of him who, as First Lord of the Admiralty in 1805, obtained an Order in Council for the Medical officers, which in that day was properly regarded as the greatest boon that had ever been granted them. Those who read the warrant of Lord Melville of 1805, and that as well as the speeches in Parliament of Sir John Pakington in 1859, will find a remarkable identity of object and purpose, even of the language used on the two occasions, and certainly an indentity of view as to the course to be taken in respect to the Medical officers. Both statesmen in framing their respective warrants appear to have considered it quite as much a privilege as a duty in endeavouring to provide for the case of our gallant sailors, subject to all the horrors of war, as well as to the baneful influences of climate, medical attendance not inferior to that enjoyed by the civil portion of the community. They were, in fact, actuated, not alone by the comparatively narrow motive of advancing the Medical officers in rank, privilege, and emolument, but also by the higher consideration that the just elevation of those officers was conducive to the well-being of every other class of officers, indeed of the whole naval service, and consequently of this country, which in the hour of need looks to the navy as its main protection. For these reasons it has seemed to us that this bust of Sir John Pakington, executed by the Baron Marochetti, and alike admirable as a work of art and faithful representation of the right hon. baronet, can nowhere stand so appropriately as in this Museum, in companionship with that of Lord Melville, who, like himself, was an eminent benefactor of the Medical Department of the Royal Navy." The bust, which is a beautiful work of art, and a most faithful representation of Sir John Pakington, was much admired by all present. It stands upon a pedestal of red granite, upon which there is an appropriate inscription.

Thief-catching by Smelling.—Dr. Ebers gives an account of a curious case which was referred to the Silesian Medical College, to report how far the pretensions set up were genuine or deceptive. A peasant, who, according to his own account, from an early period, began to perceive himself endowed with remarkable power of smell, gradually attracted the general attention of his locality by extraordinary instances of its exercise. By this he became, in fact, a kind of general discoverer of stolen property, and in many instances detected the thief at the same time by the similarity of the smell attaching itself to him and to the property which had been in his possession. He traced thieves by the smell of their footsteps, unless, indeed, they crossed a river, which baulked him just as it would a hound. He was enabled, while in complete darkness, and whether in an enclosed space or in the open air, to distinguish men from women, as also different individuals among flocks of animals. When persons interchanged hats or clothes, he speedily restored each article to its proper owner. So many stolen articles which had been concealed did he detect, that his fame spread far and wide; but as he was not invariably successful in indicating the thief, and still more because he was so frequently successful, he raised many enemies, and accusations of deception were raised against him. It turned out, on investigation, that he never employed his talent to mischievous purposes, and nothing was proved against his character; the commission evidently believes in the main truth of his statements, but regrets that accurate experiments cannot be instituted, inasmuch as he has of late impaired his powers by drinking and smoking. In his best time he always found them diminished after a debauch.—*Casper's Vierteljahrschrift*, 1859.

Medical Practice of the Chinese.—A quack doctress pretends to cure toothache by extracting a maggot—the cause of the disorder. This is done, or rather pretended to be done, by simply placing a bright steel pin on the part affected and tapping the pin with a piece of wood. Mr. Cobbold compares the operation to procuring worms for fishing, by working a spade backwards and forwards in the ground. He and a friend submitted to the process, but in a very short time compelled the doctress to desist by the excessive precaution they took against imposition. Passing over the diviner, the street singers, and the barley-sugar makers, we pause next at the Physician. The Chinese know little of the anatomy of the human frame, and the extent of their Medical lore may be gathered from the fact that they suppose the body to be made up of five elements—gold, wood, water, fire, and earth; and that illness is the result of one of these elements being unduly predominant over the rest. Yet they often cure cases given up by European doctors as hopeless; of this Mr. Cobbold supplies several examples. The peculiarity of Chinese prescriptions is the magnitude of the dose. Thus 150 pills are given at a time, and a pint of black draught is not thought excessive as a sequel. The lamentable accident which happened at Nankin, after Sir H. Pottinger concluded the treaty there, perhaps had its origin in this peculiarity. Of the three commissioners who treated with Sir Henry, E-le-poo was by far the best. He was a kind, benevolent man, and very

popular with the English. A very different character was Chang, an inferior mandarin, who was constantly sent with messages to the English ships. He was a large, brawny, blustering fellow, who delighted in exhibiting his strength, and in draining the wine-cup. On one occasion he had been sent to say that E-le-poo was ill, to describe his malady, and to ask for medicine. One of the English doctors gave him a box of pills, with directions that three would be sufficient for a dose. Chang, however, having added to his natural obtuseness by drinking off sundry goblets, departed to the commissioner, and bade him take the whole box of pills,—in the eyes of the Chinese a very moderate dose. E-le-poo took the boxful accordingly—and died.

VITAL STATISTICS OF LONDON.

Week ending Saturday, June 9, 1860.

BIRTHS.

Births of Boys, 842; Girls, 849; Total, 1691.
Average of 10 corresponding weeks, 1850-59, 1560·4.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	497	472	969
Average of the ten years 1850-59	504·4	476·6	981·0
Average corrected to increased population ..	..	..	1079
Deaths of people above 90	1	..	1
Deaths in 15 General Hospitals	27	7	34

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	8	4	1	6	3	..
North ..	490,396	3	8	6	2	8	3	4
Central ..	393,256	..	4	3	1	2	3	2
East	485,522	4	12	5	4	5	6	5
South ..	616,635	6	19	4	..	5	5	..
Total . ..	2,362,236	15	51	22	9	26	20	11

TO CORRESPONDENTS.

Dr. Elliotson's paper on Gonorrhœal Rheumatism shall appear next week.

K. B.—The question shall be inserted among Notes and Queries.

M.R.C.P.—The letter on Medical Titles shall appear next week.

To L. A. S.—No. 1. Candidates who have passed the Senior Middle Class Examination at the University of Durham are exempted from the Preliminary Examination at the Hall, in accordance with the recommendations of the General Medical Council, dated August 11, 1859. No. 2. No; a certificate of having served after the manner of an apprentice is sufficient.

Errata.—In the Review of Dr. Daremberg's Celsus, last week, *for* "indisputable" *read* "indisputably." *For "Mat. Med. Celsiana.* It is calculated" *read "Mat. Med. Celsiana*, and calculated."—In the notice in our last respecting Mr. F. Mason's appointment to the Islington Dispensary, *for* "House-Surgeon" *read* "Surgeon."

The Title "Physician."

To the Editor of the Medical Times and Gazette.

Sir,—In my humble opinion if the College of Physicians of London does not allow its Licentiates to take the title of Physician, it has just undone all that it has attempted to do,—as what Practitioner is there so ignorant of the value of money that he will fool away ten guineas for a modified examination which, after he has passed it, confers neither title nor distinction? I am, &c.

Buntingford, June 13. A Practitioner.

Who is a Doctor?

To the Editor of the Medical Times and Gazette.

Sir,—What constitutes a Physician? at present occupies much attention among Medical men, and frequently forms the subject of discussion. Considerable light has been incidentally thrown upon this *questio vexata* during some remarks made by the Barons of Exchequer last Saturday, when delivering judgment in the celebrated case Swinfen *versus* Lord Chelmsford. On that occasion the Court observed, "We think a barrister is to be considered not as making a contract with his client, but as taking upon himself an office or duty in the proper discharge of which, not merely the client, but the Court, and the public at large have an interest.' Having previously remarked that former judges, when deciding other cases respecting the rights of barristers, often alluded to the "analogous profession of Physicians;" consequently, no member of that faculty ought to make a contract regarding fees for any Professional aid he may render, since by doing so he would be following a trade instead of discharging an office or duty, the proper function of a Physician, as strictly interpreted by high legal tribunals. Hence, should any Medical Practitioner charge, and still more if he sues, either for medicines supplied or advice rendered, the party thereby ceases to be a Physician; in fact, then becomes a tradesman, according to legal phraseology and the *obiter dicta* of judges. Therefore, it inevitably follows, whoever contracts to attend a patient medically, or vends drugs, and so takes upon himself any thing else than an office or duty, cannot be designated, speaking correctly, a *bona fide* Physician. On that point no doubts prevail in forensic minds, whatever some Medical casuists may have confidently asserted heretofore; and especially seeing the axiom enunciated even so early as the days of Linacre decidedly states "*Ni quis medicus medicamenta aut fiat aut venderat*,"—there cannot surely be now any mistake. I am, &c.

June 11. Medico-Legist.

Quackery Unmasked.

To the Editor of the Medical Times and Gazette.

Sir,—Your Professional brethren will thank you for calling their attention to a twopenny pamphlet, wherein "Quackery is unmasked," according to advertisement at least. The boldness of Dr. Sargeant, M.R.C.S., and L.S.A. will excite general admiration. Here are his two Professional cards, as they stand one below the other. Candour is a virtue which is always respectable.

I am, &c. Sic.

"Quackery Unmasked, with Prescriptions in English—Now ready, sent free for two stamps. Quacks, Quackery, and the New Medical Act, forming a complete exposé of the extortions, impositions, and deceptions practised by quacks under their various forms, guises, and designations, with hints and suggestions for their complete suppression. By Dr. Sargeant, M.R.C.S., L.S.A., late of King-street, Long-acre, and now of 8, Store-street, Bedford-square. London: J. Gilbert; and of the author, 8, Store-street, Bedford-square."

"Coughs, Asthma, Consumption, etc.—Dr. Sargeant's Charcoal Pills have proved an infallible remedy for hoarseness, coughs, indigestion, nervousness, epilepsy, asthma, consumption, difficulty of breathing, and all diseases of the chest and lungs. Charcoal has long been known to be superior for these disorders to the ordinary remedies, and Dr. Sargeant (a regularly qualified Member of the College of Surgeons), has combined all its tonic, soothing, and expectorating qualities in the form of a pill, so that children or adults may take them with perfect safety and certainty of success—one trial is solicited. Sold in boxes at 1s. 1½d., 2s. 9d., or 4s. 6d., or sent on receipt of 15 stamps by Dr. Sargeant, 8, Store street, Bedford-square, London, or order of any druggist."

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. Burrows; Dr. Budd; Dr. Elliotson; Dr. Watson, Glasgow; Dr. R. Lee; Dr. Cotton; Dr. McWilliam; Mr. H. Smith; Mr. Griffin; Registrar-General; Mr. Dix; Mr. Sadler; Dr. Falconer, Bath; Dr. Waters; Dr. Collinson; Mr. Laurence; Dr. E. Lee; Mr. Grove; Registrar-General, Edinburgh; Mr. Robinson; Mr. Silbrook; Mr. Gaffney; Mr. Hilliard; Dr. Crowley; Mr. Copney; and Dr. Adams.

APPOINTMENTS FOR THE WEE.

June 16. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's 2 p.m.; Charing-Cross, 1 p.m.

18. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

19. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

20. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Ethnological Society, 8½ p.m.

21. Thursday.

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Society, 8½ p.m.

22. Friday.

Operations, Westminster Ophthalmic, 1½ p.m.

EXPECTED OPERATIONS.

King's College Hospital.—The following Operations will be performed this day (Saturday):—

By Mr. Fergusson—Excision of Breast; Necrosis of Humerus; Deformity of Hand (two cases) By Mr. Bowman—Excision of Eye-ball. By Mr. Lee—Lithotomy. By Mr. Wood—Radical Cure of Hernia.

ORIGINAL LECTURES.

LECTURES ON EXPERIMENTAL PATHOLOGY AND OPERATIVE PHYSIOLOGY,

DELIVERED AT

The College of France,

DURING THE WINTER SESSION 1859-60,

By M. CLAUDE BERNARD,

Member of the French Institute; Professor of General Physiology at the Faculty of Sciences.

Lecture XVIII.

EXPERIMENTAL PATHOLOGY.— ON THE LOCAL EFFECTS OF GENERAL DISEASES.

Summary: Influence of the Nervous System on the general Symptoms of all Diseases—Glands are of two Classes; those which extract the Principles of their Secretion from the Blood; and those which pour their Products into the circulating Medium—Nervous Influence acting upon Secretion, is thus enabled to Poison the whole Mass of the Blood—Diseases always to be viewed in connexion with Material Lesions—Vital Powers are only the Properties of Living Matter—Doctrines of Pinel and Broussais on Fevers—Actual Tendencies of Science—Impossibility of settling the Question, whether Morbid Alterations are the Causes or Effects of Disease—Medicine not inferior in this respect to other Sciences—Eruptive Fevers adduced as an Instance of local Alterations in consequence of General Disease—Intimate connexion between local and general Symptoms—Part played by Sympathetic Nerve in Inflammation—Appears to be connected with Vascular Pathology—Inflammatory Modifications of Fibrin; they amount to a change of Density—Effects of this change on the Blood Globules—Formation of Putrid Vascular Deposits—Their Effects upon the entire Economy—Fever not the only Mode in which General Disorders create local Injury—Injections of Carbonate of Ammonia into the Veins—Its Effects compared to those of Eruptive Fevers—Nature of similar Lesions—They must be considered as being of an entirely mechanical Character.

Gentlemen,—That local affections, when unattended by general symptoms, cannot be viewed in the light of real diseases, and that the vessels or nerves are invariably the agents through which disorders engendered upon a single point, are enabled to pervade the entire organism, has, we believe, been proved in our last Lecture beyond the possibility of a doubt.

The various glands disseminated throughout the system have, as you are well aware, been divided into two great classes: those which extract from the blood certain special principles, which communicate to each particular secretion its own individual properties; and those which, on the contrary, appear to secrete the blood itself, if I may be allowed to use the expression, or, in other words, to enrich the circulating fluid with the products elaborated within their own tissue. Such, at least, are the views which have justified several physiologists in placing by the side of ordinary glands, the spleen, the thymus, the supra-renal capsule, and other highly vascular organs not provided with an excretory duct. The lungs, in which the great process of oxygenation is accomplished, exhibit, in its full force, the powers attributed to this second order of glands; and the liver, which, if the biliary secretion is alone considered, belongs to the first class, is at the same time included in the second, on account of the grape-sugar which it produces. Now the influence of motor nerves on secretion is universally acknowledged; while the sensitive fibres are known to enjoy the property of setting in motion the opposite system; we are therefore naturally led to the conclusion that affections confined, at the outset, to one particular spot, may frequently poison the blood through a vitiated secretion of its fundamental elements, and thereby exert a deleterious influence over the whole system.

But diseases, however general in their nature, must always be viewed in connexion with material alterations occurring within the body. The immortal writings of Bichat have taught us to look upon the vital powers not as forces independent of matter, but as the mere natural results of the properties enjoyed by matter, when impregnated with life; in this manner does the contractile force, in muscles, arise, as Haller expressed it, from the power of contraction possessed, by each individual muscular fibre; and, in this manner, are the general properties of the nervous system to be referred to the faculties bestowed on each individual filament. The old notions on this subject are, however, recalled by the name of vital *powers*, which Bichat still employed for the purpose of expressing the properties of living organic matter; and in the use of words alone does he follow the example of the ancients, whose views on the subject were entirely different from his own. Since that moment, the labours of our contemporaries have invariably followed the same direction. Pinel overthrew the doctrine of essential fevers, and struggled to prove that anatomical lesions were invariably their cause, however difficult it may be to discover them in certain cases. Broussais upheld the same opinions, in his various chapters on hectic fever; and science is now pursuing the same track; in the properties of matter alone do we seek the cause of physical phenomena, whether belonging to organic or inorganic bodies. If, however, we endeavour to advance a step further, and to examine the intimate nature of the properties with which matter is endowed, we are at once brought to a stop; to solve the problem is not within the power of human reason.

There exists, therefore, no disease whatever which is not connected with a local injury; but after firmly establishing this great principle, we are often at a loss to determine whether the disorders which occur for notice, in the organs of patients who die of certain maladies, are the cause or the results of the disease; thus, for instance, the hypertrophy of the spleen which usually accompanies intermittent fever, and the intestinal ulcerations which coincide with typhoid affections, are held by some physicians to be the cause, by others, the mere consequence of the disorder. Physiology shows us that in the majority of cases, morbid alterations are the effects of sickness, instead of being the hidden springs which gave it birth. Let us recall to mind for a single moment, the symptoms of the disease artificially provoked by injecting sand into the capillary vessels; an intense fever shortly makes its appearance, through the mere effects of nervous sensibility; now, in this case, the fever is not *sine materiâ*; a well-known cause has called it into play: yet, under these circumstances, what modification has occurred within the nervous system? Who shall teach us the difference which exists between a nerve in a state of rest, and a nerve in a state of intense irritation, from outward agents? Let us not, however, be too much ashamed of our ignorance in this respect; it is no disgrace to the Medical Sciences; in fact, no branch whatever of human knowledge is totally exempt from similar difficulties: is there a natural philosopher who will undertake to assign the difference between the molecular arrangement of a magnet, and that of an ordinary bar of steel? The inference to be drawn from these reflections is, that we are never entitled, even in the most embarrassing cases, to admit the existence of a physiological symptom which does not result from some material cause; but the imperfections of our actual knowledge, on the one hand, and those of the human mind, on the other, render it impossible to seize in every case the mutual relation which exists between them.

The consequences of disease are, therefore, various anatomical lesions, which must not be viewed as the starting-point of the morbid series. In eruptive fevers the only characteristic lesion with which we are acquainted is a cutaneous disorder; no one, however, would think of describing the variolic pustulæ as the hidden source of the predominent affection. We are thus led, by a natural train of reasoning, to inquire in what manner general diseases become local, after having ascertained the process by which local diseases become general: the two questions are most intimately connected.

A poison being introduced into the economy, the animal dies; a series of morbid phenomena have been produced, the explanation of which is not always forthcoming when the autopsy is made. But in the easiest of all cases—that of fever,—is not a simple wound capable of producing the disorder? And if the animal happens to be ill-disposed, does it not sometimes die from the general reaction provoked? and are not local alterations (pneumonia, for instance,) often found to exist? We have even ascertained that in order to make any given organ the seat of disease, nothing more than the section of the corresponding branches of the sympathetic nerve was requisite; we therefore discover, in this very simple morbid series, two separate terms. In the first place, a local affection which becomes general; and, in the second,

a general disease, which fixes upon one particular point. How can entirely local lesions, such as congestion, inflammation, and the formation of pus, be most conveniently explained when arising from general causes? The circulation has evidently been put out of order; and it has been presumed that the sympathetic nerve, so intimately connected with vascular physiology, is the channel through which the morbid impulsion is transmitted. The ramifications of the ganglionic system follow the vessels throughout the organs to which they are distributed. Now, when inflammation commences, the capillaries become the seat of peculiar phenomena; circulation is at first accelerated, and afterwards retarded; fibrin accumulates in the little vessels and fills them up; and the point on which the obstruction arises, is known to be the primitive seat of inflammation. The buffy coat which, after blood has been drawn, rests on the surface of the clot, is a characteristic symptom in all inflammatory diseases. But how is its formation to be explained? what prevents the blood from coagulating as in the healthy state? A change has evidently taken place in the density of the fibrin which it contains, since, instead of imprisoning the globules, as usual, in its meshes, it rises to the surface of the liquid in consequence of its lesser specific gravity. For this reason alone is the clot formed in an unusual manner; for it seems highly probable that the fibrin dissolved in the blood, the density of which it increases, is intended to hold in suspension the blood-corpuscles; in fact, we see these little bodies fall to the bottom of a basin containing defibrinated blood, leaving the serum entirely colourless. It therefore may be advanced that in inflammations the fibrin contained in the blood has grown lighter than usual, since, when the fluid drawn from the veins is allowed to rest, it rapidly rises to the surface.

When the capillary circulation is examined under the microscope, the globules are seen occupying various positions; some of them adhering to the sides of the vessel, others rapidly moving in the sanguine torrent. After injecting into the arteries a large amount of defibrinated blood, M. Poiseuille saw the blood-corpuscles form, as it were, a precipitate in the little vessels, as if obeying the ordinary laws of gravitation; and obstructions of greater or lesser extent were, in this manner, rapidly formed. Supposing no special predisposition to exist in the economy, the liver and lungs would, of course, become the principal seat of similar impediments: the vascular organisation of their tissue explains the preference. By this simple train of reasoning we can easily understand the creation of vascular deposits in various points of the body, under the influence of a modification in the physical properties of fibrin, when inflammation is produced; but when the blood ceases to be in motion in the centre of our tissues, the temperature of which is always sufficiently elevated to favour the action of chemical affinities, a putrid decomposition of the globules soon takes place; the assertion may easily be proved, by allowing defibrinated blood to stagnate for a short time in a basin, under a temperature of 95°. The blood-corpuscles are collected at the bottom of the recipient; the serum in the upper parts remains therefore unaltered; but let a small quantity of the same liquid be drawn, with a glass tube, from the immediate vicinity of the globules, and it will be found to contain both sulphuretted hydrogen, and other products of decomposition.

Let us now inquire what is likely to result from the accumulation of putrid deposits within the principal organs of the economy; a local irritation will, in the first instance, be produced, which, acting through the sensitive nerves upon the system as a whole, brings on general symptoms again: let us add to these the poverty of the blood, which an imperfect nutrition no longer supplies with its proper elements, and the presence of deleterious substances arising from putrefaction, within the torrent of circulation; and it will astonish no one to see so important an assemblage of morbid phenomena ultimately end in death. Thus we find that a complete series of morbid symptoms frequently arises from an entirely local irritation, and follows out its natural course when once the starting-point is given.

But fever is not, after all, the only mode in which general affections are enabled to bring on local disorders. In eruptive diseases, for instance, another and a totally different cause may be supposed to act. Let us inject, for instance, a large dose of carbonate of ammonia into an animal's veins; after experiencing, for a time, considerable uneasiness, the animal recovers, the noxious substance having been gradually eliminated. In this case, we find an instance of a general disease without any local disorder; but we are aware, at the same time, that poisons, however widely distributed through the economy, produce local effects: phosphorus affects the lungs, and cantharides the bladder; and the peculiar mode in which these alterations takes place is well known to you—namely, the elimination of the toxic agent through special organs. Now, in eruptive fevers, an entirely similar process takes place; an irritating substance is expelled by the skin, and leaves there deep marks of its passage: here, then, we have an action of a purely mechanical character, which does not offer the slightest analogy with those we have just referred to.

It now remains for us, gentlemen, to inquire into the influence exerted by exterior agents upon the histological elements of living tissues, and the modifications to which they give birth; and, in pursuing these investigations, we shall be struck with the differences exhibited by the various organs, whether considered in the various degrees of the animal scale, or in animals of the same species, or even in one and the same individual, when one apparatus is compared with another; and, after having ascertained to what extent, and with how great intensity they are acted upon by medicinal agents, we shall be prepared to examine the process by which medical influence is enabled to struggle against disease, and sometimes to overpower it.

ORIGINAL COMMUNICATIONS.

REPORT OF SEVEN CASES OF VESICO-VAGINAL FISTULA,

WITH REMARKS.

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The following seven cases of vesico-vaginal fistula were not selected in any way, but are *all* that have presented themselves to me since I became acquainted with the operation recently recommended by Dr. Bozeman, but originally invented by Mr. Gossett, of London. I shall first shortly narrate the chief points of their history, and then make a few remarks on certain parts of the operation which they illustrate, without taking up all its details. These, indeed, are already before the Profession with sufficient fulness, and I do not mean to recapitulate, but rather to comment upon them.

Case 1.—*Vesico-vaginal Fistula of One Year's Standing—Operation—Cure.*—Mrs. F—— was admitted into Ward No. 6 of the Royal Infirmary, on January 5, 1859. She was twenty-six years of age, and had borne four children at the full time of utero-gestation. All her labours were tedious; the last one very much so. It occurred about a year ago, and was terminated by the use of instruments. Soon after delivery, the urine came through the vagina, and she has ever since had all the distressing symptoms of a vesico-vaginal fistula. On examination, I found a large opening in the vesico-vaginal septum, near the os uteri, admitting two fingers readily. The fistula was filled by part of the mucous membrane of the bladder which had become prolapsed through it. After admission she menstruated, and it was not till January 28 that I could operate. The fistula was pared with the knife, and brought together by five stitches of silver wire and a leaden plate. A bent catheter was then introduced into the bladder, and the patient carried back to bed. The whole proceeding occupied about an hour and a-half, but part of this time was taken up with fastening the patient on a table and bringing her under the influence of chloroform, which was maintained throughout. For the next four days nothing occurred worthy of mention. She lived on a spare diet, with a little wine, and took a grain of opium nearly every four hours. She was well and cheerful, and quite dry, all the urine coming through the catheter into a vessel placed between her thighs to receive it. On the fourth day after the operation she complained of flatulence, but a mustard poultice over the epigastrium gave her relief, and she continued for other five

days under the influence of the opium. On the ninth day after the operation I removed the plate and four of the stitches. The wound seemed quite closed. Two days afterwards I took away the remaining stitch. The bowels were moved, first by an injection of warm water, and afterwards by medicine. In a few days she was perfectly well, and had regained the natural power of the bladder.

Case 2.—*Vesico-vaginal Fistula of Four Years' Standing—One Operation—Cure.*—Mrs. D——, aged 27, was admitted into Ward No. 6 of the Royal Infirmary, on April 4, 1859. The following is the report of her case taken from the Hospital Journal:—"Four years ago she was delivered of her first child after a very protracted labour, and from that time her urine has continued to dribble away through the vagina to her great discomfort. She came into the Hospital about eleven months after sustaining the injury, and submitted to the application of the actual cautery, but without obtaining any permanent benefit. Since that time she has thrice miscarried, usually at the end of the fourth or fifth month of utero-gestation, and she now states that she believes herself to be again pregnant, and in her third month. On examination by the speculum a vesico-vaginal fistula is seen about two inches from the orifice of the canal, and about the middle of its anterior wall. The opening of the fistula is about half-an-inch in diameter, circular in shape, and having hardened and somewhat everted edges, upon which are observed the marks of the cauterization above alluded to." On April 6 I asked the opinion of my colleagues as to whether I should operate at once, believing the woman to be pregnant, or whether I should delay on that account. The point was interesting, and, so far as I am aware, new. We had to consider, on the one hand, the risk of miscarriage being brought on by the performance of the operation, or by the treatment with opium afterwards; and, on the other hand, we had before us the history of three miscarriages in succession, apparently induced by the irritation of the woman's distressing state. This made it likely that miscarriage would occur again if we left her alone. The question was, would the operation diminish this likelihood? It was agreed to try, and, therefore, on April 8 I operated as usual. Chloroform was employed. Three stitches were inserted and held together by a leaden plate. She was treated as the former patient had been, but it was found necessary to change the solid opium for Battley's sedative liquor, which agreed better with her stomach. On the 16th the plate and stitches were removed, and the fistula was found united. Next day the bowels were relieved by enema, and she retained her urine for a short time, and passed it per urethram. After this she progressed favourably, but on May 2 she miscarried. No injury was, however, done to the cicatrix, and on the 7th she was dismissed perfectly well. This woman again fell with child soon after her dismissal from the Hospital, and she did not miscarry in the third month as she had always done before. She was quite well and comfortable, and the child was lively till about five weeks before, when she got a fright, after which premature labour supervened in the eighth month of pregnancy. Her child did not live, but the mother has slowly recovered, and her bladder is still as capable of performing its functions as it was before her first confinement.

Case 3.—*Vesico-vaginal Fistula of Seven Years' Standing — One Operation — Cure.*—Mrs. McD——, aged 27, was admitted into No. 6 Ward on May 23, 1859. Patient had her first child seven years ago. The labour continued for nearly three days, and instruments were used. Since then she has endured all the symptoms of vesico-vaginal fistula. She was repeatedly treated in this Infirmary by the actual cautery, and her condition was thereby greatly improved, for when in bed the urine did not come away as formerly, but whenever she assumed the upright posture it flowed from her involuntarily. There was a fistulous communication between the bladder and vagina capable of admitting a male catheter of No. 8 size. It was near the os uteri. On the 28th I operated, and the patient progressed favourably, when on June 3 the menses appeared. The urine at the same time became loaded with mucus and lithates, giving great trouble to keep the catheter free; but, nevertheless, on the 5th, when I removed the plate and took out the stitches, the fistula was closed. On the 13th she was dismissed cured. The patient could retain her urine as long as she used to do. On March 8, 1860,—*i. e.* about nine months and a-half from the time of the operation,—Mrs. McD—— was prematurely delivered of a child in the eighth month of utero-gestation. It did not live, but the mother did well, and her bladder was uninjured.

Case 4.—*Vesico-vaginal Fistula of Three Years' Duration—One Operation—Cure.*—Mrs. T——, aged 28, was admitted into Ward No. 6 of the Royal Infirmary on July 13, 1859. She had sustained a laceration of the vesico-vaginal septum about three years before, from the use of the forceps at the birth of her first child. She was treated in this ward about two years ago by cauterization of the edges of the fistula, and left the Hospital then considerably improved. She gave birth to her third child ten months ago, and since then the involuntary discharge of urine has become much more constant and troublesome than formerly. The child was weaned only a few weeks before. During the nursing she at first altered regularly, but this ceased three months before her admission into the Hospital. She, therefore, believed herself to be then pregnant; but, lest the operation should be postponed on that account, she did not mention her suspicion, nor was it even guessed till some time after her recovery. On July 16 a speculum was introduced, and a small opening was found in the anterior wall of the vagina communicating with the bladder. It was situated about an inch and a-half from the external opening, and so small as only to admit the passage of a probe through it; yet the woman was constantly drenched with urine. On the 18th the patient was put under chloroform, and I seized both margins of the fistula in the forceps, and cut them out with one sweep of a straight bistoury. Two silver sutures were then introduced, but no plate was applied in this case. On the 23rd the stitches were removed, and the fistula was found closed; but, for the next four days the patient suffered greatly from sickness and constipation. It was only after the use of the most powerful purgatives, as well as of repeated injections, that the bowels were cleared, and the patient's general health was restored. On August 1 the patient was dismissed perfectly cured; but it was now apparent that she was pregnant, and she was delivered of a well-developed male child on January 15, 1860. He is now, I believe, alive and well; but, unfortunately, the mother died of a hæmorrhage which occurred on the fourth day after delivery. I inspected the body along with the gentleman who attended at the confinement, and we found the vesico-vaginal septum perfectly entire. The cicatrix of the fistula was discovered with difficulty, and appeared as a white and hardened line of fibrous tissue, well covered with epithelium on both surfaces.

Case 5.—*Vesico-vaginal Fistula of Three Years' Duration—One Operation—Cure.*—Mrs. McR——, a domestic servant, aged 38, was admitted into Ward No. 6 of the Glasgow Royal Infirmary on August 17, 1859. On examination a fistulous opening, through which the urine was flowing, was seen close to the os uteri; it was of a size to admit the point of the litttle finger, and had existed three years. August 23.—The usual operation for closure of the fistula was performed this morning, two metallic sutures and the shield being used. Hab. pil. opii unam quarta qq. horâ. 24th.—Feels comfortable. Urine flowing freely through the catheter. Omitt. pil. opii interim. *Vespere.*—Hab. pil. opii j. omni nocte horâ somni. 31st.—The shield and sutures were removed today. Fistula quite closed. Hab. enema commune. September 1.—Bowels were freely opened by the injection. No pain or difficulty in micturition. Can retain her urine as long as she used to do before she had the fistula. 5th.—Dismissed cured. It will be observed that in this case much less opium was given than is usually recommended; and I have found that it is not at all necessary to do more than keep the patient easy with the drug. In some cases much less will be used than in others, but, as a general remark, it will readily be agreed to, that the less that is required the better is it for the patient. Her bowels will thus be more easily moved, and on the whole her recovery more rapid and uninterrupted.

Case 6.—*Vesico-vaginal Fistula of Three Years' Duration—One Operation—Cure.*—Mrs. R——, aged 30, admitted January 5, 1860, was confined of her first child three years ago. The labour lasted for three days, and instruments were used. Soon afterwards the urine came by the vagina. She was treated in Glasgow about six weeks after receipt of injury and a double laceration of the vesico-vaginal septum was discovered. Both openings were, according to patient's statement, brought together by sutures, and the anterior one was closed. The posterior one was afterwards repeatedly cauterised unsuccessfully, and her state was not improved.

On admission to the Royal Infirmary she could retain her urine for a time when in bed, but as soon as she assumed the erect position, it flowed away involuntarily. The vagina was found to be so much contracted by strong undilatable fibrous bands, apparently the result of the cauterizations, that it was difficult to obtain a view of the fistula. The opening was near the os uteri, and fixed by adhesions at its right side. It was circular in form, and easily admitted the forefinger, by which its edges were felt to be hard and unyielding. I made repeated attempts to dilate the vagina, but without success. On February 4, the patient being under chloroform, I performed the usual operation; and in doing so, I experienced very great difficulty from the undilatable state of the vagina, and from the position of the fistula. Four silver sutures were introduced, but the plate was not used in this case owing to the unnatural condition of the vagina. I feared lest its pressure might produce sloughing. On the 12th I removed the stitches, and found the fistula closed. The bowels were opened by injection of warm water, and afterwards by colocynth pill. On the 20th it is reported that patient can keep her urine for four hours at a time, and then passes it entirely through the urethra. She is quite dry whether sitting or lying; and on the 28th she was dismissed cured.

Case 7.—Vesico-vaginal Fistula of a Year's standing—One Operation—Cure.—Mrs. R——, aged 27, after a labour which continued three days and two nights, was delivered of her first child, still-born, on March 12, 1859. Soon after she had all the distressing symptoms of vesico-vaginal fistula. When she applied to me, in private, she stated that she had been operated on four times unsuccessfully by another Surgeon. The last time was on February 19, and on all these occasions wire sutures, and the leaden plate were used. Her health was, however, quite good, and the fistula was not farther up than the neck of the bladder. I therefore encouraged her to submit once more. Consequently she came to town, and I operated on her on March 10, 1860. The fistula easily admitted the forefinger. I cut out its margin in one piece, and brought it together by four sutures, which were fixed by a plate. A bent catheter was then introduced, by which the urine flowed freely for the next eight days, the patint being kept comfortable by occasional doses of opium. Not one drop of urine escaped during her confinement through the vagina. On the 17th the plate was removed, and the stitches withdrawn, when it was found that the fistula had quite united. Her bowels were then moved by a common injection, and the catheter retained in the bladder till the following evening, when its use began to be intermitted. Two days afterwards it was withdrawn, and the patient was allowed to retain her urine for intervals of four hours' duration. The urine was then drawn off by a common female catheter; the bowels were relieved by doses of compound colocynth pills. On the 23rd she passed her urine through the urethra in the natural manner, and could retain it as long as she pleased. On the 27th she returned home quite well; and I have since heard from her husband in the most pleasing terms, of the happy change that has been wrought in her condition.

Remarks.—1. *The Position of the Patient during the Operation.*—A few trials will, I think, convince any one that the position on the knees and elbows is that in which the best view of the fistula can be obtained, and, therefore, the best for operating on it. But it would be very difficult for the woman to maintain this position during a painful operation, and it would be quite impossible under chloroform. I, therefore, always have my patients fixed on a table of convenient height, the pelvis being raised on a firm support, while the shoulders are allowed to lie on a pillow on the table itself. The head is supported in the hands of assistants, who give the chloroform. Thus the patient is prevented from moving, and the cautious administration of chloroform is rendered safe by the freedom with which the respiratory organs are allowed to play.

2. *Speculum.*—The best speculum for vesico-vaginal cases in use at present, is Dr. Sim's bent duck-bill speculum; but I think it might be greatly improved. For instance, in many cases the vagina is very loose and wide, and I have found it necessary to employ lateral retractors as well as Sim's speculum. Now, side pieces might be added to the speculum itself. Again, the curve at the end of the speculum seems to me objectionable; for it prevents the operator seeing the relation of parts at the upper portion of the vagina. The os uteri is pushed up, and a great strain is put on the vagina, whereby the lips of the fistula are inconveniently separated. Above all, the necessity of an assistant's holding the speculum might be done away with by the adapting a spring to the instrument, which would fix it within the vagina or on the sacrum.

3. *Operation.*—The first thing the operator has to do, and in my opinion the most important in this part of the proceeding, is to get a good hold of the anterior inferior lip of the fistula. Most operators have recommended that this should be done by means of a small hook; but this gives a very insecure hold of the part, it is easily lost during the cutting of the margin, and even in fixing it; at first, it often slips, and thus blood flows, obscuring the view and impeding the future steps. I have always used, and very strongly recommend, a pair of spring forceps with vulsellum points and a handle, so as to elongate and facilitate the use of the instrument. Its insertion is almost bloodless, and needs only to be once repeated in the largest fistula; only one catch for each lip being necessary. A fine straight bistoury—a tenotomy-knife is admirably suited for the purpose—is then inserted in a slanting direction first on the one then on the other side of the part seized by the forceps and made to cut out the margin of the fistula to the very extremities. These two incisions are then united below the forceps points so as to complete the paring of the inferior lip.

The upper lip is next seized in a similar way, and if the fistula is not very large, by firmly raising the part to be cut, the same straight bistuory may still be used on it from below upwards. But, if the fistula is large, it will be more convenient to change the knife for one the cutting part of which is bent at an angle to its stem, and which may be double edged to save changing again. This knife was figured by Dr. Simpson in the *Medical Times and Gazette* for January 8, 1859. The upper lip of the fistula is thus carefully pared to meet the former incision at the extremities of the fistula. It is an exceedingly satisfactory thing to cut out the margin of the fistula in one entire ring, and I have accomplished it more than once. This is not a mere feat of manual dexterity, but gives the best assurance that the cutting part of the operation is thoroughly done.

The next step is to introduce the sutures, which I think ought to be of silver wire. This is best done by the tubular needle invented by Mr. Startin. It is of great importance that a good hold be obtained for these stitches and also that they be made to pass close to, but not through, the mucous membrane of the bladder. The raw surfaces are thus fairly brought into apposition, and from the slanting nature of the pared edges, they are pressed together with special firmness on the side towards the bladder. I think it satisfactory to twist the sutures and to examine that the wound is properly in contact before applying the plate over them.

The plate which I recommend and employ was invented by Mr. Hilliard, instrument maker to the Infirmary, and was described by me in the *Lancet* for March 5, 1859. It is made of lead, and has small tubes or nipples instead of the holes of Bozeman's button. These tubes may be easily compressed, and thus fasten the wires.

In the *Lancet* for December 10, 1859, Mr. I. B. Brown has published a paper "On Vesico-Vaginal Fistula; illustrating a New Mode of Operation." Now the only novelty in his "new mode" is the use of what he calls "clamps." These are small bars of lead, with nipples on their backs for fastening the wires. But it will be quite evident at a glance that the clamps are neither more nor less than fragments of Mr. Hilliard's plate. In fact, if it is cut through between each pair of nipples, as I did before my clinical class last winter, you get a series of clamps ready made. The original idea of having compressible tubes or nipples for fastening the wires was undoubtedly Mr. Hilliard's and not Mr. Baker Brown's; but the latter gentleman may certainly lay claim to whatever merit there may be in clipping the plate of the former into shreds, unless Mr. Startin's claim to priority, which seems undeniable, be admitted. (See *Medical Times and Gazette*, April 21, 1860.)

I believe that such mutilation of the plate destroys its value as a mode of fastening the sutures; for, when entire, it acts beneficially by steadying the parts, and also by adhering very closely to them and excluding both air and discharges from the wound. It seems to me to act like a boy's sucker,

and thus to bring the wound very nearly into the position of a subcutaneous one, which, everybody knows, heals more readily than any other kind.

Such are, in my opinion, the advantages of the plate, but its use is not absolutely necessary for success. I have twice dispensed with it, and yet the cases did well. Still I should recommend its employment, as a general rule, for the reasons already stated, and shall myself always use it unless there is some contraindication.

4. *Treatment after the Operation.*—The patient should lie in bed on her back, with her shoulders well supported by pillows, so as to incline her body at an acute angle with the bed. Her knees should also be supported by pillows in the semi-bent position, and between her thighs should be placed a vessel for the reception of the urine as it drops from a catheter lying in the urethra. This may either be a bent leaden one or a gum-elastic catheter. Finally the patient should be soothed with opium, in some form which agrees best with her; but I would urge the importance of not over-doing this part of the treatment. The large quantities of opium recommended by Dr. Bozeman, have not been found necessary in my cases, and in one they were productive of disagreeable consequences. On the eighth or ninth day after the operation the plates and the stitches should be withdrawn. A good light, and much patience, are needed for this operation. In fact, its difficulty has been undervalued. I have sometimes failed to extract all the stitches at the first attempt, and can testify to the safety of leaving in a stitch for a few days longer than the rest. By that time it will have loosened, and may be felt in the vagina, and extracted with a pair of common dressing forceps, which is the instrument best suited for the purpose. The bowels should now be opened as quickly as possible, first by enemata, and then by medicine. I generally use the compound colocynth pill. The opium is gradually given up, the catheter is also laid aside by prudent degrees, and the patient, in a fortunate case, is cured of her distressing complaint in little more than a fortnight. The completeness of this cure when accomplished could not be better proved than by my cases; for in one of them the patient had an abortion only a few days after the plate was removed; in two others the women have miscarried, since the operation was performed, in the eighth month of pregnancy, and in one a living child has been born, at the full period of utero-gestation, without the slightest injury to the cicatrix.

5. *Amount of Success.*—Mr. Baker Brown, in the paper to which I have already alluded, states that he has had "a greater amount of success in operating for vesico-vaginal fistula than that yet published by any other Surgeon." Now he certainly has had a great many cases of that lesion under his care, and therefore it may not be uninteresting to inquire into the proportion of cures to failures among them. I think we are entitled to do this since Mr. Baker Brown has boasted in the above terms of his great success, and also because Mr. Baker Brown has devoted his special attention to the diseases of women requiring Surgical operations. To his writings, therefore, Surgeons naturally look for encouragement or discouragement in the performance of operations within the domain of his speciality. I have not been able to discover the records of all Mr. Baker Brown's twenty-seven cases, but I have read his own reports of nineteen cases in the following repositories, where they may be consulted by any one:—1. In Mr. Baker Brown's book "On some Diseases of Women," four cases are recorded at pp. 100 to 110. 2. In the *British Medical Journal*, No. cxviii., four cases are recorded at pp. 267 to 269. 3. In the *Medical Times and Gazette*, No. 407, three cases are recorded at p. 398. 4. In the *Lancet*, No. xiii. p. 322, one case is recorded; and in No. xxiv. p. 581, seven cases are recorded. I think that these nineteen cases, taken just as I could find them, will exhibit the success of his practice sufficiently without my undergoing the labour of any further search for his cases.

Now, of these nineteen patients two died; one apparently of pyæmia (Treatise, p. 108), the other of frequent hæmorrhages (*Lancet*, No. xxiv. p. 583). In other two cases (Treatise, pp. 104 and 110) the fistulæ remained open; so that *four* out of the *nineteen* cases may be considered as ultimately failures. Still, it will be said, there were *fifteen* cases ultimately cured; and this is a great amount of success in dealing with what Mr. Baker Brown rather oddly terms "a difficult lesion." But this is hardly the way to look at the matter. It is not that there were nineteen operations, and fifteen of these successful. Far from it; for in many cases the operation was frequently repeated before the cure was *ultimately* arrived at. In one case, for instance, the poor woman was operated on twenty-five times before the fistula was closed (*British Medical Journal*, No. cxviii. p. 267); and, while we admire the courage of the patient, it must be admitted that the operator failed twenty-four times in this one case; yet it counts simply as a cure in Mr. Baker Brown's statement of his great success. It may, indeed, be enough for philanthropic purposes to look at the number of *ultimate* cures; but certainly, in trying to ascertain or to demonstrate the successfulness of an operation, we must compare the number of times it has been successfully performed with the number of times in which, when performed, it has failed to accomplish the intended result. Now, in this latter point of view, the statistics are as follows:—In the nineteen cases above referred to, Mr. Baker Brown operated seventy-one times, and succeeded fifteen times. In other words, he was successful fifteen times, and failed fifty-six times.

This "amount of success" hardly warrants his boast, in my opinion, and perhaps does not give very much support to the cause of specialties. For my part, I cannot see any good reason why the "blood-red tape" should surround the department of Surgery to which the operation for vesico-vaginal fistula belongs. Any Surgeon who is accustomed to operate on the other regions of the human body may perform this operation if he possesses good eye-sight and some steadiness of hand as well as of purpose. Of course it must be supposed that he understands well the various steps of the procedure; for I am convinced that it is by misapprehending some of these that failures occur at all. Too much importance is often put on the cutting part of the operation, and too little on the others, especially on the insertion of the sutures. A little care is necessary in regard to both points, but, if such care is bestowed, the Surgeon—whether obstetric or ordinary—may almost surely reckon on success. I myself have not once failed; for, as I have already stated, only seven cases have as yet been under my care, and in all of them I have closed the fistula at the first operation.

2, Newton-terrace, Glasgow.

PERSONAL OBSERVATIONS ON THE RESULTS OF THE REV. HUGH REED'S TREATMENT OF CANCER.

By T. SPENCER WELLS, F.R.C.S.
Surgeon to the Samaritan Hospital, etc.

(Concluded from page 598.

Case 6.—A married woman, 44 years of age, of healthy aspect, came to me on March 8 with a growth from the hard palate, about the size of a filbert, extending from the gum around the left wisdom tooth towards the centre of the palate. It had a cystic or vesicular aspect, more like a fibrous epulis growing from the alveolar border of the jaw, or possibly a small fibrous tumour of the antrum, than any malignant growth. The history also was that of a non-malignant tumour. She had first discovered it by accident seven years ago. It had never given her any pain, and had remained much in the same state as when she first discovered it. It had never bled, and the mucous membrane over it, though attached, was sound. She had only been to Mr. Reed since the previous Friday, and had had gas applied to the left side of the neck and face for half-an-hour every day since.

She called again on June 11. She had used the gas every day for some weeks, and then four times a-week until Thursday, the 7th inst. Up to this time she was not conscious of any alteration in the mouth, except that the growth had extended backwards around the last molar tooth. But, on the Thursday named, Mr. Reed applied a liquid with a brush, which gave her great pain, and he gave her some to apply herself three or four times a-day. It turned the growth, and the tongue, and "all round" black. She had not been able to apply it herself, on account of the pain, which had been very troublesome ever since Mr. Reed applied it. There was an ulcerated surface about the size of a shilling at the seat of the growth I had seen formerly. The edge was not hard.

In this case I do not believe either good or harm was done

by the gas. What the result of the "liquid" application may be I do not pretend to foretell, but I think the growth was one of those which should either have been let alone altogether, or removed entirely.

Case 7.—On March 9 Mr. Reed showed me a married woman, 46 years of age, who had noticed a swelling in her left breast during the suckling of her youngest child, who is 3 years old. The swelling continued after weaning the child. She was first treated homœopathically by Mr. Reed's brother, a Practitioner at Greenwich. After some months she went to the Cancer Hospital for a short time, and then applied to Dr. Bradley, of Greenwich, who removed a tumour from the upper and inner part of the breast in June or July, 1858. The cicatrix opened two or three months after healing, and she went to the Cancer Hospital again in June, 1859. In July she went to Mr. Reed, and from that time had had the gas applied two or three times a-week for some months. She thought her health and strength had much improved under the treatment, and the pain had much diminished. Besides using the gas, she had taken pills and medicine night and morning. She had paid Mr. Reed five pounds and was to pay five more when well. There was a cancerous ulcer on the breast, with sloughy surface and hard nodulated edges, but no enlargement of axillary gland. I did not see her again until June 11, when she told me that she had continued using the gas once a-week and taking pills occasionally, and had had her mouth sore two or three times. "Does not feel so well as when she came before; has had a great deal more pain; 'deep, stabbing, inward pain,' in breast, and 'dead, heavy pain' in arm. Thinks the discharge is thicker and less abundant; no smell with it. A large nodule has formed at the outer and upper part of the cavity. Has been more painful since a red powder was applied some five or six weeks ago. Has bad pains in neck and between shoulders, so that she cannot lay on her left shoulder as she could before, and the stabbing pains are much deeper." There can be no question that she has become worse, and she feels it; but intends to complete the twelve months' attendance in which Mr. Reed promised to effect a cure.

Case 8.—On March 8 I saw a married woman, 40 years of age, with an open cancer of the left breast and swelled glands in the axilla. She had been three weeks under Mr. Reed, and had found great benefit from the application of the gas: the pain was less and the discharge more copious since it had been used. I wrote last week to the address given me by this patient and received my letter back through the post-office, with this note on the envelope—"Gone away; not known where."

Case 9.—On March 6 I saw a widow, 63 years of age, with an open cancer of the right breast and hard axillary glands. The breast had been removed by Dr. Fell three years before, but cicatrization had never been perfect. The gas had been applied seven times. The discharge had become less fetid under its use, and there had been considerable relief to pain. Her beer had been stopped. I have not seen this patient again, but I wrote on the 10th inst. to Richmond, where she resides, and received the following reply:—

"Mrs. —— is not in a state of health sufficiently strong to leave her bed, to which she has been confined ever since her last visit to town, so very ill as to be obliged to call in her own Medical man. He does not treat for cancer; but her general health became so bad as to be impossible to go on without him."

Case 10.—On March 9 I saw a lady, whose age I did not note, but who had been married eleven years, and had had no children. She had a large tumour in one breast, which had been pronounced malignant by Dr. Budd of Plymouth, and Mr. James of Exeter. It had been of rapid growth, as she had first noticed it within a year. She had been two months under Mr. Reed. Ulceration had commenced around the nipple about a month after commencing his treatment. She felt "on the whole improved in health, but her general health has never suffered. The right arm had been much swollen, but it had become less so." I thought I could feel a large cyst in this breast, and had the case been one of my own, I should have made an exploratory puncture. The cervical glands on the right side, and the axillary glands on the left side were enlarged.

I have not seen this lady since. I have written to her address and received no reply. I have heard from one of the other patients that she is "going on badly," and Mr. Reed told me that "she was becoming dissatisfied."

With the exception of the case I am now about to relate, these are all the cases treated by Mr. Reed that I have seen. Having been quite willing to acknowledge that some of these patients had received temporary benefit, that the fetor of the discharge had been removed, that pain had been diminished, and that in some the general health appeared to be improved, Mr. Reed asked me, and wrote to me, for a certificate. I replied that I was quite ready to fulfil my promise and publish an exact account of what I had seen in the *Medical Times and Gazette*, but that I had not seen one of his Cures. He then said he would send a woman to me whom he had cured of cancer of the uterus. I asked what proof there was that she ever had had cancer, and he replied that she had been discharged incurable from King's College Hospital two years ago with this disease, and had also been treated by Mr. Leonard, of Salisbury-street. But he added that Mr. Leonard was strongly prejudiced against him, and would not be likely to afford me any information. He was anxious to procure a certificate from me that the woman had no cancer, and another from King's College Hospital that she had been discharged incurable from thence with cancer of the uterus.

Case 11.—The woman called on me one day in the last week in May. She said her name was Mary Emmerton, that she had been under the care of Mr. Partridge in King's College Hospital, in June or July, 1858, that Mr. Ferguson had also seen her, that she had been discharged incurable with cancer of the uterus, that some time after her discharge she was under Mr. Leonard, the parish doctor, and that for the last eighteen months she had been under Mr. Reed's care, who had quite cured her, that she was now quite well, and free from discharge, or nearly so. I examined the uterus and found the os and cervix healthy, with the exception of a little unimportant induration, and I told her at once I did not believe she ever had had cancer. I did not suspect imposture, and in writing to Mr. Partridge for an account of the case, suggested that possibly a case of pelvic abscess had been erroneously entered in the books as one of cancer. But Mr. Partridge replied—"I find by turning to my Hospital Case-book that Mrs. Emmerton was admitted not so much with the object of dealing with any malady she might have, but to relieve a salivation under which she was suffering from the treatment of a Medical clergyman named Reed. She entered the Hospital on May 21, and left it on June 12, 1858. The dresser has marked the case 'Cancer of Uterus,' 'Discharged Incurable.' Among the dresser's notes I find 'Vagina covered with fungous growths, especially posterior wall, of size of grapes, so that the os cannot be distinguished; frequently passes bloody urine.'"

This naturally surprised me very much, and I then wrote to Mr. Leonard to ask what he knew of the case. Here is his reply:—

"Dear Sir,—Mary Emmerton died on the 24th August, 1858, of cancer of the uterus, under my care.

"Yours faithfully,

"James Leonard, M.R.C.S.E."

Upon this I wrote to Mr. Reed and asked him to send the woman again to me on the 6th inst., and I requested my colleague Dr. Savage, and Mr. Leonard to meet her at my house. She did not come, and I wrote again to Mr. Reed asking that she might attend on the 8th. She came, and Mr. Leonard saw her with me. He was at first in my inner room, and heard her repeat her former story with some slight variation. For instance, she said she had been two years and a-half under Mr. Reed instead of eighteen months, and that her name was *Emily* Emmerton. When I said she was *Mary* Emmerton before, she said her name was *Mary Anne Emily* She also said that Mr. *Reynolds*, not Mr. *Leonard*, had attended her after leaving King's College Hospital. She gave the same story as to being there in June or July, 1858, under Mr. Partridge, and being discharged incurable. When Mr. Leonard came into the room, she knew him directly, and he recognised her as a woman living in the same house with the widower Emmerton, whom he had attended in December, 1859, as Emily Smyth. She told us she was his second wife, and had been married to him more than two years. She did not appear at all disconcerted when I

showed her that if this were true she must have been married to him before the death of his late wife, and before she herself had been in the Hospital with cancer of the uterus. All she could say was that "all she said was true; she got nothing, and expected to get nothing by it. She had seen two ladies and two gentlemen sent to her by Mr. Reed, and she had told them he had cured her; but she got nothing by it, not even her cab-hire."

I then wrote the following letter to Mr. Reed:—

"3, Upper Grosvenor-street, July 8.

"Rev. Sir,—Will you explain the following facts:—

"1. You sent me a Mrs. Emmerton stating that you had cured her of cancer of the uterus, for which she was discharged incurable from King's College Hospital.

"2. I found the woman you sent me unaffected by cancer; but I also found,

"3. That Mrs. Emmerton died of cancer soon after her discharge from King's College Hospital.

"4. Mrs. Emmerton was well known to you, as she was admitted to that Hospital on account of a violent salivation which had followed medicines administered by you.

"These facts lead me to a conclusion which I shall be glad to modify, if I can, by any explanation you may offer."

I received three notes from Mr. Reed in reply to this, with an enclosure from the Rev. A. G. Edouart, Rector of St. Michael's, Burleigh-street. Mr. Reed first demanded proof of the death of Mary Emmerton. When this was given, he expressed great surprise, spoke of the woman's "unaccountable imposture," said she was a "most disreputable character, not even being the wife of the man with whom she is living," and that the case is "one of the most extraordinary and gratuitous deceptions I have ever met with, and will remain with me a puzzle as long as I live." He explained his knowledge of the woman by saying that a patient (whose name he did not give) had informed him that "a Mrs. Miller, living somewhere in Long-acre, a relation of his, had told him of the existence of a cure of cancer performed by me in the person of Mrs. Emmerton. On this I requested him to ask Mrs. M. to send Mrs. E. to me. As she did not come, however, I wrote to the Rev. A. G. Edouart, and requested him to see the person and to send her to me. He wrote me that Mrs. Edouart had called and seen the woman, and that she would come to me." This shows that Mr. Edouart was sent to Emmerton by Mr. Reed.

But as I thought Mr. Reed might prefer drawing up an answer expressly intended for publication, I wrote to him to say that I should publish my letter and would append to it any reply he might prepare. The following is his reply:—

"35, Gloster-street, Pimlico, S.W.
June 15, 1860.

"Sir,—In reference to your note concerning Mrs. Emmerton, I cannot congratulate you either on your courtesy or justness of reasoning. It is quite possible that I am guiltless of any error in the matter. Hence your implied accusation does not partake of that forbearance and *retenu* usual among gentlemen, and that your reasoning is unjust is very evident from the singular assertion that because she had been salivated while under my treatment that therefore she must have been well known to me.

"Now, I believe that it is quite possible to forget in two or three years the features of a sick person whom I had seen so far back in an ill-lighted room, and it heightens the possibility that my memory might fail still more when I should see the invalid restored to health.

"I send you a copy of the Rev. A. G. Edouart's letter, in which it is very evident that he looks upon himself as the person deceived by the woman; for it was on his authority, as well as that of the woman herself, that I accepted her assertion that she was the true Mrs. Emmerton.

"But, had I been in league with the woman to concoct the imposition, there are three singular and unaccountable acts on my part which perhaps you could explain on that hypothesis.

"Dr. Leonard knew the true woman well: he had attended her through a long illness. Besides, he was the Registrar of the parish in which Mrs. Emmerton resided. Moreover, Dr. Leonard is and was inimical to me. This gentleman, therefore, I had to dread in case of an imposition such as the one in question. Yet this is the man to whom I referred you for the truth of my story.

"Again, I supposed you would take the woman to King's College Hospital and there have the case fairly examined into. Again, had the true Mrs. Emmerton died after leaving the Hospital, I knew that the certificate of her death would be given from them, and that a record of it and the whole transaction could be referred to in an instant. How likely, therefore, that a sane man would try to impose a story so easily detected. Again, the woman told me that she had lately been recognised by Mr. Ferguson as the person treated by me, and that he had expressed his surprise at her restoration to health. On this a medical friend at my desire sent her with a note to Mr. Ferguson.

"These facts, I think, tend to exhibit in a dubious light your claims to courtesy and justness of reasoning.

"I regret that I have been the means of troubling you with this miserable and lamentable imposition. But I have been the greater dupe of the two.

"I am, Sir, your obedient Servant,
"H. Reed."

Mr. Edouart's letter referred to in the above is as follows:—

(*Copy, in Mr. Reed's Handwriting.*)

"St. Michael's Parsonage,
"Burleigh-street, Strand, W.C., June 9, 1860.

"My dear Mr. Reed,—I have just called upon Mrs. Emmerton, and though I did not see her, I have ascertained beyond a doubt that the Mrs. Emmerton whom you attended for cancer has been dead for some time past. It is a most awkward mistake, for which, believe me, no one is more sincerely sorry than myself.

"Whatever could have been the woman's reasons for admitting that you had cured her of cancer, which *she most certainly did* to Mrs. Edouart, and which, as I gather from your note, she subsequently did to yourself, I cannot possibly imagine. No one, however, is to blame in this matter but the woman Emmerton herself, who without question has been guilty of this misrepresentation. I write in the greatest possible haste, that not a post may be lost, and believe me to be, etc. etc. etc., as ever, my dear Mr. Reed,

"Yours most truly,
(Signed) "A. G. Edouart."

I have only to remark upon this case that it may be explained upon two theories:—

The first supposes that Mr. Reed, failing in his endeavours to produce one case by which he could prove that he had cured a real cancer, brought forward a woman who was willing to assert that she had been cured, and to personate the deceased wife of the man whose name she had lately assumed. This theory is supported by the evidence of motive. Had Mr. Reed been able to procure a certificate that Mary Emmerton had been discharged incurable with cancer of the uterus from King's College Hospital, and a certificate from me that her uterus was now healthy, an appeal to the public would probably have met with a very remunerative return. The motive of the woman on this view is also clear enough. The great objection to it has been well stated by Mr. Reed. He himself furnished the reference to Mr. Leonard by which the imposture was discovered.

According to the theory of the defence, Mr. Reed has been duped by a woman of whom he had no previous knowledge. He can assign no motive why she should attempt to deceive him and others. It will remain a mystery to him. If we admit this view of the case, we must conclude that a woman, entirely unknown to Mr. Reed, and living with a man named Emmerton, should of her own accord, and without any conceivable motive, determine to personate the dead wife of Emmerton; to present herself to Mr. Reed and others as this woman; to falsely represent herself as having suffered from a loathsome disease, and this to the very man whose treatment she asserted had cured her; should voluntarily, and without hope of reward, repeat the false story of her illness, of her stay in Hospital, of her discharge as incurable, and of her subsequent cure to Mr. Edouart, to patients of Mr. Reed's, and to me; and that she and Mr. Reed should agree in the account of the illness and cure until the woman was made aware by Mr. Leonard that her attempted imposition was discovered.

It is for the reader to judge which of these two theories is the more probable. There are some who will give Mr. Reed the benefit of the doubt, and regard him as deluded but not

dishonest, and I have no wish to diminish the number of those who may take this charitable view of the matter.

P.S.—Since the first part of this paper appeared I have received a letter from Mr. Reed replying to my reports of his cases.

On *Case* 1 he remarks:—"I never promised Mr. —— to effect a perfect cure: I said I thought I could cure him; and I say so still. He is improving very much. He disagrees with your statement; nor has he paid me 100 guineas."

On *Case* 2 he says:—"I never promised to effect a cure in the gentleman from Rio de Janeiro. I told him that it was a difficult case, and that I would do for him all that lay in my power. It was optional with him to go away from my treatment after each visit, yet he continued to attend for some time."

Case 3.—"I never told the person that I could make a perfect cure of her. I might have said I would try to do so."

Case 4.—"This patient's mouth was never sore. She attended the Cancer Hospital, and was told by Mr. W. Cooke that hers was a case of cancer. But some other notice will shortly be taken of this case, and an appeal will be made, not to the 'Profession,' but to the public."

I need hardly say that these observations of Mr. Reed's do not alter my opinion. My notes were taken down from the patients' statements at the time; but it is not unlikely that in the first case the sum of 100 guineas may have been agreed upon, but not entirely paid up. On this point, and that respecting the promising to cure, a written statement from the patients would be more satisfactory than Mr. Reed's own version of the terms of his contract. The lady, *Case* 3, and her sister, who was present, repeated on Tuesday last to Mr. Young, of Sackville-street, and to me, her statement that Mr. Reed had promised to "make a perfect cure of her." Both sisters said those were his words. I have written solely respecting cases he himself submitted to me on the express understanding that I should publish an exact report of the results of his treatment; but I have heard of other cases in which he had either promised to cure, or was understood to do so by the patients' relations, and after the death of these patients had refunded the money he had received. I have reason to believe that Mr. Reed only showed me the cases he thought most likely to produce a favourable impression of his treatment. I have *heard* sad stories of others, but I have strictly confined this paper to the results of personal observation.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

WOOD'S OPERATION FOR THE RADICAL CURE OF INGUINAL HERNIA.

(Under the care of Mr. WOOD.)

We had last Saturday an opportunity of again seeing Mr. Wood perform the operation now commonly called by his name. The patient was a sailor, aged about five-and-twenty. He had been rejected by the examining Surgeon of the Royal Navy on account of the hernia, but would be received again after he had undergone the operation successfully. The hernia was very small, and protruded very little beyond the external ring. There was, Mr. Wood remarked, a sort of narrowing at its middle part, and it appeared to be larger at the internal than at the external ring; thus indicating that the internal ring was the larger—a condition not so favourable, Mr. Wood stated, for the easy performance of the operation as the reverse where the hernia is pyriform. The patient being placed under the influence of chloroform, Mr. Wood proceeded with the operation. Having drawn the ligatures together, he requested some of the gentlemen present to feel the complete closure of the hernial canal thus effected. After the operation he carefully detailed the steps of the operation; but as the particulars have already appeared in our pages (see June 25, 1859), and as Mr. Wood states that he has not found it necessary to make any modification of the plan there recommended, it will not be necessary here to repeat them. We may mention, however, that on this occasion the ligatures were tied over a rounded smooth oblong piece of glass, instead of a bar of wood.

The patient being removed, Mr. Wood then brought before the notice of those present a person on whom, three weeks ago, he had operated for inguinal hernia of the left side. The patient, a man aged forty, had suffered from double hernia for four years, and had always worn a truss. Notwithstanding this, he suffered great inconvenience, especially from the left one, so much so that he was not able to follow his employment for a very great length of time. The hernia was, Mr. Wood said, a very large one, and appeared a very unpromising one for radical cure, and it was only at the man's urgent request that he consented to operate. The result, however, as far as can be judged at this lapse of time, appears most satisfactory. He recovered well from the operation, and now the canal is obliterated by the approximation of the pillars of the ring and by a mass of deposit. He is to wear a truss for a short time longer as a matter of precaution. As his general health is feeble, Mr. Wood does not consider it advisable that he should remain longer in the Hospital at present, in order to undergo a similar operation on the other side. The man, who seems delighted with the result obtained, intends to come up again for a repetition of the operation on the other side.

ST. THOMAS'S HOSPITAL.

DIABETES—DIETETIC TREATMENT BY GLUTEN BREAD.

(Under the care of Dr. PEACOCK.)

G. H., a boiler-maker, aged 33, from Plymouth, was admitted on February 4, 1860. He stated that he had been ill for five months, but previously had had good health. His illness had been much more severe the previous two months, during which time he had been taking chlorodyne. He had been making a large quantity of water for that period.

When admitted he was pale, thin, and weak; his pulse feeble and slow—60. He complained of urgent thirst; had a furred tongue; the skin was warm and moist. He passed eight pints of urine of a specific gravity of 1045 in twenty-four hours. It contained sugar. He was directed to take five grains of gallic acid and a quarter of a-grain of opium three times daily; for his diet to have one pound of the bran bread, cakes, or biscuits; one pound, and afterwards one and a-half pounds, of meat, with greens daily, and milk, with some brandy-and-water, for beverage. The bran cakes were those prepared by Mr. Smith, of Gower-street North, according to the formula of Dr. Camplin, but which contain much larger particles of bran than the cakes or biscuits as prepared by Dr. Camplin himself. Soon after commencing this treatment his bowels became much relaxed, and on the 15th the gallic acid and opium were increased in dose to ten grains and half a-grain respectively. On the 17th the quantity of water passed in the twenty-four hours was five pints, and the average specific gravity was 1045. On the 20th, as the diarrhœa continued, the gallic acid and opium were directed to be taken four times daily, but as it was still more or less troublesome, on March 5 Bouchardat's glutin bread, as prepared by Durard and Co., and supplied from the importer, G. Van Abbott, 13, Basinghall-street, was substituted for the bran cakes. The quantity first given was one-third of a pound daily. On the 9th, the quantity of water passed was still five pints, and the average specific gravity was 1046.

March 29.—He had gained six pounds in weight since his admission, he took his food well, and had less diarrhœa; but as this was not quite checked he was directed to take two grains of opium twice daily, and on April 4 the opium was ordered to be taken three times daily.

April 12.—He had gained another pound in weight, the urine was of the average specific gravity of 1039, and the quantity passed was reduced to four pints. The allowance of Bouchardat's bread was increased to half-a-pound.

April 23.—He had continued to improve, and being anxious to return home, and his ward being closed for cleaning, he was permitted to do so. He now passed four pints of water in twenty-four hours, and of a specific gravity of

from 1036 to 1040. He had continued to take the two-grain opium pills, once, twice, or three times daily, according to the state of the bowels, which were now acted upon three or four times daily. He had gained nine pounds in weight during the eleven weeks which had elapsed since his admission. He had also gained much in strength, having latterly been able to leave his ward and walk in the yard, and his appearance had greatly improved. This improvement seemed entirely to have occurred during the last seven weeks in which he had been taking Bouchardat's bread. Under this food—though it is stated to contain about one quarter of starch, from which the bran bread, if properly prepared, should be nearly or entirely free—the quantity of water diminished, and the specific gravity became lower, and the diarrhœa, which, probably from the irritation created by the loose particles of bran, could not be controlled, was materially relieved. He expressed himself as much preferring Bouchardat's bread to the bran cakes.

ROYAL LONDON OPHTHALMIC HOSPITAL.

SYMMETRICAL APOPLEXIES BENEATH THE RETINÆ OCCURRING IN AN APPARENTLY HEALTHY MAN.

(Under the care of Mr. DIXON.)

The following case illustrates well the value of the ophthalmoscope in giving a simple explanation of what would have been almost inexplicable without it; also by supplying objective phenomena, which rendered more valuable and gave a definite meaning to the subjective symptoms of the case. The instrument, in fact, completed the history of the disease so far as the eye was concerned, and furnished information which formerly could only have been obtained by actual dissection. The patient was a rather delicate-looking man, aged 26, who considered himself in good health. He first came as an out-patient to Mr. Dixon on April 23 for sudden failure of vision in both eyes. The following account, bearing on his general health, occupation, and the impairment of vision, was obtained on that day :—

April 23.—He says that his health has, until recently, been good, with the exception of occasional severe headaches, and that his eyes have been good, although he considers that his occupation (turning brass, etc.) tries them. He never wore spectacles. His mouth is drawn a little to the right side, but this he says has always been the case. He denies ever having had any fit, but ten years ago he was subject to "faintings, all coming dark round him," followed by insensibility not attended by convulsions. He says that he has been subject to the attacks of pain in the head four or five years; that they occur about once a month; and that he had one a fortnight ago. He describes it as a throbbing pain, and says that it appears to have as it were a starting point just behind the left ear, and that it then passes on the same level quite round the head.

The following statement of the failure of vision is given almost in his own words. On April 12 he noticed while at work that there was "a dimness before his sight," and, on closing the eyes alternately, he found that he could not see with the left. There was no pain in the eye, nor had there been any headache for some days, his health being, he conceived, quite good. The next morning the right eye failed in the same manner, while he was at work, and now he could not see to continue at it; and, on further trying the eye, could only make out very large capital letters.

His right eye had now (April 23) improved. His power of sight was now tested by Jaeger's test types. With the right eye he could see to read ordinary type with ease, but with the left he could only read No. 20 by spelling the words letter by letter. The pupils were normal, and external examination failed to detect any cause for the symptoms. He could find his way about, and could see better in a dim light. In strong light he could not see at all. Solution of the sulphate of atropine was dropped into the eye, and the dilatation of the pupils, the man fancied, was followed by some improvement. The ophthalmoscope showed traces of effusion from the choroid beneath the retina, at the yellow spot, the most in the left. The pigment appeared as if worked together. The urine was examined several times, and no trace of albumen was ever discovered, and throughout the treatment the man considered himself to be in very good health. At the last note, June 14, vision was about the same, but now the left eye was the better, and the other had retrograded. Ophthalmoscopic examination was painful, and was, therefore, not repeated.

APOPLECTIC EFFUSIONS OF BLOOD INTO BOTH RETINÆ—HEADACHES.

James B., a man aged 36, but looking ten years older, was admitted as an out-patient, under the care of Mr. Dixon, on April 4, for gradual failure of vision in both eyes. He stated that it had commenced at first, five months before, "as a little dimness like a mist before the eye," and then gradually increased. He was next troubled with what appeared to him black spots floating before the eye. He had, for three months preceding admission, been suffering with pain in the head, chiefly in the forehead, but extending backwards on both sides. It was constant night and day, and kept him from his work. He was a stout, flabby-looking man. His cheek and nose were covered with acne rosacea, but his general health, he said, had been, until recently, quite good, nor had he ever previously suffered from any defect of sight or disease of the eye. There was no personal or hereditary history of rheumatism or gout. His general appearance on admission was not the blank look of total blindness, but he could find his way in the Hospital, only slowly, and not without directing himself somewhat by feeling. On looking at the eye, no marked peculiarity was observed, except that the pupils were much larger than natural, though not dilated to their fullest extent. They did not contract by light. Being more particularly examined as to the powers of vision, it was found that he was not able to make out letters, and could only see the lines of print on his letter as black strokes. He could see better with the left eye. The eyes were examined at the time by the ophthalmoscope, and clots of blood were distinctly seen in the fundus. The following is an account of an ophthalmoscopic examination made on April 16 :—

Right Eye.—"Media transparent; margin of the optic entrance undefined. Small patches of blood near its inner side. A large patch very distinct, and abruptly circumscribed, near, if not on, the yellow spot. Retina hazy in small patches in different parts of the fundus.

"*Left Eye.*—Media transparent; margin of the optic entrance ill-defined. The course of the vessels interrupted in places by whitish patches from partially absorbed ecchymoses. The blood supply in this eye is better than in the other."

There are no recent extravasations in either of the eyes.

Mr. Dixon prescribed aperients, quinine, and blisters behind the ears, and enjoined rest. The patient continued this treatment, but without much benefit, the pupils continuing dilated, and the vision much impaired. On May 7 it was noted that for the previous week or ten days he had had an attack of the pain in the head, across the forehead. He also stated that he began to have some numbness of the right side of the face and of the right arm. He said that the feeling in the right leg was unimpaired. The urine was this day examined for albumen; none was detected. Its specific gravity was 1020; its general character apparently normal.

June 14.—At this date he is still under treament, but attends at greater intervals, no marked improvement having taken place.

APOPLEXY OF THE RIGHT RETINA IN CONNEXION WITH FRONTAL HEADACHES AND EPISTAXIS.

(Under the care of Mr. DIXON.)

The cases of apoplexy of the retina which we have previously reported have implicated both eyes. In the following case, up to the time of this report (ten weeks after the first attack), the disease has been confined to the right eye, the left remaining, as far as the patient can tell, as good as before. This want of symmetry is the more remarkable as in the other cases, not only were both eyes affected at once, but the lesions occupied the same positions in each eye. The patient, William G., a man, aged 55, first applied to Mr. Dixon as an out-patient, on June 11, for defective vision in the right eye. He is a healthy-looking man for his age, and with the exception of what appears to have been a mild attack of rheumatic fever twenty years ago, has had pretty good health. He is by trade a tailor, but has only been

engaged at sewing for the last two years. For the fifteen years preceding he had worked at cutting out, and on his return to the sewing, which required more accurate sight, he found he was obliged to wear spectacles and has continued to do so ever since. His health during this time, as far as he knows, has not been otherwise than good, except during the last six or seven months. He has recently suffered from headaches, but he states that in spite of this he has felt in all other respects well. The headache has never been severe; it has occurred once or twice a week for a few hours in the morning. It has been confined to the forehead. He does not know of any hereditary predisposition to rheumatism, gout, or cerebral disease, with the exception that his sister died of apoplexy at the age of 50.

The failure of sight in the affected eye (the right) appears to have followed soon after an attack of bleeding from the nose. He says that one evening, ten weeks ago, his nose began to bleed, but he is not able to state whether the blood came from one or both nostrils. It bled for a quarter of an hour, then ceased, and returned again in the evening, again ceased, and returned in the morning. The bleeding does not appear to have been profuse, but was sufficient to make him seek for Medical aid, and keep his bed for a short time. The Surgeon whom he consulted told him that, considering the headaches from which he had suffered, there was little doubt that the epistaxis had saved him from a fit. He has had no return of the bleeding since, but a fortnight later he found that the right eye was becoming dim, and that at first trying he could not see to thread his needle. For other, and what we may call rougher vision, he could still see well. The eye, however, gradually got worse. The headaches had been wholly relieved by the epistaxis.

On June 14 the following statements were obtained as to the condition of the eye. He says that at night, on looking at the ceiling, he sees a large "black" the size of two heads, the rest of the ceiling appearing pretty clear. (The pupils dilated by atropine.) He can read No. 20 without his glasses, and No. 16 pretty well with them. His vision with the affected eye is far better than would have been anticipated, considering the appearance of the fundus of the eye as seen by the aid of the ophthalmoscope.

Ophthalmoscopic Examination of the Right Eye.—A large irregularly circumscribed patch extends over and around the yellow spot, the ground of which is lighter coloured than the surrounding parts, and on which are numerous dots of extravasation, very irregular, and in many places consisting of five or six spots running into each other. Between this patch and the margin of the optic entrance is a large and apparently thick coagulum of a deep purple tint. This patch is apparently a little below the equator of the eye. About the patch first described, and close to some of the smaller extravasations, are round islands of a dead white colour, appearing about the size of pins' heads. This tendency to become white, is apparent over the whole of the patch first described. Minute dotted extravasations are seen in the lower part of the retina on the inner side.

The urine was examined, and ascertained to be free from albumen. The heart appeared to be healthy.

From the aspect of the effused patches it seemed certain that several distinct apoplexies must have occurred at different periods. The patches which were whitish in colour were no doubt those of oldest date. The case is of interest on account of the age of the man being exactly that at which a sister of his had died of cerebral apoplexy, and because in his own case severe frontal headache and epistaxis had preceded the effusion into the eye.

The treatment recommended consisted in rest of the eyes, change of air, and attention to the state of the digestive organs.

The Report of Commissioners of Customs states that the superintendence exercised during the year to prevent the importation of diseased animals proved efficient, especially in respect to a contagious eczema among cattle, which gave rise at one time to much controversy. The sheep, the importation of which has largely increased, were generally healthy, and the small-pox prevalent among them in former years appears to have entirely subsided.

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Medical Times and Gazette.

SATURDAY, JUNE 23.

AN AMERICAN EDITOR ON INTERNATIONAL COPYRIGHT.

The great bulk of our readers are neecssarily men of literary tastes, and we are proud too to know that we secure the attention of that portion of the Profession whose habits are also literary, and who have the ear and the respect of the public. All are more or less interested in the question of International Copyright. This we brought forward in a somewhat practical tone a few weeks ago. There has now been time for an echo to reach us from the other side of the water, and the surge and boom of it are thoroughly Transatlantic. England has a great literature; Ameriea "has authors second to none." England has disclosed many noble truths of science; "the greatest scientific discoveries of the last twenty years have been made in America." England demands an international copyright on the wide, open ground of justice, and the good of all; America does not "propose to discuss this question in the abstract," but calculates some of the benefits to American literature which would result from an international copyright. These are the grand reverberations which beat upon us. Much better this big, young talk, than mere stagnation; and we ean afford to listen placidly, and to smile hopefully. But let us also catch up and examine some few of the fainter utterings which the subject prompts an American editor to say. He would altogether repudiate and abjure sympathy with "international stealing," "the larcenies committed by some of our American journalists," "common plundering," and "scissoring." He acknowledges "piracy to be a crime," and spurns the flimsy fallacies about "cosmopolitan philanthropy," "the universal character of science," and the "hardship of the lets and hindrances of legal enactments." The whole American system of reprinting is admittedly bad, and it is not worth while spinning fine webs of sentiment about it to conceal its deformities, or wasting grand language in trying to defend it. Let it go; and let America have the advantages of an international eopyright. After all, it is better to look at the matter in its practical bearings, for (*aside*) if we have not a national Medical literature, we have a good share of American Medical vanity; and there is something to be said about that. The real truth is, that foreign, and especially English books, are not reprinted on account of their superiority, or, at any rate, on account of their superiority to what might be done in America. It is cheaper to reprint than to pay authors; and it lies in human nature to buy cheap reprints, provided they are not much worse than the original works which there are American writers always ready to produce if circumstances permitted. The system starves the foreign author, and represses native talent. The English bookmaker would write better if he had American remuneration; and the Americans do not write at all beeause the bookseller will not pay them.

The literary labour of England and the literary "labor" of America, may be declared the highest and hardest work that man is capable of performing, and both should have a pecuniary reward. Pay both, and we should soon see where one would be.

Then, again, the respectability of American authorship is an important consideration. The "social evil" of American literature is the "American editor." Trains have their conductors, Atlantic steamers have their harbour pilots, Washington's mother and Jenny Lind had their Barnum, and it seems to be a settled point in the American constitution, that every English book is to have its "American editor." An American editor equivalent to a Barnum and a social evil! what are we to understand by this questionable title? Simply, we are informed, "that in the great majority of cases, it means nothing more nor less than the 'proof reader,' bestowing cheap literary honor and repute, frequently where it least belongs, and in other cases humbling those who are fully competent to produce as good an original work as the one which they edit to the position of proof readers and American editors, because it pays better to the publisher to reprint than to *risk* an original work." Now, this is quite wrong, and there are all sorts of American reasons why the evil should be suppressed by an international copyright. Honesty, equity, the advancement of science, are all good reasons; and the liberation of original research and scientific "labor" from the oppression of the yearly inundation of reprints in every branch of science is imperative. America need not be dependent any longer on foreign discoverers. Why should the young country always have to be reading accounts of what the old ones have done and are doing, instead of cutting out a career and immortality for itself? Let American booksellers be made to pay, and let American authors and original researchers flourish! So say we also. There are good hearts and sound minds, steady observers and eloquent writers, in that land of our children; and we wish for nothing more than that they should have fair play in the race, and speedily outstrip their fathers, if they can, in the work of doing good to mankind.

THE WEEK.

The minutes of the meetings of the General Council will be found in full in another part of this number. But one year has elapsed since the first meeting, yet four changes have taken place in the Council Board. Dr. Laurie's death, and the retirement of Dr. Watson, of London, and Dr. Watson, of Glasgow, have led to the filling of their seats by Drs. Allan Thomson, Burrows, and Mr. Watt. Even since the present sittings commenced one esteemed member has been removed by death,—Dr. Robert Williams, the representative of the Irish College of Surgeons, died suddenly on Tuesday. The vote of sorrow for his loss, and esteem for his memory, passed by the Council, will be ratified by the whole Profession. Further changes are expected, as it is reported that Sir James Clark is likely to resign this week, and that Dr. Baly will probably fill his place as one of the Crown nominees. The session will be continued until Saturday. A great deal of work has been done during the recent sittings, as may be seen by the Minutes, but we must reserve comment for the present.

The case of Husband *v.* Shirley illustrates some curious points of Medical law. The plaintiff sued the defendant in the County-court at Windsor to recover £30, which she claimed for damages alleged to have been incurred in consequence of the defendant having assaulted her and communicated a certain loathsome disease, whereby she had sustained great injury in health, feelings, etc. The plaintiff inserted an advertisement in the *Times*: "Wanted.—A young person, aged 28, seeks a situation as housekeeper to a single gentleman, or companion to a lady. Is well educated and domesticated,"—and which was seen by the defendant, an officer of rank in the army. After some correspondence the defendant engaged the plaintiff as his "housekeeper," at £16 a-year, she knowing and expecting what was to follow. The plaintiff, on the day she arrived at the defendant's house, had luncheon with him at his desire, and the same evening an improper intimacy took place between them. After the plaintiff had been with the defendant some ten or twelve days, she discovered that her health was affected, and saw a Medical man, who did not, however, examine her, but told her on her own description what was the matter with her. The result of this interview was communicated to the defendant, who alleged there was not the slightest ground for the imputation, and offered to go before a Medical man. The plaintiff and defendant were both examined; but the Medical gentleman consulted by the plaintiff was not called. The defendant's Medical adviser was, however, examined, and stated that he had, about two months previous to the occurrences in question, minutely examined the defendant to ascertain whether he was suffering from gonorrhœa or syphilis, but found no traces of any venereal disease. On this evidence it was contended on the part of the defendant, that the plaintiff had consented to what had taken place, and that there was no evidence in support of the allegation that the defendant had communicated the disease to the plaintiff, and that in the absence of such evidence there was no cause of action disclosed. It was argued, however, for the plaintiff that had she known defendant's condition, she would not have consented, and that the injury to her health, irrespective of the consent, formed an assault of itself. The Judge (J. H. Koe, Esq., Q.C.) did not, however, concur in this latter view, and remarked that no conclusive evidence had been adduced to show that the plaintiff suffered from what she imagined, and that the question would recur whether the defendant knew that he laboured under such disease. A long discussion then ensued, in which it was contended that the plaintiff consenting, must have done so at her own risk with respect to the consequences; and which resulted in his Honour nonsuiting the plaintiff. The case was then proceeded with on another ground, when the jury found a verdict for the plaintiff; but as the Judge has granted a new trial, the case may be again considered.

The following scraps from a late discussion in the House of Commons are interesting. As to Netley Hospital, Sir J. Paxton renewed the old clamour against the site, evidently knowing nothing about it, and forgetting that it is exclusively intended for invalids coming home from warm climates:—

"The Hospital at Netley had been the most mismanaged public affair in this country, although he was bound to say the present Secretary at War was entirely exonerated from that mismanagement, the right hon. gentleman having vainly endeavoured to arrest the further progress of the building on its present site. Land had first been purchased on the Southampton Water. Then money was asked for the foundations. Step by step the outlay had risen to £350,000 and no doubt it would amount to £400,000 before it was finished. It was a Hospital for accommodating 1000 men, and it would cost £400 per man, while in a sanitary point of view it was a most improper site for a Hospital. (Hear.) It seemed got up to make a fine show on the Southampton Water, and not to be a good Hospital for invalid soldiers."

Then Mr. Sidney Herbert expressed himself on Military Lunatic Asylums and Hospitals, as follows:—

"The subject of building Military Lunatic Asylums was brought before the Sanitary Commission, but they could not on the whole recommend the establishment of such institutions to be managed by the Government. A better security

for the proper treatment of military lunaties would be obtained by placing them in well-regulated private Asylums which were supervised by the Lunacy Commission. Netley Hospital had not been spoken of a bit too severely in the course of that discussion. When the plan was first proposed he himself protested against it, but the House did not support him. Ill-adapted as our Military Hospitals, no doubt, were for their purpose, civil Hospitals were not a jot better. Many of the London Hospitals quite capped anything to be found in the worst military establishments of that kind. The Government were now building barracks that would make incomparably better Hospitals than the generality of the Metropolitan Hospitals, or than the one at Netley, where there were long corridors, deep rooms with windows at one end turning towards the north-east, and no side ventilation. The principles of common sense were, however, now being applied to these matters, and it was understood that for the proper treatment of the sick they should secure the greatest possible admission of fresh air."

In criticising a work of Dr. Edwin Lee, the *Gazette Médicale* observes :—

"The state of moral degradation in which the Medical Profession in England languishes, has been for some years the constant consideration, and the source of the legitimate complaints of the most eminent men of the country. Political journals, literary reviews, the scientific press, all these have echoed their complaints, and have propagated the idea of the necessity of a reform. Meetings, commissions, associations, have been formed for the purpose of investigating and proposing to the Ministry legislative measures. All sorts of plans for reform have been recommended, but they have always turned out impracticable. . . . The perusal of the two memoirs of M. Lee, shows us what a long path English Medicine has yet to follow out, in respect of its institutions and professional conditions, before it can attain the height and social dignity that it occupies in our country (! ! !). We hope, however, that better days are in store for it. We have the guarantee in the zeal and talents of men who, like M. Lee, labour at its regeneration."

The churchyards and their emanations, of which we used to hear such deplorable accounts a few years ago, seem to have been very moderate nuisances in comparison with the gas-leakage nuisance, which is now beginning to attract the attention of sanitarians. It is reckoned that about 386,000,000 of cubic feet of gas escape per annum in the metropolis—or, in other words, that about 1,000,000 cubic feet a-day of that delicious vapour is let loose in an unburned state upon London society. Some authorities reckon the quantity at about 2,000,000 feet per diem. The subsoil is, it seems, saturated with the gas :—

"It not only darkens the soil and makes it so offensive that the emanations from it can hardly be endured, but it also impregnates the atmosphere of the sewers, and renders the basement rooms of houses uninhabitable from the poisonous action of the gas, and even dangerous from explosion. It likewise often taints the water of the street mains with the filthy odour of gas."

The loss in hard cash comes up to about £50,000 per annum. Here, then, is evidently an evil to be remedied; and the mode of remedying it is plain enough. The gas should be made purer—free from ammonia and sulphur, and the joints of the gas-pipes should be made firmer. This last remedy is the plainest one; and it appears also that it is a practicable one. We are told that :—

"In Liverpool, Manchester, and Leeds the latter remedy has been applied. The ends of the pipes are turned and bored, and fitted into each other by grinding, like a stopper in a bottle, and thus the leakage from the joint has been prevented."

Mr. Kiernan, Mr. Hodgson, and Mr. Partridge are the eligible Fellows who are candidates for seats in the Council of the College of Surgeons, at the ensuing election on Thursday, the 5th of July next, at one o'clock. All these gentlemen retire from the Council in rotation; and we believe there is no opposition to their re-election. Had there been opposition, the nomination of the candidate must have been sent in, according to the bye-laws, within ten days from the publication of the *London Gazette* in which the day of election was announced.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, THURSDAY, JUNE 14, 1860.

Royal College of Physicians, London.

Sir Benjamin C. Brodie, Bart., President, took the chair at two o'clock, p.m.

Present—

Dr. Burrows.	Dr. A. Smith.
Mr. Green.	Dr. Leet.
Mr. Nussey.	Dr. Apjohn.
Dr. Acland.	Dr. Corrigan.
Dr. Bond.	Sir James Clark.
Dr. Embleton.	Sir Charles Hastings.
Dr. Storrar.	Mr. Lawrence.
Dr. Alexander Wood.	Mr. Teale.
Dr. Andrew Wood.	Dr. Christison.
Mr. Syme.	Dr. Stokes.
Dr. A. Thomson.	

Dr. Francis Hawkins, Registrar.

The minutes of the last meeting were read and confirmed.

1. Moved by Dr. Andrew Wood, seconded by Dr. Storrar—That the following Members constitute the Business Committee :—

Dr. Andrew Wood, Chairman.	Dr. Thomson.
Mr. Teale.	Dr. Corrigan.
Dr. Embleton.	

Agreed to.

2. Moved by Dr. Storrar, seconded by Dr. Stokes—That the further consideration of the subjects of General and Medical Education be referred to a Committee of the whole Council.—Agreed to.

3. Moved by Dr. A. Smith, seconded by Mr. Teale—That a Finance Committee be appointed, to report on the expenditure on the part of the General Medical Council, and all other matters respecting the financial affairs of the Council; the Committee to consist of

Dr. A. Smith, Chairman.	Mr. Nussey.
Dr. Alexander Wood.	Mr. Green.

Agreed to.

4. Moved by Dr. Corrigan, seconded by Dr. Apjohn—That the Medical Council, having had their attention called to various defects in the Medical Act, which interfere with its efficient working, appoint a Committee to report upon this subject, before the close of the present session of the Council.—Agreed to.

Resolved that the Committee consist of the following Members :—

Dr. Corrigan, Chairman.	Dr. Burrows.
Dr. Thomson.	Dr. Acland.
Dr. Storrar.	Dr. Andrew Wood.
Dr. Apjohn.	Mr. Green.

5. Moved by Dr. Storrar, seconded by Dr. Andrew Wood—That the Council resolve itself into a Committee on Education, to-morrow, at two o'clock.—Agreed to.

The President was compelled to leave the chair, which was then taken by Sir James Clark, Bart.

6. Moved by Dr. Andrew Wood, seconded by Mr. Teale—That a Committee be appointed, to consider special claims for Registration; the Committee to consist of

Dr. Alex. Wood, Chairman.	Dr. Leet.
Sir Charles Hastings.	Dr. Embleton.
Dr. Bond.	Dr. A. Smith.
Mr. Syme.	

Agreed to.

7. Letters having been read, addressed by the Metropolitan and Provincial Inspectors of Anatomy to the President of the Medical Council, suggesting that, with a view to the better

working of the Anatomy Act in England, the Council should recommend that the Medical Session in London should commence on the 1st of November, instead of on the 1st of October, in each year.

Resolved—That answers should be returned, stating that the subject does not lie within the province of the Medical Council.

8. Moved by Dr. Alexander Wood, seconded by Dr. Acland—That the Council meet at one o'clock to-morrow, for the purpose of considering the case of Richard Organ, and that their law advisers be requested to attend, to give such information as may be required.—Agreed to.

9. Memorials were read from the Medical Protective Associations of Ulster, and of the County and City of Cork, recommending a separate Medical Register for Ireland.

Moved by Dr. Alexander Wood, seconded by Mr. Green—That the Medical Act does not authorise the publication of separate Registers for each division of the United Kingdom, but that the Memorials be referred to the Committee appointed to report upon the defects in the Medical Act.—Agreed to.

10. A letter having been read from Mr. William Whytehead Morris, complaining that he had been threatened with prosecution for assuming the title of Surgeon, he being a Licentiate of the Apothecaries' Society of London, and not possessing a Surgical Diploma, it was directed that an answer should be returned, stating that the subject of his communication is not a matter in which the Medical Council can interfere.

Confirmed—Joseph Henry Green.

MINUTES OF MEETING, FRIDAY, JUNE 15, 1860.

Mr. Green took the chair at one o'clock, p.m.

Present—

Dr. Burrows.	Dr. A. Smith.
Mr. Green.	Dr. Williams.
Mr. Nussey.	Dr. Leet.
Dr. Acland.	Dr. Apjohn.
Dr. Bond.	Dr. Corrigan.
Dr. Embleton.	Sir James Clark.
Dr. Storrar.	Sir Charles Hastings.
Dr. Alexander Wood.	Mr. Lawrence.
Dr. Andrew Wood.	Mr. Teale.
Mr. Syme.	Dr. Christison.
Dr. A. Thomson.	Dr. Stokes.

Dr. Francis Hawkins, Registrar.

The minutes of the last meeting were read and confirmed.

1. The Council met at one o'clock, in accordance with the resolution of yesterday, and had a conference with the solicitors, in reference to the case of Richard Organ.

2. Moved by Dr. Alexander Wood, seconded by Dr. Christison—That the written questions put to the solicitors be preserved, along with their answers, which the Registrar should be instructed to obtain in writing.—Agreed to.

3. A letter was read from Dr. James Watson, resigning his seat in the Council, as representative of the Glasgow Faculty of Physicians and Surgeons.

The Council then resolved itself into a Committee on Education, Sir Benjamin C. Brodie, Bart., President, taking the chair.

1. Moved by Dr. Storrar, seconded by Dr. Alexander Wood—That the President be requested to act as Chairman of the Committee on Education.—Agreed to.

2. Moved by Dr. Storrar, seconded by Dr. Corrigan—That Resolutions 6 and 7, of the 3rd of August, 1859, in relation to Education, be now read.—Agreed to.

(6.) "That for the purpose of guiding the Council in coming to a determination, in conformity with Sect. 20 of the Act, respecting the sufficiency or insufficiency of the course of study and examinations of the several bodies whose regulations for their Fellowships, Licences, and Degrees, have been communicated to the Council, a Committee be appointed, to prepare a report, laying down a minimum of examinations, and subjects of examinations, without which no qualification will be held, by the Council (Sect. 20), such as to secure the possession by persons obtaining such qualifications, of the requisite knowledge and skill for the efficient practice of their profession; and that it be an instruction to the Committee to report on the expediency, or the reverse, of this Council recommending what, in their opinion, would constitute a sufficient course of general and professional education."

(7.) "That a Committee be appointed, to examine the returns by the different bodies included in Schedule (A), to report in regard to each of these as to how far the course of study and examination required by each is calculated to secure the possession by persons obtaining their respective qualifications of the requisite knowledge and skill for the efficient practice of their profession; and to report to the Council. As also in regard to the most effective machinery for superintending the examination, so as to secure that they should conform to a standard of examination in general and professional education considered sufficient by the Council."

3. Moved by Dr. Corrigan, seconded by Dr. Storrar—That the communications received from such Universities and Corporations as have forwarded observations to the General Council on the Educational Report of last year, transmitted to the bodies enumerated in Schedule (A), be now read.—Agreed to.

Communications were read from the following bodies:—Royal College of Surgeons, Edinburgh; University and King's College of Aberdeen; University of Marischal College, Aberdeen; University of Glasgow; Faculty of Physicians and Surgeons of Glasgow; Queen's University of Ireland; University of Dublin; King and Queen's College of Physicians in Ireland; Royal College of Surgeons of Ireland; Apothecaries' Hall of Ireland; Society of Apothecaries, London.

Copies of printed regulations were laid before the Committee from the above-mentioned bodies, and from the University of St. Andrews, University of Cambridge, University of Oxford, University of London; Royal College of Physicians, London; Royal College of Physicians, Edinburgh; Society of Apothecaries, London.

Mr. Green reported to the Committee, that the Royal College of Surgeons of England would shortly forward their report.

4. Moved by Dr. Corrigan, seconded by Dr. Smith—That such parts of the report of the Education Committee of August 11, 1859, as relate to general education, be first considered.—Agreed to.

5. Moved by Dr. Corrigan, seconded by Dr. Bond—in lieu of the first recommendation of the Educational Committee, viz. That all students pass an examination in general education before they commence their professional studies;—That all students pass their examinations in general education, previously to, or within the two first years of their professional studies, except such students as may be exempted from such examination, as hereinafter provided.—The motion was negatived.

Confirmed—B. C. Brodie.

MINUTES OF MEETING, SATURDAY, JUNE 16, 1860.

Sir Benjamin C. Brodie, Bart., President, took the chair at two o'clock, p.m.

Present—

Dr. Burrows.	Dr. A. Smith.
Mr. Green.	Dr. Williams.
Mr. Nussey.	Dr. Leet.
Dr. Bond.	Dr. Apjohn.
Dr. Embleton.	Dr. Corrigan.
Dr. Storrar.	Sir James Clark.
Dr. Alexander Wood.	Sir Charles Hastings.
Dr. Andrew Wood.	Mr. Lawrence.
Mr. Watt.	Mr. Teale.
Mr. Syme.	Dr. Christison.
Dr. A. Thomson.	Dr. Stokes.

Dr. Francis Hawkins, Registrar.

The minutes of the last meeting were read and confirmed.

Mr. George Watt, having produced his commission from the Faculty of Physicians and Surgeons of Glasgow, took his seat in the Council as representative of the Faculty.

1. Moved by Dr. Andrew Wood, seconded by Mr. Teale—That it be remitted to the Business Committee to prepare a report, as to the form in which new members shall take their place, both in the Branch Councils, and in the General Council.—Agreed to.

2. Dr. Christison presented the Report of the Pharmacopœia Committee.

Moved by Dr. Storrar, seconded by Dr. A. Smith—That the Report of the Pharmacopœia Committee be received, and printed in the minutes.—Agreed to.

Report of the Pharmacopœia Committee, *June 16th*, 1860.

"The Committee appointed by the General Council of Medical Education and Registration beg to submit to the Council the following report of the progress made towards the completion of the 'British Pharmacopœia.'

"The British Pharmacopœia consists of two parts, and an Appendix. In the first is contained a list of all substances employed in the treatment of disease. It is, in fact, a complete list of the Materia Medica. Each substance is introduced, with its Latin or scientific name, the English translation of the same, its definition, and its source. These constitute the really official portion of the first part. It is, however, proposed to append to each article some of the more important characters by which it may be recognised, and the tests by which its purity may be ascertained; and, lastly, the names of the different officinal preparations into which it enters as an important ingredient, will be enumerated. This part of the Pharmacopœia has been completed, as far as the number of substances to be introduced is concerned; and has been divided into three portions, which have been allotted to the different Sub-Committees.

"The Dublin Committee have made considerable progress in their third part, and also completed some of the more important processes for the metallic preparations.

"The Edinburgh Committee have devoted considerable attention to their part of the work, and could finish it in a short period of time.

"The London Committee have completed about half their share, and the remainder is in a forward state. Specimen pages, illustrating the mode in which this portion of the work is proposed to be framed, have been prepared for submission to the Committee.

"The list of the Materia Medica, or first part of the Pharmacopœia, is necessarily, for various reasons, in a less advanced state than the second half; but it is, at the same time, the portion which may be speedily finished, when the various groups of officinal preparations are framed. Its completion requires little or no experimental inquiry, but necessarily demands that the Galenical preparations should have been definitely determined upon.

"The second part of the British Pharmacopœia consists of different groups of the preparations of substances contained in the first, together with the processes for preparing the metallic or other chemical drugs. The proposed groups, often named Galenical, are the following:—The acids, confections, cataplasms, decoctions, enemata, extracts, honey, etc., infusions, liniments, lozenges, mixtures and mucilages, ointments, plasters, pills, spirits, syrups, tinctures, vinegars, waters, and wines.

"To the Edinburgh Committee have been allotted the cataplasms, decoctions, honeys, lozenges, plasters, syrups, and waters.

"To the Dublin Committee, enemata, infusions, mixtures and mucilages, pills, tinctures, wines and ointments.

"To the London Committe, the acids, confections, extracts, liniments, powders, spirits, and vinegars.

"Each group, when completed by any Committee, has been sent to the other Committees, received their comments, and then revised by the Committee who originally framed it.

"The Secretary of the Edinburgh Sub-Committee reports that all the groups specially allotted to it have been drawn up and transmitted for revision to one or other of the Associate Committees, and that this Committee has likewise commented upon the mixtures and mucilages, infusions, powders, confections, enemata, and ointments; and, lastly, it has re-examined most of its own groups, after receiving the comments of the other Committees.

"The Dublin Committee has constructed all the groups allotted to it; has transmitted them to the other Committees; has received the comments of the Associate Committees upon the ointments, enemata, infusions, mixtures, and mucilages, and replied to them.

"It has also considered and reported upon the acids, honeys, lozenges, confections, powders, decoctions, waters, and plasters, received either from the London or Edinburgh Committees.

"The London Committee has framed all the groups allotted to it, with the exception of the extracts; this group has been deferred, in order to allow experiments to be made during the present summer season; but it is now in a very forward state, and will soon be ready for transmission to Dublin and Edinburgh.

"The London Committee has also carefully revised and commented upon all the groups received from Edinburgh and Dublin; in fact, upon all the Galenical groups, with the exception of the tinctures and wines; and, lastly, it has revised some of its own preparations, after having taken into consideration the criticisms of the Associate Committees.

"A portion of the second part of the Pharmacopœia has been set up in type, for the purpose of being submitted to the Committee.

"Having passed over in review the work which has already been accomplished by the Pharmacopœia Committee, it remains to be shown what is still incomplete, and the probable time required for its completion.

"To complete the second part of the Pharmacopœia, a few weeks only would be required, as far as the Sub-Committees are concerned.

"The first portion of the work might probably occupy a month or two longer, requiring some points to be arranged by conference; and lastly the Appendix—which will contain the substances employed only in the preparation of Chemicals, but not themselves used as Medicines, together with the tests for the detection of the qualities of Drugs—might be estimated to occupy about a month.

"Should the Sub-Committees continue to work diligently, it is probable that the work might be prepared for press by the middle or latter end of November; but to ensure this, it may be necessary that at least one meeting of the General Committee, formed by deputies from the different Sub-Committees, should be held previous to that time."

Dr. Christison further reported from the Pharmacopœia Committee, that the Committee had felt it advisable to refer to the General Medical Council for instructions as to the powers of the Committee in certain parts of the business entrusted to them by the Council. The Council were of opinion that the Committee had rightly interpreted their powers. In connexion with this opinion, Dr. Christison, as requested by the Pharmacopœia Committee, moved the following resolutions, which were seconded by Dr. Storrar, and agreed to by the Council:—

"1. That it be remitted to the Pharmacopœia Committee, either to dispose of the forthcoming edition of the *British Pharmacopœia* to a publisher or publishers, or to publish the edition as the property of the General Medical Council, according as the Committee shall judge to be expedient.

"2. That, in the event of the Committee resolving to sell the edition, the Executive Committee of the General Medical Council shall have the power to grant, in favour of the publisher of the work, such title in the property of it as the General Council can grant.

"3. That the sum of £500 be voted by the General Medical Council, in addition to the vote of November 24, 1858, towards defraying the current expenses of the Pharmacopœia Committee."

3. The following letter was read, addressed to the Registrar of the General Medical Council:—

"War Office, June 4, 1860.

"Sir,—I am directed by the Secretary of State for War to transmit to you the accompanying papers in reference to the claims of Licentiates of the Apothecaries' Hall of Dublin, to enter for the competitive examination for the appointment of Assistant-Surgeon in the Army, together with the opinion of the Attorney-General thereon.

"Mr. Herbert will be glad to be furnished with the opinion of the General Medical Council upon the question thus raised.

"I have the honour to be, Sir,

"Your most obedient Servant,

"Edward Lugard.

"The Registrar of the General Medical Council.

"Requested that the enclosure be returned."

The enclosure was returned, being the case on behalf of the Governor and Company of the Apothecaries' Hall of Ireland, and the opinion of the Attorney-General of England thereon, which had been previously sent to the Council.

Moved by Dr. Leet, seconded by Mr. Syme—That the

Licence of the Apothecaries' Hall of Ireland is a legal qualification to practise medicine.

Amendment, moved by Dr. Alexander Wood, seconded by Mr. Lawrence—That it does not appear to the Medical Council that the Act of the Apothecaries' Hall of Dublin confers on the Licentiates of that body any right to practise Medicine. That, in the opinion of the Council, the inclusion of the title of Licentiates of that body, in Schedule (A) of the Medical Act does not confer any new powers on that body. That the Council therefore adhere to the opinion expressed by them on the 8th of August, 1859.

The debate was adjourned, on the motion of Dr. Corrigan, to Monday, at one o'clock.

Confirmed—R. Christison.

MINUTES OF MEETING, MONDAY, JUNE 18, 1860.

Dr. Christison took the chair at one o'clock, p.m.

Present—

Dr. Burrows.	Dr. A. Thomson.
Mr. Green.	Dr. A. Smith.
Mr. Nussey.	Dr. Leet.
Dr. Bond.	Dr. Apjohn.
Dr. Embleton.	Dr. Corrigan.
Dr. Storrar.	Sir James Clark.
Dr. Alexander Wood.	Sir Charles Hastings.
Dr. Andrew Wood.	Mr. Lawrence.
Mr. Watt.	Mr. Teale.
Mr. Syme.	Dr. Stokes.

Dr. Francis Hawkins, Registrar.

The minutes of the last meeting were read and confirmed.

The adjourned debate on the Dublin Apothecaries' Question was resumed.

1. Amendment moved by Dr. Corrigan, and seconded by Dr. Stokes—That the General Medical Council having again carefully considered the subject referred to in the letter from the War Office, of March 23, 1860, addressed to the Secretary of the Apothecaries' Hall of Ireland, adhere to the opinion expressed by them in their resolution of August 9, 1859, which is as follows: "That it is the opinion of this Council that the Licence of the Apothecaries' Hall of Ireland is not equivalent to a Degree or Licence in Medicine from a University or College authorised to grant such, as from a perusal of the Apothecaries' Act, 31 Geo. III., there does not appear to be any provision or authority for examining in Medicine: and further, that if a candidate be rejected by the Apothecaries' Hall of Ireland, the Apothecaries' Act, sec. 23, declares that the rejected candidate may appeal to the King and Queen's College of Physicians in Ireland, who are then authorised to reverse such decision, if it seem fit to them, and to grant to such appellant the right to practise the art and mystery of an Apothecary without any examination in Medicine."—The debate was adjourned on the motion of Dr. Corrigan.

2. Moved by Dr. Andrew Wood, seconded by Mr. Teale—That the consideration of the course of proceeding in the case of Richard Organ, and the reading of certain documents connected with it, take precedence of the orders of the day.—Agreed to.

A Memorial was read, addressed to the General Medical Council by the York Medico-Ethical Association, relative to the case of Richard Organ.

3. Moved by Mr. Teale, seconded by Dr. Alexander Wood—That the Memorial of the York Medico-Ethical Association be entered upon the Minutes.—Agreed to.

"To the General Council of Medical Education and Registration of the United Kingdom.

"We, the undersigned Members of the York Medico-Ethical Association, having been informed that the name of Mr. Organ, of Cawood, near Selby, Yorkshire, is still on the Medical Register; and understanding also, that on the occasion of a recent trial, the merits of his case were not decided owing to his not having received the requisite notice,—most earnestly and respectfully urge upon the Medical Council to proceed with the consideration of his case; and should it be found that he is without any legal qualification to practise to take the proper steps to remove his name from the Register.

"G. Shann, M.D., President.	Thos. W. Burkett.
T. Simpson, M.D.	Henry Keyworth.
W. E. Swaine, M.D., F.R.C.P.L.	James Allen.
	Edward Allen.
Caleb Williams, M.D.	S. W. North.
W. D. Husband, F.R.C.S. Eng., etc.	B. Dodsworth.
	Wm. Anderson.
Alfred Ball, M.R.C.S.E.	Isaac Mennell Williams.
Wm. Matterson.	Henry Crummack.
William Procter.	George Hornby.
John J. F. Marshall.	John Wightman.
Temple C. Paley.	Henry C. Hare.
John B. Pritchett.	George Clark.
Wm. Reed.	Oswald A. Moore, Sec."

The following letter was also read, addressed to the Registrar by the solicitor of Mr. Organ:—

"10, Symonds Inn, W.C., June 15, 1860.

"Sir,—I regret the decision of the Medical Council, communicated in your letter of the 12th inst.; and as it appears that they are determined to take upon themselves the determination of the legal construction of an Act of Parliament, without competent assistance, it is proper that I should shortly state, for their information, the grounds on which Mr. Organ wholly disputes their jurisdiction to strike him off the Register, and the course which it has become necessary that he should take.

"The Notice of the 28th May last, received from you, points to the exercise of an authority given to the Council under the 26th sect. of the Medical Act; and also under the 29th Sect. of the same Act. Mr. Organ is advised that neither of these have any application to his case. The 26th sect. evidently points to cases of incorrectness, etc., coming before the Council, by way of appeal from the acts of the Registrar.

"Mr. Organ's name was put upon the Register by the act and order of the General Council itself, in exercise of the special authority given to them under the 46th section.

"This order was made after due deliberation and enquiry, both, as it seems, of the University of Jena, of the Poor-law Board, and after receiving further information and evidence from Mr. Organ himself. If there was any incorrectness in putting Mr Organ's name on the Register (but which Mr. Organ wholly denies), it was the incorrectness of the General Council itself. And Mr. Organ is advised that, having once exercised this authority, and decided the matter, the Council cannot re-open the enquiry, on the suggestion, either by themselves or any other party, that they came to a previous incorrect conclusion, and that the 26th section gives no colour of authority to such a proceeding.

"With respect to the 29th section, it hardly requires a legal mind to perceive at once that it can only apply to misconduct of Registered Medical Practitioners, or, in other words, to misconduct committed after Registration. Now, as the only suggestion of misconduct on the part of Mr. Organ relates to matters alleged to have occurred before he was registered, it is evident that the Council can have no authority whatever to go into such an inquiry.

"Having thus put the Council fairly in possession of the grounds on which their jurisdiction is disputed, it only remains for me to state the course which Mr. Organ will adopt. In order not to show disrespect to the Council, he will attend in pursuance of their summons; but as he would compromise his position by becoming a party to the inquiry, and offering any evidence, he will refrain from doing so, and will only attend the inquiry under protest.

"It is right I should also give notice, that if his name should be wrongfully erased from the Register, he will look to the Council for compensation for any damages which he may sustain therefrom, and take such proceedings for this purpose as he may be advised.

"I remain, Sir,

"Your most obedient Servant,

"Francis Hawkins, Esq., M.D. James Fluker.

"Medical Registration Office,

"32, Soho-square, W."

The solicitors of the Council being present, Richard Organ and his solicitor were called before the Council.

The Chairman then stated the charges against Richard Organ, in the following words:—It is charged against you—That you are not possessed of any qualification entitling you

to registration under the Medical Act of 1858; that certain of the representations contained in your memorial to this Council, dated January 12, 1859, are untrue; and that your name has been incorrectly placed on the Register; and, further, that you have been guilty of conduct infamous, in a Professional respect, in endeavouring to obtain, by fraudulent means, a diploma from the Royal College of Physicians of Edinburgh.

The solicitor of Mr. Organ having refused, in the terms of his letter previously read, to offer any answer to them, and having repeated the protest contained in that letter, Mr. Organ and his solicitor were requested to withdraw.

4. Moved by Dr. Alexander Wood, seconded by Dr. A. Smith—That Mr. Organ be recalled, and that the evidence in support of the charges be read in his presence.—Agreed to.

Mr. Organ and his solicitor having been recalled, the whole of the evidence in proof of the charges was read.

Mr. Organ was then asked, whether he had any answer to offer in refutation of the evidence which had been read. Whereupon Mr. Organ's solicitor declared, on the part of Richard Organ, that he declined to take any part in the proceedings of the Council, relying upon the letter above quoted, which he again read.

Mr. Organ and his solicitor then withdrew.

5. Moved by Sir C. Hastings, seconded by Dr. Alexander Wood—That it has been proved to the satisfaction of this Council that the entry of the name of Richard Organ on the Register has been fraudulently and incorrectly made.—Agreed to.

6. Moved by Dr. Storrar, seconded by Mr. Teale—That Richard Organ is judged by this Council, after due inquiry, to have been guilty of infamous conduct in a Professional respect.—Agreed to.

7. Moved by Dr. Storrar, seconded by Dr. A. Thomson—That the further consideration of the case of Richard Organ be adjourned till to-morrow, at two o'clock.—Agreed to.

The adjourned debate on the Dublin Apothecaries' Question, after having been again resumed, was further adjourned on the motion of Dr. Storrar.

It was resolved—That the Council meet to-morrow, as a Committee on Education, at twelve o'clock.

Confirmed—B. C. Brodie.

MINUTES OF MEETING, TUESDAY, JUNE 19, 1860.

Sir Benjamin C. Brodie, President, took the chair, at two o'clock, p.m.

Present—

Dr. Burrows.	Dr. A. Thomson.
Mr. Green.	Dr. A. Smith.
Mr. Nussey.	Dr. Leet.
Dr. Acland.	Dr. Apjohn.
Dr. Bond.	Dr. Corrigan.
Dr. Embleton.	Sir James Clark.
Dr. Storrar.	Sir Charles Hastings.
Dr. Alexander Wood.	Mr. Lawrence.
Dr. Andrew Wood.	Mr. Teale.
Mr. Watt.	Dr. Christison.
Mr. Syme.	Dr. Stokes.

Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

The Solicitors of the Council being present—

1. Moved by Mr. Teale, seconded by Dr. Alexander Wood—That it having been proved to the satisfaction of the General Council that the entry of the name of Richard Organ has been fraudulently and incorrectly made on the Register, the General Council do by this order, in writing, direct that his name be erased from the Register.—Agreed to.

2. Moved by Mr. Green, seconded by Mr. Nussey—That Richard Organ having been judged by this General Council, after due inquiry, to have been guilty of infamous conduct in a professional respect, the General Council do hereby adjudge that the name of the said Richard Organ be erased from the Register, and do by this order direct the Registrar to erase his name from the Register accordingly.—Agreed to.

3. Moved by Dr. Storrar, seconded by Mr. Syme—That a copy of these orders, signed by the President in the Chair, and countersigned by the Registrar, be transmitted to Richard Organ.—Agreed to.

The adjourned debate on the Dublin Apothecaries' Question was resumed.

Dr. Alexander Wood was allowed to withdraw the amendment which he had moved on the 16th of June (see p. 629), in order that the amendment moved by Dr. Corrigan on the 18th of June might be substituted for it (see p. 629).

The amendment moved by Dr. Corrigan, and seconded by Dr. Stokes, was put to the vote, and carried.

Dr. Storrar required that the names of the majority and minority should be entered on the Minutes.

Majority.	*Minority.*
Mr. Green.	The President.
Dr. Ackland.	Dr. Burrows.
Dr. Bond.	Mr. Nussey.
Dr. Alexander Wood.	Dr. Embleton.
Dr. Andrew Wood.	Dr. Storrar.
Mr. Watt.	Mr. Syme.
Dr. A. Smith.	Dr. A. Thomson.
Dr. Apjohn.	Dr. Leet.
Dr. Corrigan.	Sir James Clark, Bart.
Mr. Lawrence.	Sir Charles Hastings.
Mr. Teale.	Dr. Christison.
Dr. Stokes.	

4. Moved by Dr. Andrew Wood, seconded by Dr. Christison—That the letter from Dr. James Murray Macculloch, and the opinion of counsel on his case, be recorded on the Minutes.

Amendment moved by Dr. Corrigan, seconded by Dr. A. Smith—That the letter from Dr. Macculloch be inserted in the Minutes (a).—Amendment carried.

5. The following resolution was unanimously adopted by the Council, on the motion of Mr. Green, seconded by Dr. Andrew Wood:—Having just learned that during this day's sitting, Dr. Williams, the Representative of the Royal College of Surgeons of Ireland, has died; under the unprecedented and afflicting circumstance the Council record the unfeigned sorrow which they feel under the irreparable loss of a colleague so estimable and distinguished.

Confirmed—B. C. Brodie.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON PAROTIDEAN EPHIDROSIS.

By Dr. ROUYER.

By this title Dr. Rouyer indicates the occurrence of a discharge of fluid from the surface of the skin of the parotid region in persons who have suffered from parotiditis. He has met with two such cases—1. J. A., aged 40, was wounded eighteen years since by a ball which traversing the orbit passed out behind the ear. Since then, whenever he eats, the skin of the parotid region becomes covered with droplets of a thick fluid resembling saliva. 2. A woman, between 35 and 40 years of age, exhibiting the same phenomenon related that three years before she suffered from severe inflammation in the parotid region, since which time whenever she masticates this exudation takes place: P. Bérard, in his Physiology, relates the case of his own father whose cheek during a repast reddened, while an abundant flow of saliva issued hence, without there being any sensible orifice to give it passage. This supervened on abscess of the parotid. The author is at some loss to explain the nature of the occurrence, especially as the fluid does not present the chemical characters of saliva.

Dr. Brown-Séquard commenting upon this communication, observes that similar facts have been recorded by Stannius, Henle, H. Holland, Giesker, and Oesterlen; but that most of the cases are, in fact, only examples of an increase of the secretion of the sweat of the face, which usually accompanies gustation and mastication. Not only is the fluid far more abundant than in the normal state, but its nature is more or less modified; but surely it would be wrong to regard the fluid as saliva only because it is secreted during meal times In a great number of persons, more or less, sweat appears on

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(a) This letter is too long for insertion this week.

different parts of the face under the influence of a considerable stimulation of the nerves of taste. It is by a reflex action that this secretion is produced, occurring both in summer and winter, but more abundantly in winter. M. Brown-Séquard refers to his own person in which this peculiarity exists as already recorded in the *Comptes Rendus de la Societé de Biologie*, 1849. Whenever he excites the nerves of taste, by very salt, very sweet, or very spicy aliment, this secretion is produced. It does not depend upon mastication, for aliments of little savour and long masticated do not give rise to it, while a very sapid body held in the mouth a few minutes without mastication does so. Barthez relates a case in which one side of the face sweated abundantly on the application of a little salt to the same side of the tongue.—*Journal de la Physiologie*, 1859, p. 447.

ON URÆMIC AFFECTIONS OF THE INTESTINAL CANAL.

By Professor TREITZ.

The following are the conclusions of an elaborate essay upon this subject:—1. In suppression of urine the excrementitial matters, especially the urea, become accumulated in the blood. 2. The blood is likewise overloaded with the constituents of the urine, in consequence of the resorption of the secreted urine. 3. This overloading the blood with urea gives rise to an important pathological condition, exciting or favouring apparently the eliminatory processes in the most different organs. 4. The urea passes from the blood into all the secretions of the body. 5. It does so most frequently and most abundantly by the intestinal mucous membrane. 6. It is there converted by the agency of the fluids of the intestinal canal into carbonate of ammonia. 7. This gives rise to irritation, catarrhal discharges, softening, ulceration, and dysenteric destruction of the intestinal coats. Several of the forms of dysentery originate in no other manner. 8. By reason of the resorption of the ammonia from the intestinal canal, an ammoniacal poisoning of the blood takes place (ammoniæmia). 9. This poisoning is likewise produced in a direct manner by the absorption of the decomposed and ammoniacal urine. 10. This deterioration of the condition of the blood by these matters only gives rise to ill-consequences, when obstacles exist to their elimination by the normal excretory organs.—*Prag Vierteljahschrift*, Band 64, p. 198.

ON AN ELEVATED TEMPERATURE IN THE TREATMENT OF POISONING.

By M. BROWN-SEQUARD.

Of late years various physiologists, especially Kunde and Valentin, have shown of how great importance it is in the case of poisoning, or when from certain circumstances the functions of the skin have become suppressed, to maintain an elevated degree of animal heat. M. Brown-Séquard in 1849 had published some very decisive observations upon this subject, and, as his statements did not excite the attention which he thinks they deserved, he now republishes them, preparatory to more lengthened communications on the matter.

Performing various experiments upon rabbits and guinea-pigs, he confirmed the results derived by Chossat and Prevost from those which they had performed on dogs, viz. that the simple lowering the temperature sufficiently induces death, and such diminution requires to be less considerable in proportion as it is rapidly produced.

These facts being established it becomes very probable, if not certain, that in all cases—whether as a consequence of disease, wounds, or poisoning—when the temperature of man becomes lowered to a certain degree, there is danger to life from the sole fact of such diminution. This is the case in cholera, in sclerema, in certain paralyses, in cases in which the respiratory functions are deeply impaired, in fractures or dislocations of the spine with crushing of the medulla, in considerable hæmorrhages, and in most cases of poisoning, providing the patients continue to survive for some hours. It has long been known that the temperature diminishes after poisoning, and there is scarcely a case recorded in which the patient is not stated to have been cold; and from M. Brown-Séquard's experiments it results that all varieties of poison, however introduced, are capable of so reducing the temperature of rabbits and guinea-pigs, that death will ensue, provided that the animal has survived the introduction of the poisoning four or five hours. A dose of poison which is sufficient to kill when there is no obstacle placed to the diminution of the temperature, will not do so when such temperature is maintained at or about its normal condition. This has been repeatedly proved by comparative experiments. It is then by reason of the lowering the temperature that poisons given in a certain dose may kill: and in the treatment of cases of poisoning we should have regard as much to the maintenance of a normal degree of temperature, as to the expulsion of the poison or combating it by antidotes. In this way it is possible the mortality from poisoning may be considerably diminished.

It is well known that it is in general sufficient to cover the cutaneous surface of an animal with one or two layers of oil or varnish, in order to induce its death; poisoned probably by toxical substances, which are in the normal state eliminated from the blood with the sweat, and which now being unable to escape by the skin, become accumulated in the economy. M. Brown-Séquard has found that animals in this condition will survive the experiment if they are placed in a temperature above 26° or 28° C. Their animal heat then does not diminish, which it does notably when they are kept in a lower temperature. It is thus from such diminution of temperature that the death of animals is produced, the surfaces of whose bodies have been covered with oil or varnish.—*Journal de la Physiologie*, 1859, p. 465.

EXCERPTA MINORA.

Diseases of the Heart in the Puerperal State.—Professor Virchow called the attention of the Berlin Obstetrical Society to this subject. In several cases of puerperal fever with absence of any lesion of the genital system, or with lesions nowise in proportion to the intensity of the fever or the other symptoms, affections of the heart have been found, which may be regarded as the point of departure of the other pathological changes. In most cases it was a recent endocarditis, which led to a degenerescence of the mitral valve, its particles being torn off and carried away in the circulatory torrent. Hence resulted in many places capillary obturations and circumscribed inflammatory centres, regarded heretofore as metastatic or pyæmic. These centres were traversed by an artery within the calibre of which the residue of the softened valves have been found. They are distinguishable from fibrinous thrombus by remaining unchanged when in contact with caustic potass, while the thrombus becomes transparent and partially dissolved. Consequent upon the increase of its cells, the mitral valve becomes at first swollen, and as if gelatinous, later opaque, rugous and friable, and, finally, it is furrowed by delicate cracks, the current of the blood detaching small morsels, and giving it an ulcerated aspect.—*Union Méd.* No. 65.

Applications in Sore Nipples.—1. Pulv. tragacanth, 10 to 15 parts; aquæ rosar. 100; glycerin, 50; aquæ calcis, 100 parts. 2. Boracis pulv. 1; glycerin, aquæ rosar. āā 60 parts.—*Wien Wochenschrift*, No. 20.

Erysipelas around the Umbilicus of Infants.—Everyone is aware of the ill effects which so frequently attend the erysipelas of infants, especially when accompanying umbilical ulceration. M. Legroux, after trying the usual means with little success, has obtained very encouraging results from the following simple procedure:—The affected part is smeared over with glycerin, and then powdered over with a mixture composed of equal parts of calomel, starch, and tan (powdered oak bark). This is renewed two or three times in the twenty-four hours.—*Gazette des Hôpitaux*, No. 57.

Brandy Injections in Cholera.—Dr. O. H. Smith read a paper to the King's County Medical Society in which he described the great success which he had had in treating the early stage of epidemic cholera by brandy enemata, which rarely failed to control the watery evacuations, rapid reaction following. "To restrain the rice-water stools I have ordered an enema containing two or three ounces of brandy and about twice the quantity of strong green tea, to be repeated after every discharge. At the same time (although in a number of cases the brandy treatment tried alone was successful) I have ordered a soft pill, containing quinine, calomel, and camphor, of each one grain, every half-hour, brandy in lemonade hot or cold, and strong mustard-poultices covering the whole abdomen."—*New York Journal*, May, p. 338.

Acupressure in Removal of a Breast.—Dr. Peters, of St. Luke's Hospital, New York, applied acupressure for the control of hæmorrhage after the removal of a cancerous breast. The

needles were passed from the outside through the tissues into the wound by the side of the severed artery, across the latter, piercing again the adjacent tissues, and emerging, thus compressing the vessel between the needle and the superincumbent muscle. Three needles were thus introduced and no ligature was employed. Healing by the first intention followed, and three days afterwards the needles were withdrawn, the patient recovering rapidly.—*New York Journal*, May, p. 424.

Operation for Imperforate Anus.—Dr. Minor stated, at the King's County Medical Society, that he had operated for this five times, one of these with success. He thinks it is always worth while to operate, however high the occlusion may be, unless there is a total absence of sphincter. The absence or presence of sphincter fibres should be deemed the main point for determination. The main peculiarity in his own practice consists in the means of dilatation he employs, this being an *india-rubber finger ball*, which, introduced in a flaccid state, is then stuffed with cotton until the proper degree of dilatation is attained. This dilatation is of use in other cases of contraction of the anus or vagina, and by the ease with which it is introduced, and, on the removal of the cotton, withdrawn, obviates a great amount of suffering.—*New York Journal*, May, p. 332.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 12, 1860.

F. C. Skey, Esq., President, in the Chair.

A paper, by Mr. W. H. Flower, was read, entitled

CONTRIBUTIONS TO THE PATHOLOGY OF DISLOCATIONS OF THE SHOULDER-JOINT.

The object of this paper was to reconcile the discrepancies and correct the errors which are found in the descriptions of the dislocations at the shoulder-joint given by most English and foreign surgical authors. In the endeavours to accomplish this object, three methods of investigation were adopted:—1. An original examination of the symptoms of recent examples, and of the published records of cases. 2. Experiments upon the dead subject. 3. Examination of all the specimens which illustrate the subject preserved in the anatomical museums of London. A table was appended of thirty-two recent cases, contributed by House-Surgeons of several London and provincial Hospitals, according to a form drawn up by the author; the principal aim having been to obtain an accurate record of the symptoms, with measurements, in a number of cases in which the exact position of the head of the humerus, so far as it could be ascertained by external examination, was established. An account of the examination of forty specimens of dislocation at the shoulder-joint, contained in the various anatomical museums in London, formed the second table. In entering upon this part of the investigation, care was taken to exclude cases that may have been the consequence of disease; and, with this view, the differential characters of the changes produced by chronic rheumatic arthritis and by unreduced traumatic dislocation were pointed out. The general results of the inquiry were given in observations upon some of the special forms of dislocation, of which the following are the most important:—1. *Subglenoid.*—"Downwards and forwards; the head of the humerus placed in front of the inferior costa of the scapula, below the glenoid fossa." The cases contained in the appended tables appeared conclusively to confirm the observations of Malgaigne, and the modern French school, that this form of dislocation is comparatively rare—an opinion opposed to that of the majority of English, German, and earlier French authors. Of the thirty-two recent cases in Table 1, five were assigned to this variety; and of the forty specimens in Table 2, but three, even if one were included which was properly an intermediate form between this and the subcoracoid; in all, eight out of seventy-one. The author remarked that it was difficult to understand how the wide-spread error of regarding the subglenoid as the typical form of dislocation at the shoulder-joint should have been so long maintained. A simple process of reasoning upon the anatomical structure of the part would suffice to show that, whenever the humerus is thrown from its socket, it will, almost of necessity, be drawn upwards until it is arrested, either by the coracoid process in front, or the spine or acromion behind. Even in the dead subject, when the humerus is dislocated by fixing the scapula and forcibly elevating the arm, it is almost always drawn up close against the under surface of the coracoid process; *à fortiori*, in the living, must the action of the deltoid, coraco-brachialis, and biceps cause it to assume this position. In fractures about the neck of the humerus the action of these muscles in raising the lower fragment has long been recognised. 2. *Subcoracoid.*—"Forwards and slightly downwards; on to the neck of the scapula, in front of the glenoid fossa, and immediately under the coracoid process." Under this term were included two varieties, which Malgaigne considers distinct, and designates respectively "subcoracoid" and "intracoracoid." The author observed that, although there are doubtless characters by which well-marked cases of either can be determined, the difference between them is slight, and being rather of degree than of form, there seems no practical advantage in retaining it in our classification. The anatomical characters of this form of dislocation, when recent, were fully described in the paper, as were also the changes which take place in the ends of the bones when left long unreduced, the latter being illustrated by a diagram. The causes of subcoracoid dislocation, as illustrated in the twenty-seven cases in Table 1, were as follows:—Direct falls upon the shoulder in eleven, upon the elbow in four, upon the hand in five; while in seven cases the cause is of exceptional or doubtful nature. Symptoms: The arm was elongated in ten, unaltered in six, and shortened in eleven; the greatest elongation being one inch, the greatest shortening seven-eighths of an inch. The vertical circumference of the shoulder was increased in all. The elbow in every case projected more or less from the side, was directed backwards in eight, forwards in nine, and in the middle line, or in a position not recorded, in ten. The arm was rotated somewhat inwards in seventeen, outwards in three, and either unchanged or not recorded in seven. In about half the cases the head of the bone was felt in the axilla, without moving the arm from the side; in the other half, only after the limb was abducted; but in all the head of the bone was felt through the anterior wall of the axilla, either immediately or not more than half an inch below the coracoid process, the only real diagnostic sign of this injury. 3. *Subclavicular.*—"The head of the os humeri placed below the middle of the clavicle, and on the sternal side of the coracoid process." The frequency of this form of dislocation has been much overrated in consequence of the subcoracoid not having been recognised as a common variety. A dislocation that was not subglenoid was supposed necessarily to be subclavicular. The cases in which the position of the bone exactly corresponds with the above definition of Sir A. Cooper must be very rare indeed, although there are a sufficient number on record to prove the existence of this as a distinct variety. There is no preparation in any of the London museums which shows it. In conclusion, the author stated that all original and unbiassed observation seemed to point to the subcoracoid as the typical position of the head of the bone in traumatic dislocations of the humerus, and a general recognition of this fact would, in his opinion, be an important step in the process of eradicating many of the difficulties and errors in which the pathology both of the injuries and diseases of the shoulder-joint had hitherto been involved.

Mr. Brodhurst asked the author how long, in his experience, after dislocation reduction could be effected and the joint restored. He had lately seen in a French paper that M. Richer had, with the aid of chloroform, reduced dislocation after three and a-half months. He (Mr. Brodhurst) had lately reduced dislocation after six months, and the motion, though yet imperfect, was being satisfactorily restored. The deltoid was in a state of atrophy, and the great pectoral muscle was considerably shortened, but there was, nevertheless, considerable motion. Dr. Kepple had lately mentioned to him that he had recently had two cases of dislocation of the shoulder-joint, one of which was reduced after seven months, and the other after fourteen months, the motion being successfully restored in both instances. If specimens were extant, it would

be interesting to know the condition of the shoulder-joint after six or eight months. In his own case the dislocation was reduced most easily, the adhesions being broken down in two or three minutes. No ill results followed, and the man was able to return to his home in two days.

Mr. Flower said he had not succeeded in ascertaining the point mentioned by Mr. Brodhurst, scarcely any of the cases in the London Hospitals having a history attached to them.

Dr. Wall said it was generally understood that when articular surfaces were removed from their cavities the latter became more or less obliterated; and it appeared somewhat strange that no difficulty should be felt in getting the head of the humerus into a cavity which had been to some extent pre-occupied during six months, especially when they remembered the adhesions acquired by displaced bones. He should be glad to know how such a result was obtained.

The President said, there could be no doubt that after the head of a bone had been displaced a considerable time, say four, or five, or six months, or even less, it formed adhesions of a positive character, and under ordinary circumstances, in very protracted cases, it was almost impossible to reduce a dislocation without adopting some preliminary measures by which the adhesions could be broken down. But there was no difficulty in breaking down the adhesions; it was a somewhat elaborate process, but it was always done. All the cases in the museums were from the dissecting-room, and of very long standing, and they formed no criterion as to the condition of comparatively recent cases. He had yet to learn that in the case of a glenoid cavity deprived of the head of the bone for the short period of a few months, any Pathological change took place on the surface incompatible with the reduction of the bone.

Mr. Brodhurst said there was no difficulty in breaking through the adhesions in the case he had mentioned, nor in retaining the bone *in situ* after the reduction.

Mr. Chalk corroborated Mr. Brodhurst's statement, and expressed his belief that the patient might entirely regain the use of the joint.

Mr. Brodhurst, in reply to Dr. Wall, said the characteristic "click" was heard.

The President said he had heard the "click" after five months.

A paper, by Dr. W. G. Barker, was read on

THE CLIMATE OF WORTHING: ITS REMEDIAL INFLUENCE IN DISEASE, ESPECIALLY OF THE LUNGS.

The author commenced by expressing a belief that in the present day, when that department of Medical science which consists in the art of preventing disease justly holds so prominent a position, any information on the subject of climate, and especially on the peculiarities of one so near to the metropolis, and so easy of access from all parts of the kingdom, could not fail to be acceptable to the Fellows of the Society. He then proceeded to consider those laws which regulate climate generally, and to show that, in obedience to these, it must possess an atmosphere which the observations that have extended over a period of upwards of ten years prove it to have. He next pointed out the practical application of meteorological science, and then, after briefly alluding to the normal constituents of the atmosphere, stated that the subject of climate, instead of having relation to these, had reference rather to those atmospheric conditions or elements which exist in very variable proportions, these differences depending entirely upon the locality. These he included under five heads, viz.:—1. The temperature. 2. The humidity. 3. The pressure of the atmosphere, horizontal and perpendicular. 4. The ozone. 5. Other accidental ingredients. A short reference was also made to atmospheric electricity, the vegetation of the district, the instruments used, the purity of the air, the quality of the water, and the mortality of the town. Then the influence of atmospheric vicissitudes upon the system was discussed; and, lastly, the applicability of the climate of Worthing to particular diseases. On the subject of temperature, the author first enumerated the causes which influence this—viz. the sun's rays, the proximity of the water to the land, the sheltered position of a locality, its geological character, its altitude, its aspect, and the humidity. He then proceeded to show that there was a close correspondence between the climates of Ventnor, South Devon, and Worthing, and a wide difference between these and the interior and North of England, especially as regards ranges of temperature—being in the former exceedingly small, chiefly on account of their exposure to marine influences, and in the latter large; the annual ranges being about 20° less on the South coast than in the interior—namely, 10° warmer in the winter, and 10° cooler in the summer, with quarterly, monthly, and daily ranges corresponding to these. The subject of humidity and its importance was then referred to, and the well-known irritating effects upon the pulmonary organs of the north-east wind, and the soothing influence of the south-west wind; the former being dry and arresting secretion, the latter moist and favouring it. A summary was then given of the humidity of England in 1858, from thirty-seven observatories. Saturation being represented by 100, the mean humidity of the whole of England was 82; at sea-side places, 86; inland places, 81; and intermediate places, 83. The subject of rain was then noticed. The number of rainy days and the amount of rain that fell were found to be less at Worthing than at Ventnor and South Devon. As to the pressure of the atmosphere, horizontal and perpendicular, the former, or that of the winds, was materially reduced by the sheltered position of the town of Worthing; whilst the latter, as indicated by the barometer, is somewhat less, and its fluctuation greater, in the north than in the south of England, the difference being about one-tenth of an inch. The subject of ozone next engaged attention. On this, the author observed, great labour had been bestowed, with a view of elucidating its nature. The first noticeable and interesting fact was the presence of this principle with the winds from off the ocean, and its absence with those from the land; and in order to prove that the mere direction of the wind had nothing to do with the presence or absence of this principle, he entered into a correspondence with several gentlemen at observatories both in England and America. He gave an extract from a communication from Scarborough, which showed that, while at Worthing the ozone winds were mainly S. and S.W., at Scarborough they were E., or from any point between N.E. and S.E.; and by another letter, from a gentleman who had taken observations during a voyage from England to Australia on board the ill-fated *Royal Charter*, it appears that ozone is always present at sea. At Worthing the number of days on which ozone was present in 1858 was 305, and the daily average 4.4; while at Bedford, in the interior of England, it was present on 91 days only, and the average amount throughout the year was 0·9. The author therefore considered it as an established fact that the chief source of this principle is the ocean. The next discovery was the close correspondence between the amount of chloride of sodium in the air and rain-water, and the existence of ozone in the atmosphere. In the meantime careful observations were made to discover if any relation existed between it and electric phenomena, but with an entirely negative result. The conclusion arrived at from the above circumstances was, that the atmospheric principle to which the name of ozone has been given was free chlorine, developed by the decomposition of chloride of sodium. Experiments were then made by an aspirator, and during a month 1600 gallons of air were drawn through—first, a chloride of calcium tube filled with wool; secondly, a Woulff's bottle containing two ounces of water; thirdly, another containing a weak solution of potash. At the same time air was drawn through solutions of indigo, which were decolorized with a rapidity corresponding to the colouring of the test-papers. On analysis, however, no proof of free chlorine was given; still the author considers, from the above facts, that the balance of evidence is in favour of its being free chlorine, and not ozone. Under the head of Accidental Ingredients he noticed only two: chloride of sodium, which has been largely detected, and iodine, which, from having been found, in combination with bases, in sea-water, in marine plants and animals, and in several kinds of plants growing near to the sea, as well as from the odour of the ocean, may be fairly presumed to exist. The subject of electricity was then referred to. The author affirmed that we have no proof that altered electric conditions of the atmosphere produce any influence whatever on the human system, all the effects that have been attributed to it being easily accounted for by altered temperature, humidity, and barometric pressure of the air. The purity of the air was then considered, and its causes enumerated—viz. the small population of the town (about 6000); the extent of acreage over which this is distributed; the proximity of the hills to

the north, and of the sea to the south; the character of the soil; the complete freedom from malaria, and therefore from intermittent fever; the absence of every kind of manufacture; and, lastly, the drainage of the town, which is perhaps the most complete in the kingdom. The excellent quality of the water was then mentioned. The death-rate of the town, as affording the best evidence of its sanitary condition, and to a great extent of its sanative influence, was given for ten years, the average being 16·3 per 1000; for the lest three years, 15·9; and the last year, only 14·5 per 1000. The influence of atmospheric vicissitudes was then discussed. That of temperature, being well known, was only briefly noticed; that of humidity he showed by numerous examples, where this was marine or on land, it was free from the products of animal and vegetable decomposition, it was most conducive to the health and development of the system, and beneficial in the prevention, alleviation, and cure of pulmonary disease. The fluctuations in the perpendicular pressure of the atmosphere, as indicated by the barometer, occurring to the extent of about two inches, and representing an altered condition of pressure of about one pound on a square inch of surface, was also shown by several examples, both in health and disease, to materially influence the human system. The uses and influence of ozone were then noticed, which the author considered was the grand agent intended by our beneficent Creator to maintain the purity of the air; that while plants, during their vital activity, absorb the carbonic acid, and prevent its noxious effect, so the ozone combines with the other products of animal and vegetable decomposition, and thus the atmosphere is maintained in a state of constant purity, and the oxygen allowed to exert to the fullest extent its invigorating influence. With respect to its direct effect, we had no proof of this, but he considered it only reasonable to infer, from the well-known properties both of ozone and chlorine, that if there be any, it is that of a gentle stimulant to the lungs and air-tubes during the process of respiration. Finally, he referred to the accidental ingredients—chloride of sodium and iodine; the first, he considered, also produced a stimulating influence on the lungs and air-tubes, and that the latter was an alterative tonic and stimulant to the system generally, and hence the benefit of a sea-side air in scrofula and its allied disease, pulmonary consumption. The last paragraph was now approached—viz. the applicability of the climate of Worthing to the cure and alleviation of disease. In this he proceeded: From what has already been said of the nature of the climate of Worthing on the one hand, and the effects of vicissitudes of the atmosphere on the other, its sanative influence, and the diseases to which it is applicable, will be readily understood. From its small annual ranges of temperature, being warm in winter, and cool in summer, and being alike free from extreme dryness and extreme humidity; from its southern aspect, and from the doubly-sheltered position of its sea frontage from northerly winds, these being first diminished in their force by the hills to the north and north-east, and then by the almost uninterrupted line of buildings on the shore,—it may be considered to possess an atmosphere eminently adapted to establish the healing process in ulcerated lungs, and, also, to be equally beneficial in other diseases of these organs, as well as in chronic rheumatism, in renal diseases, and in every variety of scrofula; lastly, it is especially adapted for aged persons, children, and invalids from hot climates. The author then concluded by alluding, in a few words, to the phenomena of respiration, to show the importance of those differences, however minute they may appear, which constitute the varieties of climate, and the beneficial influence which one may exert over that of another, and, also, the practical value of meteorological science in the treatment of those diseases which are especially benefitted by climate—a knowledge of which was considered as necessary as acoustics in disorders of the ear, or optics in those of the eye; at least he affirmed it was an important aid in the treatment of these, and without which our best-directed efforts will often fail.

The Society then adjourned.

The Wounded in Sicily.—A friend writes, in a private letter from Naples, dated June 16, "The wounded are beginning to arrive from Palermo, and the Government has called for the assistance of a number of civil Surgeons to attend to them."

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, June 6, 1860.

Dr. Rigby, President, in the Chair.

(Concluded from p. 610.)

Dr. Druitt said that phlegmasia dolens was usually treated of as an obscure and intricate disease, but that most of the obscurity arose from the unfortunate circumstance that it had been too much treated as if it were a puerperal disease solely, and had not been viewed in its true relation to other diseases; whereas it was by no means confined to the puerperal state; and, instead of being altogether *sui generis*, it was but one specimen of a very large and natural pathological family. Certainly the author of the paper before the Society had not fallen into the former of these errors; on the contrary, the Society had to thank him for a very copious and interesting collection of cases occurring from various causes besides parturition; but, as regards the true pathological place of the disease, the author seemed to have just missed seeing it. It appeared to him (Dr. Druitt) that it was impossible to regard phlegmasia dolens otherwise than as one member of that class of pathological exudations which includes also the diffuse inflammation of the areolar tissue, the phlegmonous erysipelas, carbuncle, and the effects of snake-bite, which last the author had alluded to, although he did not seem to appreciate the fact that it afforded a complete solution of the phenomena of the disease under consideration. A poison introduced into the areolar tissue, whether locally or through the medium of the circulation at large, was all that was required to explain the phenomena. What was there more wonderful in phlegmasia dolens than there was in the fact that a small portion of decaying lobster introduced into the stomach sufficed to cover the skin with the large white blotches of urticaria? or that a small portion of virus introduced under the cuticle will produce the enormous swelling of erysipelas or diffused inflammation? or, again, that a snake-bite will cause a whole limb to swell suddenly and enormously? The analogy of these cases to phlegmasia dolens is absolutely perfect. In one case, which the speaker published in the "Surgeons' Vade-Mecum," a gentleman had a small, old sinus in the ham; this festered; the matter putrefied; swelling ensued, spreading upwards as well as downwards, till the limb was of enormous size, tense, and firm; symptoms of general pyæmia followed, and death. Now in this, as in the other analogous examples, could it be said that obstruction of the veins or lymphatics was the essential condition of the disease? Surely not; for obstruction of veins and lymphatics might exist without phlegmasia dolens,—and exudation, which was the essence of phlegmasia dolens, might exist without venous obstruction. It was quite a return to the pathology of the sixteenth century to assert that obstruction was the cause of a true pathological exudation. Obstruction must always produce its mechanical effects, such as œdema; but there was no obstruction which could account for the production of phlegmonous erysipelas or carbuncle, and the assumption of obstruction as the cause of phlegmasia dolens was unnecessary. Solidification of the blood in the veins occurred in erysipelas as in phlegmasia dolens, but only as a concurrent effect. The true pathology of the disease was that which the author had touched, without grasping—namely, that a poison, having been imbibed from a wound or ulcer, produced not merely coagulation of blood in veins, but that yet undefined change in the relation of the blood and tissues which caused a peculiar exudation. No one, in the present state of pathology can pretend to define that condition absolutely; but if any one thing appeared at the present day certain, it was that not mere obstruction, or any other change in what was called the "action" of blood-vessels and absorbents, could generate a true pathological exudation, to which class the disease under consideration belongs.

Dr. Barnes thought that the paper was an excellent example of the advantage of seeking for illustration of what might appear a special subject in the wide range of general pathology. Obstetric science had lost much from the narrow exclusive manner in which it was cultivated. While the author deserved praise for his research, he (Dr. Barnes) could not, however, but feel suprise that no reference had been made to the valuable essays of Mr. Henry Lee and Dr. Mackenzie. The essay of Dr. Mackenzie especially must be

regarded as the most admirable and complete contribution to the pathology of phlegmasia dolens yet published. The speaker did not agree in the suggestion that hæmorrhage disposed to phlegmasia dolens by favouring imperfect contraction of the uterus, and the consecutive propagation of the coagula formed in sinuses to the pelvic veins. Hæmorrhage acted, in his opinion, by increasing the absorbing function. The treatment by ammonia referred to by the President, he had found the most useful. Since the researches of Dr. Mackenzie this plan was established on a sound pathological basis.

Dr. Fox, in reply to the objections of Dr. Graily Hewitt, said he could not disallow the lymphatics a share in the disease. Would Dr. Hewitt explain the difference in the character of the swelling in obliteration of the inferior vena cava and the innominate vein, (for there was a difference ; in the latter case the swelling was different from œdema, and more like phlegmasia dolens,) except upon the fact that the lymphatics were obliterated in the case of the innominate? Then, again, Dr. Rigby's well-known case (*Medical Gazette*, 1835), where no disease but that of the lymphatics existed, was surely sufficient to establish the participation of the lymphatics. In regard to the theory of the production of phlegmasia dolens, Dr. Hewitt's explanation would only account for the puerperal cases, and not those of cancer, phthisis, dysentery, ulceration, etc. The other objections of importance came from Dr. Druitt, who denied the mechanical cause of the disease. Well, what answer could be made to such cases as that described in the paper, where a cancerous tumour pressed on the iliac vessels, and where phlegmasia dolens appeared, with great pain? but when the tumour descended into the pelvis, and got up behind the bladder to other side, the pressure being removed, the phlegmasia dolens went at once, with the pain. With regard to the other point which Dr. Druitt said the author had missed, —namely, the pathological state, the exudation into the cellular tissue—it was far too important a subject to be introduced into the paper cursorily, because it involved all the late views of Virchow, but it should be dealt with specially. All discussion turned upon the use of fibrin in the economy. Virchow, Zimmermann, Cappie, and Simon believe it to be a result of change of cellular tissue (an early condition being fibrogen), and brought to the blood by the lymphatics. That fibrin was not excrementitious seemed evident from the following :—1. Its use in the economy and capability of organization. 2. Its mode of production—namely, result of elaborative (digestive and glandular) act, and oxidation of albumen (Gairdner). 3. Its chemical composition, unlike waste products (ex. urea). If fibrin were excrementitious, albumen must be so too. 4. Its relation to the pale corpuscles, being increased or decreased in direct ratio with them. 5. Its relation to connective tissue, as shown by Liebig ; hence it is the pabulum of areolar tissues. 6. In the lower animals we see corpuscles existing before fibrin in the blood ; in the articule series we get fibrin, and with it the colourless nucleated cell; and seeing always that the pale corpuscles keep in the blood-stream outside—*i. e.* next the walls,—it seems not unlikely, indeed certain, that the pale corpuscles are related to the tissues outside in preparing the fibrin for the connective tissues. Where areolar tissue is, there are lymphatics, and *vice versâ ;* hence there must be some close connexion. It seems that when the arterial blood reaches the areolar tissues, the latter draw upon it for pabulum, and the excess is removed by the lymphatics (which keep the balance of nutrition correct.) Obstruct, as in phlegmasia dolens, the lymphatic circulation, and you get hypertrophy of the cellular tissue and gelatinisation of the areolæ. As to Dr. Druitt's assertion that the vessels are not at all concerned, that was a new pathology. How would he explain a simple case of hypertrophy from congestion the result of pressure? The author had not made a microscopic examination of the juices exuded from the limb in phlegmasia dolens.

The Metropolitan Counties Branch of the British Medical Association propose to hold their annual meeting out of town on July 10, and to celebrate the occasion with a dinner.

Dr. Rigby has resigned the appointment he has held so long and so creditably as Examiner in Midwifery to the University of London. Dr. Barnes and Dr. Priestley are the only candidates we have heard spoken of as yet.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

THE ARMY MEDICAL DEPARTMENT.

Colonel Lindsay moved, That a humble address should be presented to her Majesty, praying that she would be graciously pleased to reconsider the 11th clause of the Army Medical Warrant of October, 1858, as far as relates to its retrospective application to the Medical officers at that time serving in the ranks affected, having due regard to the efficiency of the public service. The clause of the warrant to which he objected provided that Medical officers of the rank of Surgeon-majors, Surgeons, and Assistant-Surgeons should be placed upon the retired list when they had attained the age of 55, and Inspectors-general and Deputy Inspectors-general when they had attained the age of 65 years. What he complained of was its retrospective application to those serving in the ranks affected at the date of the warrant. The junior ranks would derive advantage from it, but they would obtain that advantage at the expense of their seniors. His case was that when these officers came into the service the rule which was proposed to be applied to them under this warrant did not exist, and, therefore, they could have no knowledge of its effects. One gentleman, he believed it was Dr. Lucas, knew nothing about his removal from the service until he saw it announced in the *Gazette*. He would mention the cases of two or three officers who had suffered from the 11th clause of this warrant. An officer who had been 30 years in the service, of which he had spent 21 years abroad, and thus lost his promotion to the rank of Deputy Inspector of Hospitals, had been compelled to retire at the age of 55, when in the full vigour of life and active in the discharge of his duties. In another case an officer who was first on the list for promotion when the warrant came out, and had actually been promised his step, was deprived of his prospects by the new warrant. Dr. Sutherland had declared to several Medical officers that if he had any idea of the amount of injury entailed by the retrospective action of the warrant he would never have consented to it. These officers, if they were forced to retire, ought to be well compensated. The additional compensation which a retired staff officer of the first class was to receive amounted only to 1s. 6d. a-day, whereas in the proposals just circulated by the Admiralty for the compulsory retirement of naval officers at the age of 60 the scale was much more liberal. It was there proposed that naval officers who would have been in receipt of 10s. 6d. a-day should have their half-pay increased to 18s., and those whose position entitled them to 12s. 6d. would receive 20s. Some relief, he maintained, ought to be granted to the Medical officers in the army from the arbitrary operation of this warrant, and if not restored to their position and prospects they ought at least to receive the retiring allowance of the rank immediately above their own.

Mr. S. Herbert regretted very much that he could not accept the view taken by the hon. and gallant member on this question. There was this broad distinction between the ranks of Surgeon and Surgeon-major and those of inspector and Deputy-Inspector-General, that the duties of the first were executive, while those of the latter were merely administrative ; they neither practised nor operated. Both of the late directors-general were anxious that compulsory retirement should take place in the higher ranks at the age of 65, and in the lower at 55, and believed that it would be attended with benefit to the profession. Retirement at a certain fixed period was less disadvantageous to medical officers than was generally supposed, as they set up in practice in civil life as consulting practitioners, and obtained a fair amount of practice. The Medical officers themselves had always urged that they ought to be permitted to retire at 50, which was some years earlier than the date fixed for their compulsory retirement. It was quite true that the retrospective effects of the warrant must be felt by men already in the service, but otherwise they would have confined the operation of a measure which was admittedly beneficial to those who were only entering the army. If, however, Medical officers were to have the privilege of saying that they were prepared to accept the great advantages which were conferred upon them in the shape of increased pay as well as in rank, but that to any regulation operating in any

degree to what they might consider their disadvantage, they would not submit, and if such representations were to be yielded to, and no general rule laid down, inextricable confusion would be the result. The hon. and gallant gentleman had referred to individual instances of hardship, but that he did not think was the best way to come to a fair conclusion on the subject; and it should be borne in mind that there were several very excellent appointments which were placed at the disposal of those officers who were affected by the warrant of 1858. There were, for instance, Medical officers who were obliged to retire appointed to the College at Sandhurst, the Asylum at Chelsea, the Hibernian School, and also at Enfield. In conclusion, he had only to say that if every motion of a nature similar to that which the hon. and gallant general had made were assented to, he doubted whether £40,000 or £50,000 a-year would meet the consequent expenditure. He was most anxious to do everything he possibly could in the matter, and the best course to pursue would, he thought, be to give the officers in question priority in claim to the different situations which might become vacant, and which they could fill.

OBITUARY.

DR. M. S. BUCHANAN, OF GLASGOW.

The Profession has to mourn in Dr. Buchanan one of its most active members—the Medical School of Glasgow one of its most zealous and successful teachers.

Born and bred in Glasgow, Dr. Buchanan began his Medical studies there in 1812, graduated in Edinburgh in 1818, and after travelling in France and Germany, was in 1829 appointed Surgeon to the Royal Infirmary, an office which he held at intervals for many years. In 1836 he began to teach Anatomy in the Portland-street Medical School; and was in 1841 transferred to the same lectureship in Anderson's University, where he taught almost with his latest breath.

Dr. Buchanan was an excellent operator, and a most popular clinical teacher; but it was in the Chair of Anatomy that he chiefly shone. Here his zeal knew no bounds, and his success was very great. From the first he had large classes, which went on steadily increasing; and there can be no doubt that his energetic enthusiasm was the principal cause of the popularity and extension of the Extra Academical Medical School of Glasgow. His last appearance in public was on the 20th of April, when, already far from well, he distributed the prizes to his class, and took what turned out to be his last leave of his students and his colleagues.

By Dr. Buchanan's death we have lost another "beloved physician." All who knew him valued and respected—many sincerely loved—him; and though he had latterly withdrawn from private practice, he had for many years been weaving around him the affectionate interest of his numerous students; so that, scattered everywhere as they are, there are few towns at home or colonies abroad where the tidings of his death will not awaken heart-felt regret, and affectionate remembrance of his frank, ready kindness as an adviser and a friend.

DR. DANIEL M'KINLAY, OF PAISLEY.

Dr. M'Kinlay practised as a Physician and Surgeon in Paisley for the long period of forty-three years. He studied at the Glasgow University, where he obtained his diploma and degree as Doctor of Medicine. In the pursuit of his profession Dr. M'Kinlay was most persevering and laborious, and he had ample opportunities of coming in contact with all classes in the community, among whom he was universally esteemed and respected, and by none more highly than by his Professional brethren. During the first visitation of Asiatic cholera, in 1832, Dr. M'Kinlay particularly distinguished himself for his activity and ability, and from that time forward his success in life was secured. For upwards of twenty-seven years Dr. M'Kinlay held the post of Visiting Surgeon to the Town's Hospital; and for a long period also he acted as Police Surgeon, and as Medical Officer for the Crown in this district.

A few years ago Dr. M'Kinlay was laid almost prostrate by severe illness, and although he recovered to a surprising degree, yet his health since then has never been such as to debar him from exercising his laborious profession, though severely taxing his remaining strength. His loss will be most sincerely and unfeignedly regretted by a wide circle of friends and acquaintances.

MEDICAL NEWS.

Royal College of Surgeons.—The following Members, having been elected Fellows at previous meetings of the Council, were admitted as such on the 14th inst.:—

Name.	Residence.	Date of Diploma.
Baddeley, W. Edward,	Newport, Shropshire,	May 17, 1841
Brush, J. Ramsay, M.D.	Army,	May 15, 1840
Godson, Charles,	Barnet, Herts,	December 18, 1840
Hobbs, William,	Royal Navy,	June 10, 1828
Innes, J. H. K., C.B.	Dep. Inspec.-Gen. Army,	July 19, 1841
Pearson, Henry,	Ely,	January 22, 1841
Stewart, Henry Charles,	North-bank, Regent's-pk.	July 9, 1841
Waggett, John, M.D.,	Stanley-ter., Notting-hill,	August 27, 1841

The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 20th inst.:—

Cooper, William	Runcorn, Cheshire	August 5, 1842
Cox, Richard	Aldermaston, Berks.	August 31, 1859
Greenhill, Joseph R.	Lewes, Sussex	April 13, 1860
Handcock, George	Cad-Beeston, Yorkshire	July 2, 1858
Long, Alexander	Liverpool	May 30, 1860
Robertson, Lennox	Aberdeen	—
Robinson, George H.	Cork	April 13, 1860
Thane, William D.	Bedford-row, Barnsbury	May 8, 1860
Warner, John	Leighton Buzzard	April 16, 1860
Williams, Evan Evans	Llandyssil, Carmarthen	April 16, 1860

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, June 14:—

Cooper, William, Runcorn, Cheshire
Hunt, Thomas
King, William Clifford, Bridgewater
Knight, Morrison, Hounslow
Phillips, Thomas Grace, 9, Pembury-grove, Lower Clapton
Woods, Robert, Army

The following gentlemen also on the same day passed their First Examination:—

Colquhoun, Archibald Grant, St. Bartholomew's Hospital
Schofield, Frank, 92, Sloane-street, S.W.

APPOINTMENTS.

Shorto.—Mr. James Reeve Shorto, M.R.C.S. Eng., and L.S.A. Lond., has been appointed the Resident-Surgeon of the Royal South Hants Infirmary, Southampton.

Peacock—Bristowe—Brinton—Clapton—Jones.— Dr. Peacock and Dr. Bristowe (till now the Assistant-Physicians) have, with Dr. Brinton, been elected Physicians to St. Thomas's Hospital. Dr. Clapton has also been elected Assistant-Physician, and Mr. Sydney Jones Assistant-Surgeon.

DEATHS.

Anderson.—June 19, at Edinburgh, Andrew Anderson, M.D., formerly Surgeon in the 92nd Highlanders.

Brown.—June 9, at Braco, Logiealmond, Perthshire, John Brown, A.M., Student of Medicine.

Churton.—June 13, at Waterloo, near Liverpool, Joseph Churton, M.R.C.S. Eng.

Craig.—June 13, at Strathaven, Lanarkshire, William Craig, L.F.P.S. Glasgow.

Lomax.—June 13, Charles Lomax, of Weobly, Herefordshire (in practice prior to 1815), aged 74.

Monro.—June 14, at Newport, William Monro, late of Dundee, M.D. University of St. Andrew's, L.R.C.S. Edin.

Mines.—March 23, at Hobart-town, Thomas Mines, Assistant-Surgeon 40th Regiment of Foot, aged 28.

Rowan.—April 10, at Richmond, New South Wales, Robert R. Rowan, formerly of Dundalk, Ireland, aged 75.

Cambridge Appointments.—Student in Medicine—Charles Mayo, B.A., Fellow of New College. Bachelors in Medicine—Henry M. Tuckwell, Lincoln College; James Andrews, Fellow of Wadham College.

THREE Piedmontese Physicians, it is reported, accompanied Garibaldi on his perilous expedition to Sicily—Drs. Rissari, Boldrini, and Giulini.

AN ingenious Frenchman, M. Lacroix, has invented an apparatus by the use of which any one can take what he calls an immersion-bath. The nose is closed, and pipes fitted on to the mouth. The ingenuity of this invention is probably greater than its utility. It is recommended for bald-headed people.

AMONG the Civil Service Estimates for this year are £11,500 for Dr. Livingstone's expedition; £4000 for quarantine expenses; £7000 for the Niger expedition under Dr. Baikie.

THE ANTECEDENTS OF BROTHER PRINCE.—Mr. Prince, the Chief of the "Abode of Love," was once a boy in the Surgery of a Professional gentleman, at Wells, in Somersetshire. He afterwards contrived to get into the Church.

THE Medical Society of Lyons has offered a prize of 500f. on the following useful question: To determine which of the two systems is the best, hygienically and economically, the system of emptying at regular intervals closed cesspools, or the system of draining off sewage matter, and allowing it to pass into rivers, etc.

NEW CURE FOR TETANUS.—In a severe case of tetanus, with opisthotonos, "M. Pescheux took the idea into his head of injecting into the neck, at the median line, a subcutaneous injection of sulphate of atropine. The poisonous qualities of the atropine were well marked, but with them had also disappeared the tetanic symptoms."

THE LEVÉE.—The following presentations of Medical men to the Queen took place at the *levée* on Thursday, after Mr. James Ranald Martin, on receiving the Companionship of the Bath, had been presented to the Queen by Sir Charles Wood, and had the honour of knighthood conferred upon him by her Majesty:—Surgeon-Major Butler; Dr. Cannon; Dr. Collins; Dr. Deas, R.N.; Assistant-Surgeon Farquharson; Dr. A. Fergusson; Dr. Hall; Dr. Gibson; Assistant-Surgeon Pater; Assistant-Surgeon J. Shortt; Surgeon G. S. Mann, and Staff Assistant-Surgeon G. F. Spry.

MEDICAL STUDENTS AND GRADUATES IN THE UNITED STATES DURING THE SESSION 1859-60.—By returns received from 32 Medical Schools and Universities scattered over the United States, it appears that there were 4739 students and 1506 graduates. In Philadelphia alone the number of students amounted to 1275 and the graduates to 381.

PROPOSED TESTIMONIAL TO DR. MORTON IN THE UNITED STATES.—Steps have been taken in the great cities of the American Union to raise a fund as a Testimonial to Dr. Wm. T. G. Morton of Boston, for his services to humanity in first practically demonstrating that sulphuric ether may be safely used as a means of annulling pain during surgical operations—the National Government while admitting his claims having failed to reward him.

LIVERPOOL MEDICAL REGISTRATION ASSOCIATION.—A special general meeting of this Association was held at the Medical Institution, Mount Pleasant, on Tuesday, June 19, Ellis Jones, Esq., President, in the chair, who said the members were called together to consider what course should be adopted in reference to the recent alterations in the constitution and laws of the London Medical Association with which they were affiliated. Mr. Steele, the Honorary Secretary, then read the report of the Committee, from which it appears that under the new laws the annual subscription for affiliated associations would be at the rate of one guinea for every ten members, instead of the uniform charge of one guinea a-year for the whole Society. The funds thus raised were to be allocated to the Prosecution Fund at the disposal of the Executive Committee, but it was not contemplated to defray out of that fund legal expenses incurred by affiliated associations, except in the case of the smaller and less affluent provincial societies, to whom assistance might be given at the discretion of the Committee. The question of placing the new Association upon a strictly representative basis was recognised by the London meeting as most important, and deserving full consideration, but having been ruled out of order at the Special Meeting, could not then be discussed. After a discussion, in which several members present took part, the following resolutions were passed unanimously. Proposed by Mr. Bickerton, and seconded by Mr. Anderton —That the London, or National, Medical Registration Association, having, by their new code of laws raised the subscription for affiliated Associations from the present uniform rate of one guinea to the greatly increased charge of one guinea for every ten Members, the Members of this Association unable to discern any equivalent advantage to compensate for so large an expenditure of their funds, do not feel justified in renewing their affiliation with the Metropolitan Association on the terms proposed.—Proposed by Dr. Stookes, and seconded by Mr. Paterson,—This meeting desires to record its approval of and to express its readiness to promote the proposal to form a National Medical Registration Association provided the projected Society be formed upon a strictly representative basis and that the rate of subscription be sufficiently moderate to place it within reach of every member of the profession who may wish to join. It was also resolved that a copy of the proceedings of this meeting be sent to the Honorary Secretary of the London Association and to the Medical Journals. The usual compliments to the Chairman concluded the business.

INTERNATIONAL STATISTICAL CONGRESS.—A meeting of the Commission for Organising the Fourth Session of the International Statistical Congress, to be held in London in July next, under the auspices of her Majesty's Government, took place recently at Pembroke-house, Whitehall-gardens. A great many Commissioners were present. Our Profession was represented by the President of the College of Surgeons, Dr. Guy, Sir J. R. Martin, Dr. McWilliam, Dr. J. Sutherland, and Dr. W. Farr. The Organisation Commission, upon a report prepared by Dr. Farr, decided upon dividing the Congress into six sections for the purpose of considering the various subjects which will be included in the programme —namely, Section I. Judicial Statistics; II. Sanitary Statistics; III. Industrial Statistics — two branches, Agriculture and Mining; IV. Commercial Statistics; V. Census, and Military and Naval Statistics; and VI. Statistical Methods. It is proposed to invite Lord Brougham, Lord Shaftesbury, Earl Stanhope, Lord Stanley, M.P.; Mr. Hutt, M.P., and the Master of the Mint to act as presidents of sections. The opening of the Congress was fixed for Monday, July 16, and the sittings will be continued over the five following days. The meetings will be held in Somerset-house, the Council of King's College, having placed their large hall and other portions of that establishment at the disposal of the Commission, while the Society of Antiquaries, the Geological Society, and the Astronomical Society have in a no less liberal spirit consented to allow their apartments in Somerset-house to be used for the sectional meetings. Several suggestions were offered, evincing a strong desire to give the most hospitable reception to our distinguished visitors, and the Lord Mayor expressed a hope that they would do him the honour of visiting the Mansion-house. Mr. Milner Gibson having thanked the Commission on the part of the Government for their co-operation in the endeavour to make the Congress as useful as possible to this country and to others, the meeting adjourned. It may be remarked that the object of the Congress is to promote the collection of statistics, especially those published officially by the different Governments, on the most approved methods and upon uniform bases, so as to admit of the international comparison of the results obtained. The first meeting of the Congress was convened at Brussels by the Belgian Government in 1853; the second session was held in Paris in 1855, and the third at Vienna in 1857.

VITAL STATISTICS OF LONDON.

Week ending Saturday, June 16, 1860.

BIRTHS.

Births of Boys, 879; Girls, 873; Total, 1752.
Average of 10 corresponding weeks, 1850–59, 1494·6.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	560	504	1064
Average of the ten years 1850-59	508·7	464·2	972·9
Average corrected to increased population..	..	..	1070
Deaths of people above 90	..	1	1
Deaths in 15 General Hospitals	31	20	51

DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small pox.	Measles.	Scarlatina.	Diphtheria	Whooping-Cough.	Typhus.	Diarrhœa.
West	376,427	2	7	8	2	5	4	1
North ..	490,396	3	12	8	3	4	3	2
Central ..	393,256	1	6	2	1	5	4	2
East	485,522	6	15	6	..	1	9	5
South ..	616,635	15	23	4	2	5	7	4
Total . ..	2,362,236	27	63	28	8	20	27	14

TO CORRESPONDENTS.

Several letters on the question of Medical Titles are unavoidably delayed.

The letter of our Berlin Correspondent will appear next week.

Professor Fäye's letter on Syphilisation shall appear next week if possible.

Mr. S.—We do not insert notices of marriages.

Mr. Maysmor.—The letter is in type.

Chemicus does not say what College he means.

Dr. Sim's letter on Leprosy arrived too late for insertion this week.

A. E.—The interesting and suggestive letter on the "Physiology of Widowhood," shall appear uext week if possible.

Discipulus.—Apprenticeship is considered part of "the course of Professional study."

Alchemy.—The "Scale of Medicines for the Merchant Service" published by Orr. We believe it is out of print, but Mr. Churchill annouuces a new editiou.

Studens.—The Orpheonist performances at the Crystal Palace are on the 25th, 26th, and 28th instant, next Monday, Tuesday, and Thursday. A great treat may be expected.

An Hospital Surgeon.—We do not think it is quite fair to publish under an anonymous signature any criticism upon an article to which an author has affixed his name. We shall be most happy to publish the letter with the real signature of the writer, hut expressions which might be personally offensive had better be omitted.

Mr. White.—We have read with interest the letter to the Sherborne Board. All attempts of Medical Officers to improve the drainage and general sanitary condition of their districts are certain eventually to do good, both to the inhabitants and to those who promote the effort.

D. H. B.—A duly registered Practitioner does not lose his right to registration, or his power of signing Certificates of Death, etc., hy acting as Assistant to a Quack. But if the College whose diploma he holds withdrew the Diploma, then the Council might remove the name from the Register—or the Council, by Clause 29, can erase the name from the Register of any Practitioner judged "to have been guilty of infamous conduct in auy professional respect."

Medical and Surgical Aid to Garibaldi.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I feel much pleasure in reflecting that my endeavours to send out Medical and Surgical aid to Sicily have merited your support; I plead the privilege of appealiug to the Profession for help, through your columns. Incomplete and odd cases of instruments will be very acceptable, and any monies received shall be economically employed, and publicly acknowledged as heretofore. The Medical Profession throughout the world owes much to Italy. I am, &c.

J. Simpson Gamgee, Surgeon to the Queen's Hospital,
Staff-Surgeon of the First Class,
Principal Medical Officer, late British Italian Legion.

18, Broad-street, Birmingham, June 20.

Case of Strumous Disease of the Knee-Joint—Amputation—Recovery.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The father of a family of scrofulous diathesis, named Charles Remson, applied to me last April concerning his son, a boy about 7 years of age, for a decided case of strumous degeneration (Brodie's) of the knee-joint. On examination I found the affected joint much tumefied and inflamed, several openings presented themselves discharging copiously sero-purulent matter: from the length of time (two years) the disease had been standing no fluctuation was detected; for a considerable period the little patient suffered much pain, but the limb becoming gradually in a semi-flexed position, freedom from pain was the result. Judging from a manifest derangement of the general health attended with hectic fever, that there existed considerable inflammation and suppuration, I anticipated a speedy termination of the case in death by absorption (increased) of the morbific matter, or deposition of tubercle in the lungs, and advised the prompt removal of the offending member, and the advice was readily agreed to. I therefore amputated the limb midway between the knee and hip-joints by the flap operation under the influeuce of chloroform: perfect success followed, in about a month cicatrization was complete, leaving a good cushion, and the boy's health became more robust than before.

On examination of the joint the synovial membrane was found much thickened and highly vascular; the bones entering into the joint were much diseased, the head of tibia being porous and easily broke down on pressure, the patella was luminous, the cavities of the joint were filled with purulent matter of a strumous character and the appearances altogether gave no indication that anchylosis would have resulted from any mode of treatment. Several similar cases to the above in adults have come under my notice in this island where anchylosis has happily been promoted hy rest in the semi-prone position, friction after freely using salt-water, and the internal administration of cod-liver oil.

I am, &c.

La Poile, Newfoundland. Thomas Brown, M.R.C.S. Eng.

Ipecacuanha *v.* Opium.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In reference to the discussion in your columns respecting the antagonistic effect of Ipecacuanha to the narcotic properties of Opium, I beg to submit a fact which occurred in my practice six years ago.

Ten grains of Dover's powder were prescribed for a female, aged thirty years, to be taken at bed-time; but through inadvertence the dose was given to her infant, thirteen months old.

On calling the next morning I discovered the mistake, hut as I was able to arouse the child. I did uot interfere, and it recovered with no other effect than a few more hours' good sound sleep. I am, &c.

Rotherhithe, June 19. J. J. Cregeen, M.D.

Mesmerism.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I beg to call your attention to the following report of the Mesmeric Infirmary, copied from a daily paper; and I beg, through you, to ask Dr. Elliotson, who is reported as having been present, whether he allowed the observations there made to pass without remark. Dr. Elliotson is a Fellow of the Royal College of Physicians of London, and has held high office there.

"The annual meeting of the patrons and supporters of the Mesmeric Infirmary in Weymouth-place, Portland-street, was held recently, at Willis's Rooms, King-strect, St. James'. Mr. F. Boileau Elliot occupied the chair, and Dr. Elliotson, Dr. Purland, Mr. Magendie, F.R.S, Mr. Adolphe Kister, Mr. Poland, and other gentlemen were present. The attendance was not very numerous. The chairman said, that although the Mesmeric Infirmary had met with great opposition from professional bigotry and self-interest, it has made great progress. All the cases were not cured that were sent to the Infirmary, but, considering that most of them had been considered hopeless by Medical men, he thought the cures had really been miraculous. Mr. Winey, the secretary, read a long report, which referred in detail to the cures effected in cases with epilepsy, palsy, loss of voice, bronchitis, etc. During the past year 242 patients had been treated at the Iufirmary, of whom 138 had been cured or improved, 33 remained under treatment, and 71 had not been cured, but of these many had only come once or twice to the Infirmary."

I am, &c. Ichabod.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. Hawkins; Dr. Conolly; Dr. A. Reed; Dr. Watson; Dr. Elliotson; Mr. H. Smith; Mr. Gore; Dr. Aldis; Dr. Leared; Mr. Le Gros Clark; Dr. Sim, Naples; Professor Faye, Christiana; Mr. Steele; Dr. Arding; Dr. Hooper; Mr. Gillott; Mr. Ghio; Mr. Short; Registrar-General; Mr. Pearson; Mr. Maysmor; Dr. Cregeen; Mr. Palmer; Mr. Macmurdo; Mr. Crosby; Mr. Theophilus Smith; and Mr. Gray.

APPOINTMENTS FOR THE WEEK.

June 23. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's 2 p.m.; Charing-Cross, 1 p.m.

25. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

26. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

Royal Medical and Chirurgical Society, 8½ p.m.

Zoological Society, 9 p.m.

27. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

28. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

Royal Botanic Society, 3¾ p.m.

29. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

CLINICAL LECTURES ON THE DISEASES OF WOMEN.

By J. Y. SIMPSON, M.D. F.R.S.E.
Professor of Medicine and Midwifery in the University of Edinburgh.

Lecture XXXII.

ON DROPSY AND OTHER DISEASES OF THE FALLOPIAN TUBES.

Gentlemen,—By means of an exploring-needle, used as a slender trocar, I tapped the roof of the vagina, and removed from the left side of the pelvis of a patient this morning a quantity of pale yellowish fluid, of which I here show you a portion. It is alkaline in its reaction, highly albuminous, and perfectly clear; and it reveals, on microscopic examination, nothing more noticeable than a few scales of cylindrical epithelium. It very closely resembles, in fact, the fluid we sometimes find on tapping a simple ovarian cyst. In this instance, however, the fluid has not been derived from a cystic tumour of the ovary, but from another variety of cyst altogether, formed by a partial occlusion and dilatation or dropsy of one of the Fallopian tubes. I have already referred to this form of disease, incidentally, when speaking of ovarian dropsy; and as, among the very limited number of cases that it is in our power to admit into the Ward, I may not have the good fortune during the Session to be able to bring under your observation a patient affected with it, perhaps you will allow me to avail myself of this opportunity to offer you a few remarks on the morbid changes to which the Fallopian tubes are liable.

I. Displacements of the Fallopian Tubes.

The Fallopian tubes have been found outside the abdominal cavity in some rare cases of hernia; usually when the uterus with all its appendages has made its escape through some one of the inguinal rings. Again, they have been found dragged from their proper situation, and bound down to the different surfaces of the uterus, as the result of old adhesions produced by inflammation of the peritoneal surface of the pelvic viscera.

II. Hypertrophy of the Fallopian Tubes.

The thickness of the walls of the Fallopian tubes is due mainly to the development of their middle coats, which resemble in structure and relations the middle coat of the uterus. As in the uterus, so in the Fallopian tubes, this middle, muscular coat is liable to a certain degree of simple hypertrophy. At least, we occasionally find the Fallopian tubes considerably enlarged on making post-mortem examination; but I am not aware that this morbid change ever occurs to such an extent, as to become a subject of diagnosis during life, and to call for any active treatment. But there is a form of hypertrophy of the muscular coat, which sometimes comes to be a subject both of diagnosis and of treatment; viz. when the hypertrophy becomes localised and thus leads to the formation of

III. Fibroid Tumours of the Fallopian Tubes.

I shall take occasion to try to prove to you in another Lecture that the ordinary fibroid tumour of the uterus—perhaps the most common of the many forms of morbid growth to which that organ is subject—is nothing more than a nodose hypertrophy of some portion of the middle coat, which is composed chiefly of a mass of involuntary muscular fibres, in a more or less undeveloped condition, and the structure of which we find reproduced and imitated in the neoplastic product developed in it. I refer to the mode of origin of this common kind of tumour, in order to illustrate the manner in which a similar morbid growth may spring up in the homogeneous middle coat of the Fallopian tubes. Fibroid tumours in this situation are not of very frequent occurrence, and are more frequently matters of anatomical interest and examination than of clinical importance and observation, because when they do occur they are usually of such small size as not to give rise to any very marked set of symptoms. I show you, however, a drawing of a case which I attended with Dr. Gordon (see Fig. 1), where a tumour of this kind

Fig. 1.

Fig. 1.—Sketch of a fibroid tumour growing from the fallopian tube A, the os uteri; B, the fundus uteri; C, the right fallopian tube; D, the left Fallopian tube, with the tumour growing from its inner portion; E, the tumour.

had attained a size equal to that of a child's head; and you can easily conceive what a difficult matter it would be to form a definite conclusion as to the nature and seat of a tumour presenting at once the firm and solid feeling characteristic of a fibroid tumour of the uterus, and the lateral situation and power of independent motion, which so often enable us to decide as to the ovarian origin of morbid growths. Such a tumour, let me remark in passing, requires, of course, to be treated on the same principles that guide us in the treatment of fibroid tumours imbedded in the walls of the uterus, or projecting on its peritoneal surface.

IV. Carcinoma of the Fallopian Tube.

Cancer, in any form, rarely or never affects the Fallopian tubes as its primary seat. When we meet with it in these organs it is usually secondary to its appearance in the uterus, or, more rarely, it may have spread to them from the contiguous ovaries or the broad ligaments of the pelvis; and hence the system is usually thoroughly infected with the cancerous diathesis, and the patient will usually present all the symptoms of the cancerous cachexy before the Fallopian tubes become involved. Carcinoma of these organs being thus a matter of but secondary importance, both as regards diagnosis and treatment, I need not do more than make you aware of the possibility of its occurrence.

V. Tuberculosis of the Fallopian Tubes.

Another form of constitutional disease which we sometimes find affecting the Fallopian tubes as its seat, is manifested here in the form of small cheesy-looking masses, of about the size of a pea, deposited in or on the mucous lining of the canal, and precisely resembling the tubercular deposits seen in other parts of the body. They are usually found associated with similar deposits in other organs, and more particularly in the uterus. It would appear, certainly, that tubercular deposits are more apt to be formed in the Fallopian tubes, independently of their development in the uterus, than we see in cases of carcinomatous degeneration; and it has even been asserted that tubercular deposits in the uterus only occur after they have previously been formed in the Fallopian tubes. In any case, however, they can only be regarded as among the local manifestations of a general, constitutional affection; and they are thus, clinically, but of secondary importance and interest. They may be situated on one side of the canal only, or may pass

almost completely round it in the form of a belt, obstructing or even occluding the canal; and the only peculiarity attendant on their appearance in this locality depends on the narrow calibre of the tube, which readily becomes completely closed by the deposits in or upon its sides, so that the secretion of the healthier portions of the mucous membrane is occasionally hemmed in and accumulates till a certain degree of dropsy of the tube is produced.

VI. Inflammation of the Fallopian Tubes.

The mucous membrane of the Fallopian tubes is not unfrequently the seat of a certain degree of inflammation, which either arises primarily here, or stretches upwards from the interior of the vagina and the uterus. When it becomes chronic it gives rise sometimes to a form of uterine leucorrhœa; and a kind of catarrh or chronic inflammation has been sometimes adduced as one of the causes likely to lead to obliteration of the canal at some points, and hence to dropsy of the Fallopian tubes. Diphtheritic deposits occasionally occur in the mucous membrane in patients dying of some forms of puerperal fever, and in such cases we usually find similar deposits in the shreds of mucous membrane that still line the uterus, and on the surface of any wound that may happen to exist in the vagina. The inflammatory process here sometimes leads to the formation of pus, with which the tubes are occasionally found distended to a considerable extent when they have previously been obliterated at certain points. And, as if to show that here too, the inflammatory process may go on to the higher stage of ulceration, there are one or two cases on record where death was brought about by a severe attack of peritonitis excited, apparently, by the perforation of a Fallopian tube at an ulcerated spot.

VII. Hæmorrhagic Effusions into the Fallopian Tubes.

To what extent the Fallopian tubes participate in the changes that occur in the uterus during menstruation, and whether in any case they furnish a supply of the hæmorrhagic discharge characteristic of that function, are still to some extent subjects of speculation. But whether or not the mucous membrane of the Fallopian tubes be ever thus the seat of a physiological hæmorrhage, we find as a matter of pathological observation that these canals may become filled and distended to a considerable degree with extravasated blood. When the extravasation takes place slowly, as in most cases it seems to do, and there has existed previously such an extent of occlusion of the canal that the fluid does not escape into the peritoneal cavity, the occurrence does not give rise to any symptoms so severe as to excite the patient's notice, or to any sign so certain as to enable us to make a diagnosis regarding it. But by far the most important of all the morbid contents of these organs are those which we meet with associated with the form of disease to which I wish now more particularly to direct your attention,—viz.

VIII. Dropsy of the Fallopian Tubes.

That the Fallopian tubes may become distended into the form of dropsical cysts is admitted on all hands as a fact in pathological anatomy. But the clinical interest and importance of this, as well as of all the other morbid changes to which these organs are liable, have been so far overlooked that in almost all systematic works we find little or nothing beyond a mere enumeration of them. A very few isolated cases, it is true, are on record, where dropsy of the Fallopian tube has been diagnosed during life, and one where it is said to have been treated successfully. To this case I shall again have occasion to refer. But usually, when this disease is referred to at all it is described as being so similar in its symptoms and character to other dropsical swellings in the pelvis, and so difficult of distinctive diagnosis, as not to require any particular notice or to call for any special treatment. I shall endeavour to show you presently that, on the contrary, it gives rise to special symptoms and presents peculiar characters which generally enable us to recognise it precisely and treat it with success. But let me, first of all, premise a few remarks with regard to

The Ætiology of this Disease.

Several years ago Hooper and others showed that when the inflammatory process, stretching upwards from the vagina and uterus, came to affect the lining membrane of the Fallopian tubes in all their extent, it was extremely liable to be attended with the formation of adhesions at the fimbriated extremity, where the mucous and serous membranes ran into one another. As a consequence of this tendency to adhesive inflammation at the free end of the tubes, we not unfrequently find one or other of them bound down to the sides of the pelvis, to the uterus, or to the ovaries, or even simply obliterated from the union of its serrated margins. When an ovary to which a Fallopian tube has become adherent is enlarged and dropsical, it may occasionally burst and discharge itself along the tube and through the uterus, as shown by M. Richard, who specially pointed out this as one of the most common channels through which ovarian cysts were at times spontaneously evacuated. Or we may have a periodic discharge of a watery or serous fluid from the uterus under another condition, viz. when a Fallopian tube has become completely obliterated at its free extremity, and so far constricted at its uterine orifice as to prevent the escape of its ordinary secretion until that has accumulated to such an extent as to overcome the resistance presented to its escape, as seems to have occurred in a case recorded by Frank. More frequently the constriction at, or rather towards, the uterine extremity becomes more complete and permanent, and the fluid becoming thus finally retained in the tube a dropsical cyst is ultimately produced. We may thus have dropsy of the Fallopian tube brought on as a result, *first*, of inflammatory changes commencing in its lining membrane. But, *secondly*, the cause is at least as frequently to be sought for in changes produced by inflammation of its peritoneal covering and of the peritoneal surface of the contiguous organs, which we find to be one of the most frequent causes of the deformities and displacements of these several organs from its liability to lead to the formation of adhesions between the neighbouring opposing surfaces. In the case of the Fallopian tubes, in particular, inflammation of their peritoneal surface has the effect of closing up the free extremities by binding them to the neighbouring parts, and also of causing the tubes to be folded or bent on themselves once or oftener. When the ordinary secretion of the canal begins to accumulate between any two of these points of flexion, a degree of compression is ere long produced, which speedily leads to the intimate union of the opposite sides, and hence to complete occlusion of the canal; and in this way a temporary accumulation of fluid is converted into a permanent collection, and a dropsical cyst, or rather a congeries or chain of cysts, is developed.

Pathological Anatomy.

When a Fallopian tube becomes dropsical in consequence simply of an inflammatory process in its interior, the resulting cyst is usually single, and one end of it is produced by the occlusion of the fimbriated extremity, while the other corresponds to that point towards the uterine extremity of the tube where it begins to become narrower before running into the substance of the uterus, and where, consequently, complete closure is more apt to occur. We more frequently, on the other hand, find the tube divided into a series of cysts or rather of

Fig. 2.

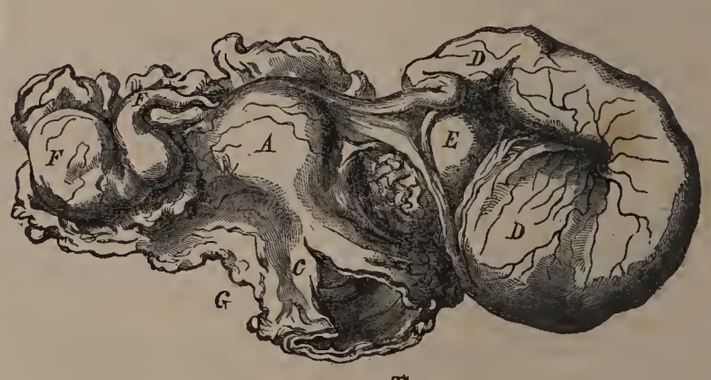

Fig. 2.—A front view of the arteries of a patient in whom the uterine appendages were much diseased from repeated attacks of inflammation. A, the uterus; B, the vagina, cut open to expose C, the os uteri; D, the left Fallopian tube; E, the left ovary, in a state of incipient dropsy; F, the right Fallopian tube; G, the right ovary. (Hooper.)

dilatations, where the morbid change is produced by adhesive inflammations, which cause the tubes to become convoluted on themselves, and the resulting cysts to be further indented, and divided by means of tight fibrinous bands passing over

their surface. The contents of these cysts are usually clear and simple, like the fluid I have already shown you; but not unfrequently the fluid is mixed with flocculent masses. The lining membrane of the cyst is subject to inflammation, and hence we occasionally find them containing inflammatory products, in some cases mixed with hæmorrhagic extravasations. The size attained by these Fallopian cysts, or hygromatous sacs, as they have been designated by Hooper, varies greatly in different cases. Sometimes the distended tube at its most dilated point is no wider than the small intestine; not unfrequently the dropsical swelling is as large as the fist; and occasionally, but rarely, it attains the size of the fœtal head. We may justly, I think, be allowed to be sceptical as to the correctness of the statements, or the carefulness of the observations of those who have recorded cases where the tumour was of much larger dimensions. When Munnik and Muralt, for example, relate that they have found respectively 110 pounds and 112 pounds of fluid in a single Fallopian cyst; and when Harder and Desormeaux speak of cases where there were 140 pounds of fluid, we can only suppose that these large quantities of fluid were contained, not in a dilated Fallopian tube, but in the cavity of a dropsical ovary. And if we call to mind how intimately adherent the Fallopian tube sometimes becomes to an enlarged and cystic ovary, so that it appears to be amalgamated with the wall of the cyst, we can easily understand how the two forms of disease should come to be confounded; and we may well doubt whether even the thirteen pounds of water mixed with pus, which Bonnet says he found in a Fallopian tube, was not in reality contained in the cavity of an inflamed ovarian cyst.

Semeiology.

Patients affected with dropsy of the Fallopian tube complain of many of the same symptoms that we find associated with ovarian tumours in the earlier stages of their growth. There is an uneasy sense of weight in the side affected, and a feeling of pressure on the limb. Usually the limb is rendered more or less numb from the pressure of the tumour on the nerves passing through the pelvis, and I have sometimes seen a patient rendered extremely lame in consequence. In some cases it acts chiefly upon the bowels, keeping them loaded, and the patient uncomfortably constipated. More rarely there is a certain degree of dysuria. In almost all the cases that have come under my observation, the patient has been sterile, even when the tube of one side only appeared to be affected. That the ova should fail to be conveyed by the tube of the affected side follows as a matter of course from the morbid condition of the canal; and perhaps the change in the position of the pelvic organs, produced by the pressure of the cyst, may have the effect of preventing the uterus from receiving the ova developed in the ovary of the opposite side. But none of the rational symptoms, nor all of them combined, will enable you to recognise the nature of the case, and to make a correct

Diagnosis of Fallopian Tube Dropsy.

In practice this form of disease is usually altogether overlooked, or is mistaken for some other kind of tumour. The lady from whom the fluid I have shown you was withdrawn, came to this country from Australia after having sought relief in vain at the hands of several practitioners in that colony, and since her return to Britain she had consulted a number of Medical men, all of whom differed as to the nature of her disease, and all of whom supposed it to be seated in the uterus or left ovary. One gentleman, who has himself written about dropsy of the ovary and Fallopian tube, after examining this patient, told her that her trouble lay entirely in the mouth of the womb. When I first saw her, I could not come to any very definite conclusion as to the nature of the case. I could only determine by vaginal examination that there was some kind of tumour in the left side of the pelvis, for the rectum was at the time so loaded with fæces as to prevent all possibility of a thorough investigation of the character of the swelling. Having taken the precaution to have the bowels effectually cleared, I was enabled at my next visit to come to a more distinct and definite conclusion regarding it. For, by vaginal examination, I could discover the firmish fluctuating tumour at the left side of the uterus, and by introducing the second finger of the same hand into the rectum, and placing the other hand above the pubis, I could make out quite distinctly its situation and its relation to the neighbouring parts. It so happened that the abdominal walls in this patient were soft and very much relaxed in consequence of her having had a child sixteen years ago; and by examining simultaneously with one hand above the pelvis and two fingers of the other introduced into the interior, I could anatomise, as it were, the pelvic organs, and make out their conditions and relations. In this way I found the uterus to be perfectly sound and normal, while to the left side of it lay a tumour capable of being moved independently of the uterus, and which, from its painless and fluctuating character, could only be of a cystic nature; and as this cystic tumour was elongated in its shape, widening towards the outer extremity, and indented at several points as if folded on itself, I had no hesitation in setting it down as a dropsical dilatation of the left Fallopian tube. There were only two other kinds of tumour with which it could have been confounded—viz. 1st, a cystic degeneration of the ovary in an early stage; or, 2nd, one of those thin-walled cysts which we sometimes find attached to the fimbriated extremity of the Fallopian tubes, or growing from the outer margin of the broad ligament, and which are produced by an accumulation of fluid in one of the unobliterated tubes of Gærtner. (See Fig. 3, *f f*.) But both of these forms of cystic tumour

Fig. 3.

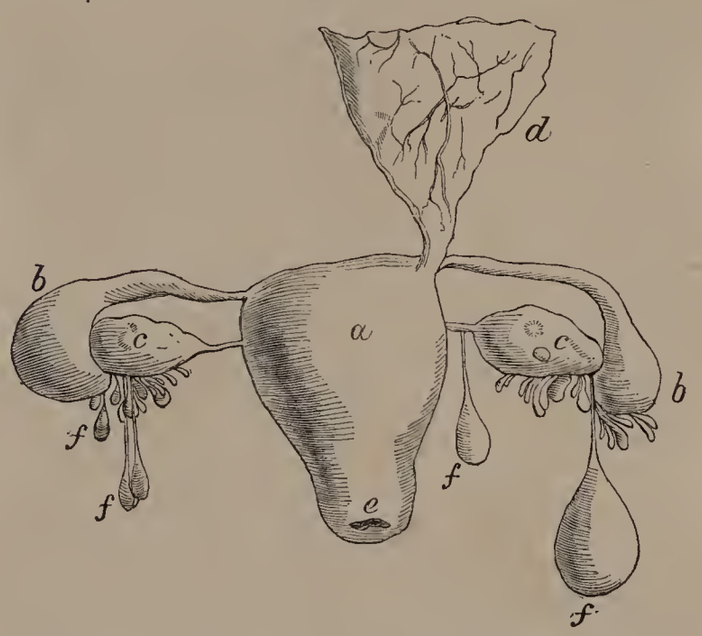

Fig. 3.—"*a*, uterus; *b b*, Fallopian tubes, distended, and closed at their extremities; *c c*, the ovaries; *d*, a portion of omentum adherent to the fundus uteri; *e*, the os uteri; *f f*, hydatids attached to the ovaries and fimbriated extremity of the Fallopian tubes." (Ruysch.) The small pedunculated cysts described by Ruysch as hydatids are produced by a cystic development of the tubes of Gaertner, of which the pro-ovarium, or body of Rosenmüller, is chiefly made up.

have this difference in common from the dropsical dilatations of the Fallopian tubes, that they are at once both more rounded in their form and more smooth and equable in their outline. The tumour formed by a commencing cystic degeneration of the ovary differs further from this dropsy of the tube, in that it is more unyielding and elastic, containing, as it does, at this early period, more solid substance than serous cavities. The other kind of cyst, again, to which I have referred, is rarely found of such large size as to come under the notice of the Practitioner, for ordinarily it is found after death of about the size of a pea, with a thin elongated neck or pedicle, and the largest of them almost never exceed the size of a hen's egg; while, from the quantity of fluid which I have shown you, you will be able to see that in this case the tumour must have been at least three times that size. From its size, therefore, and its situation, its elongated and somewhat conical form, its wavy, sinuous outline, and its power of being moved independently of the uterus, I believe I am justified in concluding that I have here had to do with a case of dropsy of the Fallopian tube. I know not in what other light to regard it, or what other kind of cyst it well could be. I ought to add, that the very nature of the fluid, which escaped through the exploring-needle that was introduced for its evacuation, confirms me in my belief that

this diagnosis is correct. For the fluid in a small ovarian dropsy—with which form of disease assuredly the cyst in question was most likely to be confounded, is usually too viscid to allow of its easy escape through a narrow canula; while in this case the clear evacuated fluid rushed through the small hair-like tube of the exploring-needle in a full, free stream.

(To be continued.)

ORIGINAL COMMUNICATIONS.

REASONS FOR REGARDING AS SIMPLY

URETHRAL RHEUMATISM AND OPHTHALMIA,

WHAT ARE GENERALLY TERMED

GONORRHŒAL RHEUMATISM AND OPHTHALMIA:

WITH SUGGESTIONS FOR THEIR CURE AND PREVENTION.

By JOHN ELLIOTSON, M.D. Cantab., F.R.S.

The occurrence of gonorrhœal rheumatism is now universally admitted. I recollect the time when the mass of the Medical Profession denied it, saying that a person with gonorrhœa might, like any other, have rheumatism accidentally; or a rheumatic patient catch a gonorrhœa: but that this was the whole of the matter. A long period elapsed before I, to my knowledge, met with rheumatism and gonorrhœa connected, and, therefore, I abstained from adopting either side of the question, and waited patiently, year after year, for facts under my own observation. Before I became familiar with rheumatism allied with gonorrhœa, several instances, I have no doubt, occurred to me unrecognised, because patients placing themselves under Medical care on account of rheumatism, and having gonorrhœa at the time, generally omit to mention the latter, since generally they are ignorant of any relation between the two, and are for the most part unwilling to divulge that they have a gonorrhœa, especially as this is in such cases frequently mild from the first though the rheumatism be severe, or, if it had been virulent, has become so mild that they hope it will soon leave them spontaneously. I remember cases of rheumatism, in both my hospital and my private practice, before the year 1830, that I now believe were of this kind, because they had the character which now leads me usually to suspect it, but to which I was not then alive, for I neither knew the disease nor had met with more than one person who believed that he had seen it: nor had I read about it.

The first time that I was aware of witnessing it was on April 28, 1830, when the captain of a vessel consulted me on account of rheumatism under which he said that he had laboured for three weeks, and which, he added, was gonorrhœal—such as had attacked him on a former occasion. Without this information from him I should have remained as ignorant of the nature of his case as probably I had been of that of others.

In an inaugural dissertation published at Copenhagen in 1848 by Dr. Lewis Brandes, *De Rheumatismo Gonorrhoico, in universum et de forma ejus acuta, etc.*, I find that an Italian Surgeon, named Monteggria, printed three instances of the disease in his *Annotazione Practiche sopra i mali Venerei* at Milan, in 1793; and that Swediaur, whose *Practical Observations on the more Obstinate Venereal Complaints, etc.* appeared in London in 1784, and who continued to publish upon these for many years, describes it carefully and gives six or eight cases, but in what year first I am unable to say. The former work I have not found, but Dr. Copland quotes it. I have been equally unsuccessful in searching for Swediaur's statements in other works, though I do not doubt Dr. Brandes's accuracy; and indeed M. Marechal refers to them in the *Receuil de Mémoires de Méd. de Chir. et de Pharmacie Militaires pour* 1853, in which he published an essay upon the disease under the title of "L'Arthrite Urethro-sympathique."

My first knowledge of the occurrence of the disease was obtained from Sir Astley Cooper's lectures, which I attended at St. Thomas's Hospital in 1806-7, and 1807-8. How many years previous he had mentioned or seen it, I cannot say. He pretended to no merit of discovery, but related, in the most artless manner, the communication of the facts to him by a patient. "An American gentleman," he said, "came to me with the clap, and I told him he might think himself well off to be so little affected. 'Oh,' said he, 'a clap with me is a serious thing. When I had it before, I was attacked a few days after the infection with an obstinate inflammation of the eyes that was followed by rheumatism.' I thought," continued Sir Astley, "that he might have caught cold while taking mercury; but he said he had taken none. I therefore watched the disease; and in a few days his eyes became inflamed; and after that one of his knees swelled, and then the other became affected with chronic inflammation. He was attended by Dr. Relph of Guy's Hospital and myself for many months. He left this country uncured; but I heard that he got well on his voyage. Since this case I have seen many more such."

It was very natural to suppose, before our experience became enlarged, that the disease was the result of gonorrhœal contagion: and the appellation gonorrhœal rheumatism, given naturally to it from its alliance with gonorrhœa, must have increased the tendency to this view. We cannot wonder, therefore, at Sir Astley Cooper believing that the ophthalmia was produced, not indeed by the application of gonorrhœal secretion accidentally to the eye, as may happen with any careless patient, but still by the absorption of it into the system, and that the proper treatment of the rheumatism, produced to his view of course by the same poison, was the same as of gonorrhœa—half-a-drachm, according to him, gradually increased to a drachm, of copaiba, with spirits of turpentine, three times a-day. We have no specific remedy for gonorrhœa, any more than for measles, scarlatina, or small-pox: and those drugs must in many cases aggravate gonorrhœa: and they would aggravate many cases of the rheumatism. Copaiba, cubebs, and some analogous drugs, are useful occasionally in gonorrhœa, but not more so than in similar uncontagious affections of the genital passages and possibly of some other mucous membranes. If there is no reason to ascribe specific powers over gonorrhœa to them, neither is there any to conceive that they can be remedies of the rheumatism bearing the distinction of gonorrhœal. Nor are they (a).

The belief, now generally prevalent, of the rheumatism in question—rheumatism with urethral discharge—and indeed of the ophthalmia, being really the product of gonorrhœal poison, is, I am satisfied, as unfounded as the previous generally prevalent disbelief that rheumatism and ophthalmia are ever connected with gonorrhœa. It was long before this struck me: for I had always read of those forms of disease, and heard them spoken of, with the epithet gonorrhœal: and had not seen them except in gonorrhœal patients. After a time I received the assurance of one or two patients that the affection of their genitals could not have arisen from infection: but it made no impression upon me, because I am familiar with the untruths which are often told upon these subjects, and because patients do really sometimes fondly deceive themselves as to the character of those with whom they intrigue. But, as years passed on, more instances of the alleged impossibility of infection presented themselves to me: and some such patients, I felt certain, could have no reason to deceive me, were too much endowed with self-respect to stoop to an untruth, and were too acute to be themselves in error. Some have told me this long afterwards, when they had ceased to incur the possibility of catching any

(a) For thirty years I have not prescribed copaiba, cubebs, or any special drug in gonorrhœa, but contented myself with ordinary anti-phlogistic measures as long as inflammation existed and for some time afterwards, and my practice has been most successful. But then I fully carry out the plan, allowing no fermented or distilled fluid whatever, nor any other stimulating substance; and enjoining the utmost rest of the legs that is possible, as well as abstinence from flesh food, even in the form of broth. In addition, mild aperients, abundant diluents, the application of warm water, a constant suspensory to prevent orchitis, narcotics when indicated by chordee, make up by far the most satisfactory treatment that I ever adopted. I know that copaiba, cubebs, and injections, sometimes arrest uninflammatory and even obstinate gonorrhœa, but perseverance with the plan which I have mentioned, above all with the negative part of it, is almost always sufficient, and is the best preventive of, as well as a most important remedy in, strictures and in all inflammatory irritations of the urethra and the rectum. The importance of perfect abstinence from stimulating drinks and from flesh in tonic inflammations is by many no duly appreciated.

disease of the genital organs. I knew no one inclined to this view till five years ago when, accidentally meeting with a Surgeon, a married man and a father, who had consulted Sir Astley Cooper and myself twenty years at least previously for what we had all termed gonorrhœal rheumatism, and since which time I had not heard of him, I was told by him that, before he married, he had again suffered a few attacks of rheumatism and urethral discharge on which occasions the idea of infection was altogether out of the question as he had not been exposed to the possibility of risk. At this period he had no inducement to deceive me as to his former life; and formerly he had always been candid when suffering for irregularities. He added that since his marriage he had occasionally suffered in the same twofold manner as when he was irregular and single. I was much pleased, and I communicated to him that my convictions of these affections being improperly termed gonorrhœal was as strong as his own. Farther experience up to the present moment has set the question completely at rest in my mind. Indeed, although the circumstance is not noticed by the Profession, some writers clearly entertain this opinion and state facts which establish it, and yet lay no stress upon its difference from the commonly-received views. I have just found that Sir Benjamin Brodie, in his "*Pathological and Surgical Observations on Diseases of the Joints*," published in London in 1818, gives five cases of the disease witnessed by himself; and remarks that in one the patient could not ascribe the discharge to infection, and in another the patient suffered from strictures in the urethra, and, although rheumatism took place twice with gonorrhœa, is took place twice also when there was no gonorrhœa, but the urethra was in a state of irritation and discharge through the mere introduction of bougies employed on account of the strictures. He therefore says that it may occur without infection. Brandes also considers that the rheumatism may be re-excited after all gonorrhœa has ceased, if the urethra is irritated by any common cause: and speaks of this rheumatism as *blenorrhagique* (gonorrhœal) and *traumatique* (such as from the introduction of a foreign body into the urethra). Marechal gives a case of rheumatism, long and with all the other characters of gonorrhœal rheumatism, that had followed an urethral discharge produced by nothing but the immoderate use of new beer and such as had never occurred in the man before.

My own experience, extending through so many years, renders it impossible for me to doubt that specific and contagious nature is unnecessary to the urethral irritation which in certain persons gives rise to rheumatism and to ophthalmia also in others—that the mere irritation is sufficient and in fact is the cause, and that the gonorrhœal, contagious, character is incidental only. The combination of the cases of other writers with my own will, I hope, settle the question. The *single* case of syphilitic infection of a lady by secondary symptoms in the hand of her maid, recorded by me in the *Medical Times* of Sept. 4, 1858, removed all possibility of farther doubt respecting the occurrence of infection from secondary sores. The determination of the production of rheumatism by simple urethral irritation is effected by the *repeated* experience of many of us continued through a large number of years. The impediment to the perfect knowledge of what is known as gonorrhœal rheumatism was its extremely rare occurrence among the instances of rheumatism at large on account of the comparatively small number of persons affected with irritation of the urethra and the still smaller number of persons among these that have the unfortunate peculiarity of liability to rheumatism from it. The impediment to the knowledge of simple irritation of the urethra being the cause was still greater on account both of the great rarity of simple, compared with gonorrhœal, irritation of the urethra; and of very few individuals indeed being the subjects of both simple urethral irritation and liability to rheumatism from irritation of the urethra. Those who from habit regard this kind of rheumatism and ophthalmia when allied with gonorrhœa as therefore gonorrhœal, must remember that in every case of gonorrhœa there are two circumstances united—the irritation of the urethra and the specific nature: and that the latter cannot exist without the former, although the former may exist without the latter. Consequently, no ease of gonorrhœal rheumatism or ophthalmia proves that the rheumatism or ophthalmia depends upon the specific—the gonorrhœal—nature of the urethral affection and not upon the irritation irrespective of specific nature.

A little experience of this rheumatism impressed me, as it has done many others, with certain characteristics, and I detailed them in clinical lectures above twenty years ago. 1. I saw and see it so frequently in the feet that, whenever a rheumatic man has walked into my library lame from rheumatism of his feet, I have startled him with the question how long he had been suffering under gonorrhœa. It not unfrequently affects the hands, perhaps, as I once saw, a single joint only; the wrists and elbows; but the lower extremities most frequently, the knees as well as the feet; the hips also. It may affect any joints, and several at one time or in succession: the loins also and back of the neck. I saw it once in the joint of the jaw. 2. Its obstinacy and extreme duration are remarkable. The longest case I ever saw was in the jaw, and after two or three attacks imperfect rigidity, I believe, became permanent. 3. I am not aware of ever having seen it in a female. But gonorrhœa is comparatively rare in women, as one loose female contaminates scores of men, and, however great the number of loose women, the number of men who have been occasionally loose is almost equal to the number of all men. 4. But the most important and perhaps an invariable point in its character is its inflammatory nature at first, and for a very considerable time. This struck me before I had seen many instances of the disease, and I did not find that it had been noticed. But Sir Benjamin Brodie, whose book upon diseases of the joints I had never seen, had possibly made the same remark; for previously, in fact above twelve years before I was aware of witnessing the disease, he had written that colchicum was the best remedy for it; and the great utility of this medicine against rheumatism I believe to be in the inflammatory form. Not only is the disease, but its inflammatory nature, disposed to continue very long. Yet at length—after a long period—the time may arrive when the iodide of potassium, tonics, and general and topical stimulants, are the suitable means: and forcible extention of the joint may be proper. Till that time arrives, the treatment should consist of *patient abstinence from fermented and distilled liquids and flesh food*, the removal of external stimulants, rest, and a position which favours the presence of as little blood as possible in the affected part or parts, the discrete use of colchicum and other purgatives, and the repeated application of leeches. The same kind of treatment is suitable to the ophthalmia, which, however, is seldom so obstinate. I believe that the rheumatism occurs in general earlier than the ophthalmia: it often occurs alone; and there may be differences in these two particulars in the same individual in different attacks. 5. These two affections bear no relation to the intensity of the urethral. The smallest discharge will produce the rheumatism, and perhaps the ophthalmia likewise, in the predisposed; nor is the intensity or duration of these in proportion to the degree of the urethral; and they, or one of them, may continue after the urethral. 6. I have known several persons suffer from gonorrhœa more than once without either of these consequences, and then become subject to them; but only one individual escape an attack of rheumatism after every occurrence of gonorrhœa when once rheumatism had followed the appearance of urethral discharge. I have seen the predisposition to this urethral rheumatism in several men of the same family, whether the irritated state of the urethra was gonorrhœal or not.

The predisposition is a great misfortune; because, as soon as the urethral affection begins, the patient feels certain of an attack of chronic rheumatism: and, though it may take place in a few days, it may not for a considerable time, but is sure to come: and the mildness of the urethral affection does not foretell a mild attack.

I will finish by relating two cases—one illustrating the benefit of employing the living hand in treating urethral rheumatism, the other the power of rigid abstinence in diet to prevent it.

M. C., aged 29, a married man with a young family, living at No. 25, C—— G——, got wet while affected with gonorrhœa, and was seized suddenly out of doors with rheumatism. He became crippled, and could walk only with two sticks, for the parts attacked were his hips, knees, and soles of the feet. His eyes became inflamed. He took a large quantity of medicine, and his Medical attendant honestly told him that drugs would do him no good. When he had thus suffered for four months from rheumatism, the eyes having recovered, it was resolved to try the effect of merely drawing

a hand very lightly, slowly, and straight, along the affected parts for half-an-hour daily. This treatment was commenced on September 24. In a fortnight his pain was lessened; in another fortnight so great was the improvement that he could walk a considerable distance; in another he declared himself nearly cured; and before the end of another he was well and able to work. Without this treatment he, no doubt, would have been crippled till at least the end of the year.

Although the disease was excited by cold and wet, yet, as the man was labouring under gonorrhœa at the time, he will henceforth probably be attacked by rheumatism whenever he catches a gonorrhœa. The case is interesting as affording an example of urethral rheumatism originating from ordinary exciting causes during the urethral affection, for in general these have not been noticed in the first attack, and certainly are not requisite for the production of subsequent ones.

The other case is most important. A married gentleman had laboured under very obstinate rheumatism of the feet from his two last contractions of gonorrhœa. I had no doubt that this would occur now as often as he caught a gonorrhœa, and I begged him to let me see him as soon as ever he found he had contracted it again. He did so a year ago, and I immediately prevailed upon him to *abstain entirely* from all fermented and distilled fluids and every description of flesh food. He strictly obeyed my injunctions for several months, and has perfectly escaped rheumatism, although the urethral discharge continued slightly all the time in spite of injections weak and strong and of all kinds, for, although he lived low, it was not in his power to refrain from walking.

A CASE OF

ANEURISM OF THE POPLITEAL ARTERY.

TRIAL OF COMPRESSION—LIGATURE OF THE SUPERFICIAL FEMORAL ARTERY—SUBSEQUENT BURSTING AND SUPPURATION OF THE ANEURISMAL SAC.

By HENRY SMITH, F.R.C.S.
Surgeon to the Westminster General Dispensary.

J. B., aged 58, an unhealthy-looking man, who had formerly drank hard, but now professed himself a teetotaller, and a baker by occupation, applied to me at the Westminster General Dispensary on October 31. He complained of loss of power in his left leg and of pain behind the knee. On examination I found great swelling of the entire leg and much enlargement of the superficial veins, and there was a large tumour filling the whole of the popliteal space, pulsating violently, and bulging out on either side of the joint. He stated that he had only noticed it for about a fortnight, since which period it had gone on increasing. I informed this man of the serious nature of his disease, and told him to go to bed immediately. I watched the case for two days while the patient was lying quiet in bed, and revolved in my mind the nature of the treatment which would be best. The aneurism was of such a large size, and had reached its dimensions so rapidly, and there was such inordinate swelling of the lower limb, that the treatment by compression did not appear to me to hold out very favourable prospects; on the other hand, the application of the ligature to the main artery in the case of a man so advanced in life and damaged in constitution, could not be lightly thought of. It was, however, thought advisable to try cautiously the effect of pressure.

November 3.—Signorini's tourniquet was applied so as to put a stop to the pulsation in the tumour.

7th.—He has been keeping up the pressure for several hours a-day. At first a good deal of pain was produced, but latterly this has disappeared; and there is no inflammation or discolouration of the skin of the part to which the instrument has been applied.

11th.—Pressure has been used intermittingly since last report, without giving the patient pain or producing mischief on the part where the pad is placed; but there is no material difference in the aneurism, and it is now somewhat inflamed and painful.

22nd.—Up to this date compression has been used as before, the patient, however, bearing it for longer periods at a time. The result has been a considerable diminution in the size of the leg, but no lessening of the aneurism, although the pulsation appears to me not to be so violent. The patient has complained of scarcely any pain at the seat of compression or elsewhere, with the exception of one violent and agonising attack which affected the limb a day or two since. He is beginning to get impatient of the treatment; and as the size of the aneurism has not lessened, I determined to tie the artery, after having explained to the man that the operation was perilous to life and limb. I accordingly this day tied the superficial femoral just at the point where it is crossed by the sartorius: there was no difficulty in the operation.

28th.—There has not been any unfavourable symptom, and the limb has kept its temperature well. The stitches were taken out of the wound to-day.

December 18.—The ligature fell this day, the twenty-eighth from the operation. The swelling of the leg has entirely subsided, and the aneurismal tumour has contracted to half its original size. The patient's health is remarkably good.

January 2.—The wound of operation has quite healed, the tumour in the ham has still gone on diminishing in size, and the patient is now up and able to move about by help of crutches.

23rd.—I did not see this man for several days after the last report. On calling on him, however, I found that he had not made progress as regards the power of using the limb, and he complained that it had swelled again. On examination I found that there was a diffused swelling extending from the ham to the lower portion of the calf; fluctuation could be detected, and the impulse given to the finger was communicated from one end of the tumour to the other. There was some superficial erythema in the ham, and considerable pain in the calf when pressure was made. The patient informed me that in order to get his knee straight he had, two or three times, forcibly jerked the limb out, and that, since his attempt to get about, the swelling had grown larger. It appeared to me that the aneurismal sac had burst and become inflamed, and that there must be a large collection of coagulated blood or of inflammatory deposits. I, therefore, made a free incision into the most prominent part of the swelling in the ham, and evacuated an enormous quantity of fetid purulent fluid mixed with coagula. There was scarcely any hæmorrhage. I dressed the wound carefully, and bandaged and padded the leg well, so that in a few days the limb had regained its natural dimensions, and he was able to get on his crutches again, his limb having, in the mean time, become quite straightened. I saw him moving about on February 19 in capital health, the wound in the ham had quite healed, and he was going out for a walk next day.

This case is not brought forward for the purpose of proving anything against the use of compression in the treatment of aneurism, for although a pretty persevering employment of it for upwards of a fortnight did not result in the cure of the disease, there was not the slightest ill effect produced save some temporary pain and a slight tendency to inflammation of the sac, and it is impossible to say that ultimate consolidation of the aneurismal tumour might not have resulted from a further continuance of the treatment, had the temper and the circumstances of the patient allowed of it. I say this, however, doubtingly, for Mr. Fergusson, who kindly saw this patient with me at first, and had not seen him again until the vessel was tied, was of opinion that the aneurism had increased in size in that interval. Be this the case, however, or otherwise, not only was there no mischief produced by the employment of compression, but I believe it did good by leading to an increased activity in the collateral circulation, by which means mortification or any tendency to it was obviated. I should suppose that in about one-half the cases where the superficial femoral artery has been tied, and all the patients much younger than this one, I have seen gangrene of the leg or foot ensue; and one naturally felt anxious about such a contingency in a person nearly sixty years old and of damaged health. Although cases are now and then met with where the same kind of operation has been performed in persons as old, or even older, without the loss of their foot or leg from gangrene. A little time since Mr. Fergusson placed a ligature upon the external iliac artery of a gentleman aged 56 without any such result, and in one of two cases where I tied this same vessel with success the age of the patient was 62. I should have tried the flexion treatment in the case just narrated, but the aneurism was so large, and an attempt which I made to bend the knee was attended with such pain, that it was out of the question to adopt that admirable yet simple means of cure.

The inflammation and bursting of the aneurismal sac, which

took place subsequent to the separation of the ligature, and which retarded the recovery of the patient for some weeks, could scarcely have been in any way influenced by the previous application of pressure, although the fact of its occurrence might be pointed out by those who are adverse to this mode of treatment, as an argument against it. It is true that, at one period during the compression, there were some threatenings of the sac inflaming, but these symptoms had entirely subsided, and I question much whether the subsequent mischief was not solely produced by the patient, in his haste to get well, making violent efforts to straighten his knee. It is a very fortunate circumstance that the bursting and inflammation of the sac did not take place before instead of after the application of the ligature; for, had this been the case, the man must undoubtedly have lost his leg; whereas, the vessel having been secured, the necessary incision into the tumour could be effected with perfect safety.

14, Caroline-street, Bedford-square.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

UNIVERSITY COLLEGE HOSPITAL.

FIBROUS TUMOUR OF THE SUPERIOR MAXILLA—REMOVAL—RECOVERY.

(Under the care of Mr. QUAIN.)

[From Notes by Mr. WINTERBOTHAM, House-Surgeon.]

E. M., aged 15, was admitted on April 28, 1859, for tumour of the upper jaw.

Previous History.—Her general health has been always good, and there is no history of any similar complaint in her family. Last summer she was struck on the left side of the nose by a shutter; the face swelled, but quickly got well, and nothing was noticed till the Christmas following, when she perceived that the same side of her face was enlarged. A month later she for the first time noticed the swelling on the gum, and went to a surgeon, who extracted the left lateral incisor, and afterwards lanced the gums, letting out some matter. He also subsequently extracted the canine and the first bicuspid on the left side, but without any benefit. Since then nothing was done for it, until she applied at University College Hospital, on account of its continual, though slow, growth.

Present State (April 28).—When the face is examined there is found on the left side beneath the soft parts, along the side of the nose, and below the eye, a swelling, the size of a flattened walnut. It extends inwards, encroaching on the ala of the nose, and reaches to within a finger's breadth of the margin of the lower eyelid, and it covers the body and anterior surface of the superior maxillary bone, and is continued down to the gum. When the lip is raised several decayed teeth are seen—two middle incisors and one lateral,—and as has been noticed on the left, where the teeth have been removed, a considerable swelling is found projecting on the anterior surface of the alveolar process. This is elastic to the touch, when felt beneath the integuments, and yields distinctly all over the surface. There is also a degree of elasticity at the lower margin of gum, in the space unoccupied by teeth,—there is no change in the roof of the mouth. On examination through the nose, a very slight degree of fulness is perceptible in the left nostril. The glands in the right axilla have been enlarged for some time, those also under angle of jaw are enlarged. The patient has no pain whatever, but is very anxious to have the growth removed.

Operation (May 19).—Chloroform having been given, Mr. Quain made an incision through the integuments, extending from half-an-inch below the inner angle of the left eye to the angle of the mouth, and dissected back the flaps on either side so as completely to expose the tumour. The bone was then divided in the middle line, and again obliquely behind the growth. The part included by these was removed by means of a cross cut above. There was a good deal of hæmorrhage, but it was controlled by the free application of the solution of the perchloride of iron. Six hours afterwards the flaps of skin were brought together with hare-lip pins and sutures. The nature of the tumour was not easily determined on. Dr. Jenner, however, believed it to be fibro-plastic.

20th.—She passed a good night. Her face was a good deal swollen, but was not painful.

June 8.—Since the last note the wound has been gradually closing without any unfavourable symptom.

10th.—On carefully examining the cavity in the jaw a small growth is noticed, filling up the hollow from whence the tumour had been removed, this was on several occasions touched with nitric acid, and with the solution of perchloride of iron, but without effect; and, therefore, on the 16th, Mr. Quain snipped it off with a pair of curved scissors.

July 1.—The external wound is quite healed.

23rd.—The cavity has now considerably closed, and there is no appearance of any secondary growth. The contour of the face is changed but little, and the external wound is scarcely visible, in fact the only inconvenience the patient feels, is the difficulty in speaking distinctly unless the hollow is plugged. Discharged.

In a clinical lecture on this case Mr. Quain made the following remarks:—This case had all the appearances and the history of a malignant growth. The friends of the girl were warned that an operation might not effect a lasting cure, even if it should not prove perilous, at the time of its performance and precautions were taken for the speedy and complete removal of the disease by a full exposure of it in the operation—hence the incision was drawn over the tumour. Moreover, as considerable hæmorrhage was anticipated, and as I have known losses of blood, even to a moderate amount, when occurring so close to the brain; produce alarming effects, expedients were at hand to arrest it. The bleeding from the divided bone, too, was very copious, and it was at once arrested by the free application of solution of perchloride of iron. Happily it has turned out, notwithstanding the unfavourable appearance before the operation, that the microscopical examination of the tumour has given us reason to anticipate a more favourable result as to the ultimate success of the operation, and we shall look forward with interest to the future history of this case.

November 29.—This girl presented herself at the Hospital to-day. She has grown since she left the wards and has improved in every way in appearance, her face is fuller and has lost the delicate look which she previously had. The opening into the antrum is perfectly sound, some bad teeth at the front of the mouth have been removed by Mr. Ibbetson, who is preparing an apparatus to remove the inconvenience produced by the loss of substance, and to contain teeth to supply the place of those extracted.

INJURY TO THE HEAD BY A FALL DOWN STAIRS—APPARENT RECOVERY—SUPERVENTION OF ACUTE SYMPTOMS SIX MONTHS AFTERWARDS—DEATH—AUTOPSY.

(Under the care of Mr. ERICHSEN.)

C. W., aged 8, was admitted for the supervention of head symptoms six months after fracture of the skull. The following account of the injury has been extracted for us from the "Hospital Case Book" by Mr. J. W. Smith, the dresser of the patient, to whom we are also indebted for the history of the case after the boy's re-admission:—

On September 21, 1859, he fell down stairs and was, twenty minutes afterwards, admitted into the Hospital in a state of collapse. There was found, on examination, a wound of the soft parts extending from the right eyebrow upwards and backwards towards the upper margin of the temporal fossa. A fissure in the bone forming this fossa, half-an-inch in length, was also detected. The state of the right pupil could not be determined on account of swelling of the lids. The left was normal. He recovered from the collapse. There was no escape of blood or serous fluid from the ear, no paralysis, and no twitching of muscles. Symptoms of encephalitis followed, but subsided, and in five weeks after the accident the boy was discharged apparently well.

The account given on his re-admission was that he had continued, as his friends supposed, well, except for the preceding fortnight, when, having been before very excitable, and always at play, he became quiet and indifferent to what was going on. The mother stated that the child complained of pain in the side of the head opposite to the original seat of injury, and in the arm. The pain was increased by movement.

The condition on admission was one showing great disturbance of the general nervous system. He was very

peevish and discontented, and the expression of his face was dull and heavy, and he complained of frontal headache. He laid on his side, with his knees drawn up to the abdomen. He slept frequently for short periods during the day, and during the night he muttered and was very restless. He answered questions readily and reasonably. There did not appear to be any hyperæsthesia, although the mother stated that the child screamed loudly when the head was touched; nor was any loss of motor power noted, though she also stated that the left side was somewhat affected. She said that the child had convulsive movements, but nothing more definite was observed than such irregular movements as were induced by fear. The left pupil was rather larger than the right, and it yielded less readily to the stimulus of light. There was no strabismus or photophobia. The respiration was generally natural, except when he was disturbed, when it became irregular and sighing. The skin was hot and dry; the pulse varied from 68 to 85, and was observed to intermit one in six beats; the lips parched; tongue moist, furred at its base, but red at its tip and edges. There was no abdominal tenderness, nor increased tension of its walls. He took scarcely any food, and vomited frequently. The bowels were opened by a powder of scammony and calomel. One grain of calomel was given three times a-day, and the dose of croton-oil, half a drop, was given. An evaporating lotion was applied to the head.

April 14.—The general aspect continues about the same, except that the child is less peevish and irritable. The temperature of the skin is 99.5° Fah., dry; vomiting frequent; bowels confined; breath fetid; pulse at 11 a.m. 63, irregular.

15th.—Apparently better, less drowsy; bowels opened freely, motions green; pulse at 11 a.m. 68, regular.

16th.—More dull and heavy; temperature of skin 100.4° Fah.; continues to vomit; pulse at 11 a.m. 64, irregular. A blister was applied behind the ear; and another dose of croton-oil was given (half a drop).

17th.—No vomiting to-day; pulse 62, weak, almost regular.

19th.—Pevish and discontented; has vomited once to-day; pulse 68, irregular; temperature of skin, 98°.

20th.—Very restless during night. He takes less notice to-day of what is passing around him, yet, when he is questioned as to his willingness to take his food, he answers readily in the affirmative. No vomiting this morning.

21st.—Seems unconscious, screams loudly from time to time; both pupils appear to be larger than they ought to be, but there is great difficulty in examining, as the child strongly resists any attempt to open the eyelids (not apparently from intolerance of light); pulse 68, nearly regular.

23rd.—Said to have been delirious during the night. Pulse tolerably regular, and stronger than before. A seton was inserted at the back of the neck, and blisters were again applied behind the ears.

25th.—He is becoming more comatose; still occasionally answers "Yes" or "No" to questions put to him. Conjunctivæ glazed. Pulse 124.

26th.—Sordes on teeth, tongue, and lips; bowels confined; the vomiting has ceased. Pulse 128, small, irregular. No evidence of paralysis, motor or sensorial. Since admission he has lost weight considerably. Temperature of skin 98·5.

27th.—He continues comatose. He cannot be made to speak. When uncovered, he attempts to replace the clothes. He swallows liquids readily when a teaspoonful is applied to his lips, and he makes the motion of swallowing almost as readily if the finger replaces the spoon. He takes no notice of the spoon till it reaches the lips. Both the pupils are now dilated and sluggish. Belly retracted. Bowels confined. There is a slight suppuration in course of seton.

28th.—Slight shivering at 9 a.m.; a well-marked fit at 1 p.m.

29th.—On moving the fingers to and fro before the eyes, the eyelids being separated, no reflex movement of the latter; if touched, they are instantly closed.

30th.—He seemed more conscious during the night, and asked for "something to drink;" but this morning he is as indifferent as ever. Pulse very frequent and feeble. Emaciation extreme.

May 2.—He died at 5 p.m.

Post-mortem.—The wound in the scalp was completely healed. On dissecting the scalp forwards to the margin of the orbit, beneath the cicatrix, the bone was wanting over a surface irregularly oval from before backwards. Several fragments of white bone, partly adherent to the pericranium, were removed from the orifice. Extending upwards from this as far as the vertex, the bone was dry, rough, and finely injected, over a space as large as the palm of the hand. No separation of pericranium from the bone elsewhere than described. The calvaria was removed by sawing one inch in front of the coronal suture, and behind in the usual situation. The dura mater was partially adherent to the skull over the whole surface, and completely so in front on the right side. The dura mater over the left hemisphere separated easily. Over the whole right hemisphere the dura mater and pia mater were so adherent that they could not be separated. There was no fluid in the arachnoid cavity. The longitudinal sinus contained a thin, pale clot at its posterior part. *Brain.*—Sulci almost wanting. The anterior lobe of the right hemisphere fluctuated freely on pressure, and was of the consistence of currant-jelly at that spot. The left hemisphere was also unnaturally soft. There were two ounces of clear pale fluid in the ventricles. The middle posterior lobes of the cerebrum were adherent to the dura mater. The pia mater about the right and left Sylvian fissure was crowded with tubercles. There were opaque patches from place to place over the pia mater at the base. There was also yellow lymph in the neighbourhood of the large veins about the Sylvian fissure and about the optic thalamus. *Lungs.*—A few tubercles as gritty, softened, and grey granulations in the right lung; also some congestion and collapse. Left lung congested; no tubercles discovered. Bronchial glands healthy. Spleen, no tubercle. Liver, none. Peritoneum and mesenteric glands healthy.

ST. THOMAS'S HOSPITAL.

CYSTOTOMY, FOR THE REMOVAL OF PIECE OF BOUGIE FROM THE BLADDER—FAVOURABLE PROGRESS—APOPLEXY—DEATH.

(Under the care of Mr. SIMON.)

[From Notes by Mr. HARLING SISSONS, House-Surgeon.]

C. J., aged 62, was admitted into St. Thomas's Hospital, at 10.30 p.m., on May 14. The man, who was in feeble health, highly irritable, and hypochondriacal, had recently been discharged from an asylum, where he had been detained some months. For years he has been in the daily habit of passing a bougie for fancied stricture, and, while doing so, half-an-hour previous to presenting himself at the Hospital, the instrument suddenly snapped, leaving about six inches in the urethra. The fragment he exhibited was composed of very dry brittle gutta percha, about the size of an ordinary No. 12 catheter. When first examined the instrument could just be felt in the membranous portion of the urethra, but before measures could be taken for the extraction it passed completely into the bladder. Mr. Simon at first proposed extracting the bougie by forceps, the urethra being previously dilated, and in furtherance of this object Nos. 11 and 12 catheters were respectively passed.

15th.—The man began to be fidgety, complaining of pain in the urethra and bladder, the urine was tinged slightly with blood, and there was some purulent discharge.

16th.—The irritation increasing, Mr. Simon decided upon performing the ordinary lateral operation for lithotomy, which he accordingly did at 1.30. p.m. The operation was somewhat protracted, the bougie being broken in two pieces, one of which was bent at right angles. From the softness of the gutta percha caution was required in order to distinguish it from the folds of the bladder.

The subsequent treatment employed was similar to that after an ordinary case of lithotomy. On and after the 26th, just ten days after the operation, the urine passed by the urethra, the wound looking most healthy.

So far as the surgical history is concerned the case proved perfectly satisfactory, but on the 30th the man had one or two apoplectic attacks, from the effects of which he was unable to rally, dying on the evening of the 1st of June.

AT Durham the Degree of Bachelor of Medicine has been conferred upon John Jeffery Faulder, Bishop Cosin's Hall, and William Christopher Armison, Bishop Cosin's Hall.

THE LONDON AND PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

REPORT ON OPERATIONS FOR INJURIES TO THE SKULL.

(Continued from page 601.)

Case 85.—*Fractured Skull with Depression—Recovery without Operation.*—R. L., a thin, pale, delicate-looking child, aged 8, was admitted into the Westminster Hospital, under the care of Mr. Holthouse, on October 6, having been run over by a cab the day before. The wheel had passed obliquely over the upper part of the right thigh, and right side of the head, pressing in the temporal region, producing a considerable concavity. There was some abrasion of the skin of the thigh and some hæmorrhage from the vagina, but no head symptoms. On the 7th the depression of the skull had in a great measure disappeared, the margin of the depressed portion being, however, perceptible. She was discharged well on the 19th.

Case 86.—*Injury to the Head—Fracture with Depression—Elevation of Depressed Bone—Death—Autopsy.*—A railway labourer was admitted into the Reading Hospital, under the care of Mr. Bulley, having suffered an injury by falling on his head after having been jerked out of a waggon. The symptoms of compression were well-marked, and there was a compound fracture of the left parietal bone. The trephine was used, and a large angular fragment of bone was elevated. Decided relief followed, but he sank and died within a few hours. At the autopsy an extensive fracture of the base of the skull was found. The brain-substance had been lacerated, and the middle meningeal artery torn.

Case 87.—*Injury to the Head—Fracture with Depression—Removal of Depressed Bone—Death—Autopsy.*—M. B., aged 10, was admitted on October 13 into the Hull Infirmary, under the care of Dr. Lunn. He had fallen on his head from a height of twelve feet. On admission he was insensible, and slightly convulsed on the left side. His extremities were cold; there was considerable hæmorrhage from the right ear; there was no scalp wound, but extensive tumefaction over the right side; the pupils acted naturally. He improved a little the next day, and the blood ceased to flow from the ear, but on the 15th he was much worse, having become restless, and passed his stools and urine unconsciously. The left eyelid was rather less closed than the right, the pupils were more dilated than usual. Motion and sensibility of the left was only a little impaired. Calomel was now administered, with tartar emetic, every three hours. 17th.—Passed a very restless night. An exploratory incision was made through the soft swelling behind the ear. There was no fracture at this spot, but nearer the ear was a perpendicular fissure extending upwards towards the vertex, and downwards towards the base. It was nearly a line in width, and the cerebral membrane protruded through it. A slight fissure extended from this forwards. A triangular portion of bone was removed by Hey's saw, but there was no marked depression. During the struggles of the patient some coagulated blood, and a little cerebral substance, were forced through the opening in the skull. Wet lint was applied. 18th.—The calomel was given up. He seemed a little improved a while after the operation, but this was only temporary. He died on October 30, seventeen days after the operation. At the autopsy it was found that the fracture extended upwards nearly to the sagittal suture, and then forwards to the coronal, and finally joined the small fissure before spoken of, thus isolating a portion of bone which was not depressed. Downwards the fracture extended through the petrous bone. A quantity of pus was found beneath the dura mater of the right hemisphere.

Case 88.—*Injury to the Head—Concussion—Depression of Bone—No Operation—Hemiplegia (incomplete)—Recovery.*—W. C., aged 44, was admitted into the Westminster Hospital, under the care of Mr. Guthrie, on July 10, 1854, at five p.m. He had been knocked down by a skittle-ball, and was suffering from symptoms of slight concussion. There was coldness of the surface, a feeble pulse, sickness, restlessness, very little consciousness when roused, and no power of replying to questions, or of putting out his tongue when told to do so. His pupils were neither dilated nor contracted, and no paralysis was observed. His head was shaved, wet cloths applied to it, a hot bath to his feet, and five grains of calomel given. A depression corresponding nearly in extent and situation with the temporal fossa was observed on the left side of the head. July 12.—More conscious. It is observed that the right arm and leg are paralysed, the arm completely, the leg less so. There is no paralysis of the face. He cannot protrude the tongue. 14th.—He put out the tongue; its point deviates to the right or paralysed side. He is perfectly conscious. 16th.—Improving. Moves the leg freely. 17th.—Can now move the fingers of the right hand. He mentioned to-day for the first time that the right side of his face had lost sensation. He continued gradually to improve, and remained in the Hospital till the end of October, when he was discharged cured.

Case 89.—*Fracture of the Skull—Operation—Death—Autopsy.*—C. H., aged about 20, was admitted at two a.m., into St. Bartholomew's Hospital, under the care of Mr. McWhinnie. He had jumped from a window two stories high. He was in a state of complete coma. There was hæmorrhage from the right nostril and from the left ear. The pupils were dilated, and insensible to light. His breathing was stertorous and difficult; his pulse slow (at one time only eighteen in a minute), full, and laboured. There was considerable swelling of the scalp. Mr. McWhinnie made an incision into the swelling, and exposed a fracture extending in the line of the coronal suture completely across the head. Mr. McWhinnie removed an overlapping portion by Hey's saw. The dura mater then bulged forwards into the wound, where the pieces of bone had been removed. It was punctured, and gave exit to a quantity of dark venous blood. The pulse rose after the operation, but the other symptoms still continued. He died at eleven a.m. the same day. At the autopsy blood was found effused on the surface of the brain, and also in its substance in various parts. The fracture was found to extend across the base of the skull.

Case 90.—*Depressed Fracture of the Frontal Bone—No Head Symptoms—Recovery.*—T. C., aged 32, was admitted into the *Dreadnought* Hospital Ship, under the care of Mr. Tudor, on June 14, 1857. He had just been struck on the forehead by a swinging iron hook. He was knocked down by the blow, but not rendered insensible. The integuments were lacerated in a straight line down the right side of the forehead. This wound exposed a vertical fracture of the frontal bone. The right edge was depressed to a degree equal to the thickness of the bone forming the left edge. He complained of no disturbance of cerebral functions, and presented no head symptoms whatever. July 4.—About twelve hours after admission he became rather drowsy, his pulse rose to 120, and his respiration began to be hurried. At once eighteen ounces of blood were taken by venesection, and the eighth of a grain of antimony was ordered to be administered every four hours. About a week later all symptoms of brain disturbance ceased. November 15.—He was subsequently discharged quite recovered.

Case 91.—*Fractured Skull, with Depression—No Operation—Recovery.*—W. P., aged 15, was admitted into the Poplar Hospital, under the care of Dr. Bain, on September 14. Had twenty minutes before fallen into the hold of a ship, about seventeen feet. He was insensible, his skin cold, his pulse 76, small and weak, and his respiration was rather slower than natural, but not embarrassed. The pupils acted under the stimulus of light. There was hæmorrhage from the right ear. Fully two square inches of the parietal bone are depressed, the edges of the depression not being defined. The depression was half-an-inch in the centre. He continued in a restless, excited state, and on the 16th the left arm was found to be paralysed. The hæmorrhage from the ear stopped in the night. He could not open the left eye, and the eye itself was found to be much turned inwards. He gradually improved from this condition, sensibility returning, the arm regaining its power. He was discharged quite well in December.

Case 92.—*Fracture of the Frontal Bone from a Kick by a Horse—Depression with Head Symptoms—Elevation of the Depressed Bone—Recovery from the Head Symptoms—Supervention of Erysipelas—Death.*—A lad, aged 14, was admitted into the Liverpool Royal Infirmary, under the care of Mr. Long, having been kicked by a horse, and having received a compound comminuted fracture of the frontal bone with depression. The depressed portion was elevated, and the lad regained his consciousness. He progressed favourably for four days when

erysipelas occurred, from which he died on the tenth day after the operation. Post-mortem examination was not permitted.

Case 93.—*Fracture of the Frontal Bone with Depression—Symptoms of Compression—Elevation of the Depressed Bone without Relief—Death — Autopsy.*—A healthy young man, aged 18, was admitted into the Liverpool Royal Infirmary, under the care of Mr. Long, for a compound fracture of the frontal bone from a blow on the head from a piece of timber. A portion of the bone was depressed. There was complete insensibility with stertorous breathing. The depressed portion was very firmly wedged, but, after the use of the trephine, was elevated. The patient, however, never regained consciousness, but died on the following day. At the autopsy there was found great extravasation of blood into the substance of the brain.

Case 94.—*Fracture of the Frontal Bone without Depression—Removal of Loose Portion of Bone—Recovery.*—A labourer, aged 35, was admitted into the Derby Infirmary, under the care of Mr. Johnson, having been kicked over the left eye by a horse. The frontal eminence was driven in, and there was a fracture of the zygoma. Several portions of the external table of the bone were removed, including that which surrounded the supra-orbital nerve. There was no injury of the inner table of the skull, and no head symptoms. The man recovered without any drawback.

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Medical Times and Gazette.

SATURDAY, JUNE 30.

MEDICAL VOLUNTEER CORPS.

We have reason to believe that the Medical Service of Volunteer Corps has been under the consideration of Government for some time past. The feelings raised by the great demonstration last Saturday show that it is now time to direct the attention of the whole Profession to this Service.

Upwards of one hundred and twenty thousand men are now enrolled in the different Volunteer Corps of the Kingdom, and it is probable that, even if peace became firmly established, the force would not fall below one hundred thousand. The Medical staff, even for an auxiliary army of this magnitude, must be considerable; but, if the prospect of war should become more definite, or if the possibility of invasion should be seriously entertained, the force now enrolled would be increased five or tenfold. If our countrymen fit to bear arms—in other words, males between the ages of 17 and 50—were to enter the Volunteer Corps in the same proportion to the population as they did fifty or sixty years ago, at least *a million* of men would be enrolled.

Now, the wants of this force must be administered to up to the very spot where their services are required. It can be of no use to march an army into the presence of an enemy, or to any spot to be protected from an enemy, if their wants are not supplied at that spot. If they must leave it to seek for food, or fuel, or shelter, or Medical assistance, they become utterly useless. It is plain, therefore, that an efficient Commissariat, and an efficient Medical Staff must be organised, capable of administering to the wants of the Volunteer Corps wherever they may be called upon to serve.

The present Medical Service of these Corps may be said to be entirely *regimental*. Each corps, or regiment, has its Honorary Medical Officers, and with this arrangement, of course, no alteration is required, beyond the provision that the number should be sufficient for time of emergency, and each officer be prepared to act with his regiment should it be called into active service. At present no regiment can be called out of the county in which it is raised; and an Act of Parliament would be necessary to enable any part of the Volunteer force to be called out to serve with other corps.

But supposing the force called out, and the regimental Medical staff present and active, a general Medical staff would still be necessary, for the service of the General and Divisional Hospitals in the field and in the rear. The Regimental Hospitals would be appropriated only to the more pressing cases, the great body of the sick being passed on to the Staff-Hospitals.

The Profession have now to consider how this staff is to be raised and organised. The mode of procedure, according to the Volunteer Act, would be for Medical men and students in each of our principal large towns—or in each county—to meet together, and to enrol themselves in bodies of Medical Volunteers; addressing to the Lord-Lieutenant of the respective counties the request that they may be enrolled, and forwarding the rules under which they propose to act for the approval of Government. The essential condition appears to be, that each member should express his willingness to serve with the force when called into active service, and thus to keep up a Medical Reserve upon which the Government might rely in the hour of need.

Of course it will become necessary to enter into certain arrangements as to the terms on which this active service would be entered upon, and to consult upon the relative rank of the different officers of the corps. There are other points of detail which also require serious consideration; and we would suggest that the best plan would be, for any gentlemen disposed to form a Central Provisional Committee, to meet together, discuss the subject, and prepare certain rules and regulations to be submitted to a public meeting of the Profession in London. This might enable them to agree upon some general principles upon which a Medical Volunteer Corps for Middlesex might be first raised, and this might serve as a model for similar corps in other counties.

It would be necessary, of course, for the Central Committee to communicate with the War-Office, but there can be no doubt as to the reception which would be given to the offer of service from the Profession. We should be glad to hear that the subject is taken up by the Profession in the spirit its importance merits, and shall be happy to render any assistance in our power.

THE WEEK.

Further changes than those we announced last week have taken place in the Medical Council. Sir Benjamin Brodie has resigned his Presidency, and Mr. Green has been elected as his successor, after the honour had been declined by Sir James Clark. It is expected that Mr. Arnott will be Mr. Green's successor as the representative of the College of Surgeons. The Minutes of the meetings will be found in other columns, as usual. That which will be read with the most general interest relates to the recent mistakes of the Council of the College of Surgeons. They are too late to repair their blunder as to the Dental Licence; but it will be satisfactory to the Profession to see that the admission of uneducated men to the Membership has been stopped by the well-merited condemnation it drew down upon those who committed the serious error.

It will interest our readers to learn that Dr. Acland, of Oxford, is to accompany the Prince of Wales to Canada, as Medical attendant. Dr. Armstrong, of the Royal Navy, accompanied the Prince in his first foreign tour; and Dr. T. K. Chambers in the second. The party leave early in July, and are expected to return in October.

When Sir J. R. Martin was admitted to the Companionship of the Bath, we expressed what we felt to be the general wish of the Profession, that the honour of knighthood would soon follow; and it was with great satisfaction we made known last week that the Queen had conferred the honour all our brethren knew to be so well merited. In all the movements which of late years have led to such beneficial results by improving the sanitary condition of the army, of the population of India, and of our labouring population at home, Mr. Martin took a very active and useful part. His services in the Burmese war and in Calcutta, in the Health of Towns Commission, and in the Commissions upon the Sanitary Condition of the Indian Forces and the British Army,—were of the most important nature. His reports of the Medical Topography and Climate of various parts of India, on the Sanitary Condition of our Labouring Population, and his portion of the work on the Influence of Tropical Climates on European Constitutions, place him in the front rank among Medical writers and workers; while his Summary of the Claims of the Medical Officers of the Army and Navy to Military Rewards and Distinctions is an able State paper which contributed in a very important manner to enforce the just claims of these officers upon the attention of Government. Sir James Martin has richly deserved the high position he has obtained; and his Professional brethren will ratify by their unanimous approval the distinction bestowed by the Crown. He has won his palm—*non sine pulvere*—long may he bear it.

Michelet lately startled the French by announcing that this latter half of the nineteenth century was the age of Uterine Disease. He would have been nearer the truth had he called it the age of Carbonic Acid; for the poisonous gas reigns triumphant. It is poisoning our children more or less slowly in their schools and nurseries, though Lord Ducie, by the aid of Mr. McKinnell, is heading a new crusade against it. Even at the Head-quarters of Science in Albemarle-street, Faraday and Tyndall labour in vain against its soporizing influence, for the lecture-room of the Royal Institution on a Friday night is the scene of a weekly triumph of the mephitic vapour over oxygen, and poor human nature sinks overcome after the victory. This certainly is not the golden age of preaching, but Spurgeon and Punshon do attract crowds of hearers only to succumb, like the poor votaries of Science, to the all-powerful gas. Who can describe the languor, the lassitude, the headache, the nausea, the *tedium vitæ* which follow two or three hours' semi-suffocation in a full church, a lecture-room, a music-hall, a theatre, a ball-room, a modest dinner or evening party? Everybody knows it too well by bitter personal experience, and remembers how many a day's intended recreation has been followed by the next day's suffering. The Crystal Palace is the only one of our public buildings where one is not almost certain to be half poisoned by carbonic acid when anything worth seeing or hearing attracts a full audience. In this respect the Orpheonist Festival of this week deserves notice. Music was enjoyed and the hearers escaped without a dose of poison—indeed, felt all the better next day for an afternoon spent in the fresh air. A few more such practical lessons—a hint to preachers and lecturers and managers and landlords that people object to live or go where they cannot breathe pure air—and the Age of Carbonic Acid will be succeeded by the Age of Ventilation.

Mr. R. Q. Couch, in a "Statistical Investigation into the Mortality of Cornish Miners," shows the excessive mortality of miners over agricultural classes. The average of miners who died from thoracic diseases during five years was 65.50, and of males, not miners, in the same district, 26.24. During another five years, chest affections occurred in 56.72 miners, against 21.64 per cent. of males not miners. And it seems that only 1 in every 10 of miners live to 70; while in males, not miners, 1 in 3 attain the extreme limit given by the Psalmist. Chest affections, again, occur in 53.85 per cent. of miners at St. Just, and in 6.44 per cent. of agriculturists at St. Buryan.

We noticed a short time ago an article in a Lyons Medical journal, calling for the creation of a Medical School at Lyons, now that the *Savoisiens* and *Nicois* must come to France for instruction. Montpellier and Strasburg were not fitted for the business, the journal said, and Paris was too far off, and a debauched place for students to live in. A Strasburg journal is very wroth at thus being told that the *new* Frenchmen are separated from their town by manners, language, climate, and intellectual tendencies:—

"One would think that we were savages living in the polar regions, speaking a barbarous tongue, and indulging in intellectual proceedings different from the rest of the nation. Is it possible that the Doctor who wrote these lines was ignorant of the fact that very good French is spoken in our academic chairs, that our Professors come from all quarters of France, and that students come from the South as well as from the North? We have no objection to the project of the Doctor, but we wish him to know that in our climate Indian corn, tobacco, the vine, and the fig-tree flourish; that our manners are those of honest people; our intellectual habits those of learned Europe; and that, if we add to the French tongue a knowledge of the German language, it is only an advantage of which the student from the South may be glad."

We are indebted to a correspondent for a Nottingham paper in which the following remarkable illustration of the manners and customs of 1860 figures on the front page:—

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Is still living at 37, CARRINGTON STREET, Nottingham, in *Good Health*. If there is any of his Brother Townsmen not enjoying the same, and will call upon Solomon, he will *restore them*.

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Medical Men in the New Italian Parliament.—The Medical Profession is represented in the New Italian Parliament by twelve Medical Deputies, and among them G. Farini, ex-Governor of the Æmilian Provinces. Two of the principal representatives of Italian Medicine, Professor Panizza, of Pavia, and Bufalini, of Florence, have been named Senators. Well merited has this recognition of their public services been: for it has been among the Professors at the Universities that the traditions of Italian liberties were chiefly kept alive during the oppression from which they have now happily become liberated.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, WEDNESDAY, JUNE 20, 1860.

Royal College of Physicians, London.

Sir Benjamin C. Brodie, Bart., President, took the chair at three o'clock, p.m.

Present—

Mr. Green.	Dr. A. Smith.
Mr. Nussey.	Dr. Leet.
Dr. Bond.	Dr. Apjohn.
Dr. Embleton.	Dr. Corrigan.
Dr. Storrar.	Sir James Clark.
Dr. Alexander Wood.	Sir Charles Hastings.
Dr. Andrew Wood.	Mr. Lawrence.
Mr. Watt.	Mr. Teale.
Mr. Syme.	Dr. Christison.
Dr. A. Thomson.	Dr. Stokes.

Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

1. Moved by Dr. Stokes, seconded by Sir Charles Hastings—That the following letter be transmitted to the War Office:—

"General Medical Council, June 20, 1860.

"Sir,—In reference to your letter of June 4, 1860, I have the honour to transmit the enclosed resolution of the General Medical Council, passed at their meeting, June 19, 1860:

"'That the General Medical Council, having again carefully considered the subject referred to in the letter from the War Office, of March 23, 1860, addressed to the Secretary of the Apothecaries' Hall of Ireland, adhere to the opinion expressed by them in their resolution of August 9, 1859, which is as follows: "That it is the opinion of this Council that the Licence of the Apothecaries' Hall of Ireland is not equivalent to a Degree or Licence in Medicine from a University or College authorised to grant such, as from a perusal of the Apothecaries' Act, 31 Geo. III., there does not appear to be any provision or authority for examining in Medicine: and further, that if a candidate be rejected by the Apothecaries' Hall of Ireland, the Apothecaries' Act, Sec. 23, declares that the rejected Candidate may appeal to the King and Queen's College of Physicians in Ireland, who are then authorised to reverse such decision, if it seem fit to them, and to grant to such appellant the right to practise the art and mystery of an Apothecary without any examination in Medicine."'

"I am further directed by the General Medical Council to state that they would have been gratified to put their reply in more definite terms, but there appears to the Council to be considerable doubt as to what are the privileges or legal qualifications of the Apothecaries of Ireland, and the Council cannot therefore give any authoritative opinion in reference to the value of their Licence as a claim for admission to the competitive examination for the appointment of Assistant-Surgeon in the Army.

"I am, Sir,

"Your obedient Servant,

"Francis Hawkins, *Registrar.*"

Amendment moved by Dr. Storrar, seconded by Sir James Clark—That the letter from Mr. Secretary Herbert of June 4, be read again.—Amendment negatived, original motion carried.

Dr. Andrew Wood required that the names of the majority and minority should be entered on the Minutes.

Majority—	*Minority—*
Mr. Green.	Mr. Nussey.
Dr. Bond.	Dr. Embleton.
Dr. Alexander Wood.	Dr. Storrar.
Dr. Andrew Wood.	Mr. Syme.
Mr. Watt.	Dr. A. Thomson.
Dr. A. Smith.	Dr. Leet.
Dr. Apjohn.	Sir James Clark.
Dr. Corrigan.	Dr. Christison.
Sir Charles Hastings.	
Mr. Lawrence.	
Mr. Teale.	
Dr. Stokes.	

2. A petition from Mr. John Broatch, accompanied by testimonials, was read, praying that his name might be re-inserted in the Medical Register "As a Surgeon in the Public Service."

Moved by Dr. Andrew Wood, seconded by Dr. Storrar—That Mr. John Broatch's petition to have his name restored to the Medical Register be not complied with.—Agreed to.

3. Moved by Mr. Syme, seconded by Dr. Alexander Wood—That the Medical Council having had their attention called to a practice prevailing in some of the English Medical Institutions, of requiring the London Apothecaries' Licence as an essential qualification, or paramount recommendation, for appointment to Professional offices, resolve to record their opinion that this practice is neither consistent with the letter and spirit of the Medical Act, nor expedient for the interests of the public.

Amendment moved by Mr. Nussey, seconded by Dr. Leet—The Medical Council having no power to interfere with the practice said to prevail in the English Medical Institutions with respect to the qualifications they may require for their Officers, such interference being wholly beyond their province, resolve, that it is not desirable or expedient to entertain the motion of Mr. Syme.—Amendment negatived, original motion carried.

Mr. Nussey required that the names of the majority and minority should be entered on the Minutes.

Majority—	*Minority—*
Dr. Alexander Wood.	Mr. Green.
Dr. Andrew Wood.	Mr. Nussey.
Mr. Watt.	Dr. Bond.
Mr. Syme.	Dr. Embleton.
Dr. A. Smith.	Dr. Storrar.
Dr. Apjohn.	Dr. Leet.
Dr. Corrigan.	Mr. Lawrence.
Sir Charles Hastings.	
Mr. Teale.	
Dr. Stokes.	

4. Dr. Alexander Wood read the following Draft of a Bill for the Further Amendment of the Medical Act, promoted by the Colleges of Physicians of London and Edinburgh, and assented to by the King and Queen's College of Physicians in Ireland.

A Bill for the Further Amendment of the Medical Act, 1858.

Whereas by "The Medical Act, 1858," it is provided that it shall be lawful for her Majesty to grant to the Corporation of the Royal College of Physicians of London a new charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of England;" and to grant to the Corporation of the Royal College of Physicians of Edinburgh a new charter, and thereby to give to the said College of Physicians the name of "The Royal College of Physicians of Scotland;" and to grant to the Corporation of the King and Queen's College of Physicians in Ireland a new charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of Ireland;" but provision is not made by the said Act for reserving to the said Colleges, and the Presidents and Censors, Fellows, Members, Licentiates, and Extra-Licentiates thereof respectively, by their said new names, the powers, privileges, liberties, and immunities to which they are respectively entitled by their existing names: and doubts have arisen whether, in case of the acceptance by these Colleges respectively of new charters under such altered names respectively, the said powers, privileges, liberties and immunities would legally attach and be preserved to them; and it is expedient that such doubts should be removed: And whereas by the 47th section of the said Medical Act it is provided, that within twelve months after the granting of such new charter to the Royal College of Physicians of London any Fellow, Member or Licentiate of the Royal College of Physicians of Edinburgh, or of the Queen's College of Physicians of Ireland, who may be in practice as a Physician in any part of England, and who may be desirous of becoming a Member of such College of Physicians of England, shall be at liberty to do so, and be entitled to receive the diploma of the said College, and to be admitted to all the rights and privileges thereunto appertaining, on the payment of a registration fee of £2 to the said College; and it is expedient that the said proviso should be repealed: And whereas by an Act

passed in the 14th and 15th years of the reign of King Henry the Eighth, intituled "The Privileges and Authorities of Physicians in London," certain Letters Patent, dated the 23rd day of September, in the 10th year of the reign of his said Majesty, whereby certain Physicians in London therein named were incorporated by the name of "The President and College of Commonalty of the Faculty of Physic in London," were ratified and confirmed; and by the said Act it was enacted, that the six persons named in the said Letters Patent, and two more of the said Commonalty, to be chosen by them, should be called Elects, and that the said Elects should yearly choose one of them to be President of the said Commonalty, and that as oft as any of the places of the said Elects should become void, the survivors should choose and admit one or more, as need should require, of the said Faculty to supply the number of eight persons; and that no person should from thenceforth be suffered to practise in Physic through England until he be examined by the said President and three of the said Elects, and have from them Letters Testimonial, except he be a Graduate of Oxford or Cambridge: And whereas the main function of the said Elects, viz. that of examining and granting letters testimonial, has been virtually superseded by the said Medical Act, and they have ceased to grant letters testimonial in accordance with the provisions contained in the last recited Act, and it is therefore expedient that the before recited provisions should be repealed: Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

I. The expression in the Medical Act and this Act "The Corporation of the Royal College of Physicians of London," or "The Royal College of Physicians of London," shall be taken to denote the Corporation of "The President and College or Commonalty of the Faculty of Physic in London."

II. Any new charter, which, under the provisions of the Medical Act, shall be granted to the Corporation of the Royal College of Physicians of London, may be granted to them either by and in the name of the Royal College of Physicians of London, or, as provided by that Act, by and in the name of the Royal College of Physicians of England; and any such new charter granted to the Corporation of the Royal College of Physicians of Edinburgh, may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Scotland; and any such new Charter granted to the Corporation of the King and Queen's College of Physicians in Ireland, may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Ireland.

III. The granting of new charters to the said Corporations respectively, by and in the altered names and styles respectively, as provided in the Medical Act, shall not, in respect of such alteration of name or style merely, alter or affect in any way the rights, powers, authorities, qualifications, liberties, exemptions, immunities, duties, and obligations granted, conferred, or imposed to or upon, or continued and preserved to the said Corporations respectively, and the respective Presidents, Censors, Fellows, Members, and Licentiates thereof by the respective Charters and Acts of Parliament relating to the said Corporations respectively, or by the Medical Act, the Act to amend the Medical Act, the Medical Acts Amendment Act, 1860, and this Act respectively; but the said Corporations respectively and the respective Presidents, Censors, Fellows, Members and Licentiates thereof, shall, notwithstanding any such change of name and style, have and retain all such and the same rights, powers, authorities, qualifications, liberties, exemptions, and immunities, and be subject to all such and the same duties and obligations, as if such new Charters respectively had been granted to them by and in their respective names and styles as then existing.

IV. Each of the said Corporations shall also, notwithstanding any such alteration of name or style, have, hold, and enjoy, and continue to have, hold, and enjoy, all lands and other real and personal heritable and moveable property belonging to such Corporation, either beneficially or in trust, at the date of the granting of such new charter, and may execute and perform any use or trust for the time being vested or reposed in such Corporation.

V. From and after the passing of this Act the before recited provision of the Medical Act, which entitles any Fellow, Member, or Licentiate of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, to receive the Diploma of the College of Physicians of England, and to be admitted to all the rights and privileges thereto appertaining, shall be, and the same is hereby, repealed.

VI. So much of the Act of the 14 and 15 Henry VIII., c. 5, as relates to the Elects of the said Royal College of Physicians of London, and their powers and functions, shall be, and the same is hereby repealed; but this repeal shall not prejudice or affect the rights and privileges of any persons to whom the said Presidents and Elects may have granted letters testimonial, and all trusts which, by any deed, gift, devise, or bequest are vested in, or to be executed or performed by the elects, or some defined number of them, shall vest in and accrue to, and be executed and performed by the Censors of the said College for the time being, as if the names of the Censors had in such instruments respectively, been used instead of that of the Elects.

VII. The office of President of the "Royal College of Physicians of London" shall be an annual office; and Thomas Mayo, Doctor of Physic, the now President of the said Corporation, shall remain such President until the day next after Palm Sunday in the year 1861, when he shall go out of office, and the Fellows of the said Corporation shall, at a meeting to be holden by them for that purpose, on the same day, and on the same day in every subsequent year, elect some one of the Fellows of the said Corporation in such manner as shall be provided by any bye-law or bye-laws made in that behalf by the said Corporation and for the time being in force, to be President of the said Corporation; but the retiring President shall always be capable of being re-elected, and every President shall remain in office until the actual election of a new President; or in case of the death, resignation or other avoidance of any such President before the expiration of his year of office, the said Fellows shall, at a meeting to be holden by them for that purpose, as soon as conveniently may be (of which due notice shall be given) elect one other of the Fellows of the said Corporation, in such manner as aforesaid, to be President for the remainder of the year in which such death, resignation or other avoidance shall happen, and until such election the duties of President shall be performed by the Senior Censor for the time being.

Moved by Dr. Alexander Wood, seconded by Dr. Storrar—That the Council approve of the Draft Bill now read.—Agreed to.

5. A communication from the Poor-law Board, in reference to qualifications for Poor-law Medical Appointments, was read.

Moved by Dr. Andrew Wood, and seconded by Mr. Lawrence—That the communication from the Poor-law Board be inserted in the Minutes.

Amendment moved by Dr. Corrigan, and seconded by Dr. Embleton—That the Registrar be directed to thank the Secretary of the Poor-law Board for their communication and circular."

Amendment carried.

6. Letters from a Medical Practitioner in Jamaica, and the following from the Colonial Office were read:—

"Downing-street, March 30, 1860.

"Sir,—In answer to your letter of the 14th instant, stating the objection of a Scotch Medical Practitioner in Jamaica to an Island Act recently passed, to provide for registering duly-qualified Medical Practitioners, I am directed by the Duke of Newcastle to inform you, that although the provisions of the Jamaica Act may not be in themselves unreasonable, they are considered to be repugnant to the English statute, and therefore the Colonial Legislature will be called upon to amend them, before the Act can receive the Royal Assent.

"I return the copy of the Act which accompanied your letter.

"I have the honour to be Sir,

"Your obedient Servant,

"Sir B. Brodie, Bart." C. Fortescue."

Moved by Dr. Andrew Wood, seconded by Dr. A. Smith

—That the foregoing letters, and the 13th and 20th Sections of the Jamaica Bill, be entered on the Minutes.—Agreed to.

7. Moved by Dr. Christison, seconded by Dr. Alexander Wood—That a Committee, consisting of Dr. Christison, Dr. Alexander Wood, and Dr. Storrar, be appointed to extract from the Minutes of Council such regulations as have been passed by the Council for conducting the business of the Council, and to report such alterations and new regulations as may appear to the Committee to be advisable.—Agreed to.

Confirmed—Charles Hastings.

MINUTES OF MEETING, THURSDAY, JUNE 21, 1860.

Sir Charles Hastings took the chair at three o'clock, p.m.

Present—

Dr. Burrows.	Dr. A. Thomson.
Mr. Green.	Dr. A. Smith.
Mr. Nussey.	Dr. Leet.
Dr. Acland.	Dr. Apjohn.
Dr. Bond.	Dr. Corrigan.
Dr. Embleton.	Sir James Clark.
Dr. Storrar.	Mr. Lawrence.
Dr. Alexander Wood.	Mr. Teale.
Dr. Andrew Wood.	Dr. Christison.
Mr. Watt.	Dr. Stokes.
Mr. Syme.	

Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

1. There were brought before the Council several memorials, in regard to recent admissions by the Royal College of Surgeons of England.

Mr. Green, the representative of that body, explained that no one had received the diploma of the Royal College of Surgeons of England, without having been examined and found qualified in Anatomy, Physiology, and Surgery, and without having been in practice for some years before the passing of the Medical Act, and without having produced certificates of respectable character.

Mr. Green having further stated that the practice of examining candidates who had not gone through a full curriculum of study ceased on the 1st of March, and would not be resumed, the Council did not think it necessary to move in the matter.

2. A memorial from some members of the Royal College of Surgeons of England, resident in the Isle of Man, relative to the examination of Dentists by that College, having been read,

Dr. Apjohn moved, seconded by Dr. Storrar—That this Council has no authority to interfere with the privileges, in relation to Dentistry, conferred upon the College of Surgeons of England by charter, in accordance with the 48th Section of the Medical Act.—Agreed to.

3. A memorial having been received from an Association of Foreign Graduates, praying for the Registration of their Foreign Degrees,

Dr. Storrar moved, seconded by Dr. Alexander Wood—That, by the 11th Section of Schedule (A) of the Medical Act, the Council have authority only to register such foreign qualifications as were possessed by persons practising, by virtue of them, as Physicians in the United Kingdom before the 1st October, 1858, and who can satisfy the Council that such qualifications have been conferred after regular examination.—Agreed to.

4. A memorial from the Royal College of Surgeons of Edinburgh, relative to Licences in Midwifery, having been read,

Moved by Dr. Andrew Wood, seconded by Mr. Watt—That as Midwifery forms a branch of the education and examination of every Physician and Surgeon, and is not mentioned in the body of the Medical Act, apart from the qualification of Physician and Surgeon, it is unnecessary and inexpedient that Licences in Midwifery should be specially registered.

Amendment moved by Dr. Alexander Wood, seconded by Dr. Apjohn—That the memorial of the Royal College of Surgeons of Edinburgh, in regard to Midwifery Licences, be referred to the Committee appointed to consider what amendments are required in the Medical Act.—Amendment carried.

5. Dr. Alexander Wood brought up the first Report of the Committee on Special Claims for Registration :—

First Report of Special Registration Committee.

The Committee have to report that there are five applications from persons having graduated at Homœopathic Colleges in America, viz.—

Henry Thomas Thomas Smith	Homœopathic College of Pennsylvania.
Samuel Eadon James Coombs John Marchant Davison.	Homœopathic College of Cleveland, Ohio.

Of these, Thomas Smith does not profess to have been examined at the College named, and the Committee have no hesitation in recommending that his application be rejected.

In regard to the cases of Henry Thomas, Samuel Eadon, James Coombs, and John Marchant Davison, who have got their degrees after examination at the Colleges named, a considerable difficulty occurs.

It seems that Charters are granted with very great facility by the Legislatures of some of the States of America, and it therefore becomes a very grave question for the Council to decide, how far they are prepared to recognise the bodies so chartered as Foreign Universities or Colleges in the sense intended by the Medical Act.

Samuel Eadon's claim was rejected by a vote of the General Council, on the 6th August last, and he has applied for a reconsideration of his case.

Henry Thomas, who claims to be a Graduate of the Homœopathic College of Pennsylvania, has addressed to the Registrar, and to each member of the Branch Council for England, a letter in the following terms :—

"Sir,—I hereby give you notice that I am a Doctor of Medicine by diploma, dated the first day of March, one thousand eight hundred and fifty-five, of a foreign College, to wit, the Homœopathic Medical College of Pennsylvania, in the United States of North America;—That I have been praetising in the United Kingdom of Great Britain and Ireland, to wit, at Chester, before the first day of October, one thousand eight hundred and fifty-eight; to wit, from the year one thousand eight hundred and fifty-six, hitherto :—That I have produced or forwarded by post to the Registrar of the Branch Council for England my diploma as Doctor of Medicine, and other documents, and evidence of the qualification in respect of which I claim to be registered as hereinafter stated :—That I have produced to the Council certificates of my having taken my degree of Doctor of Medicine after regular examination, and have in all respects complied with, and am ready and willing to comply with, the provisions contained in 'The Medical Act' 21 and 22 Vict., cap. 90;—I now therefore claim to be registered under, and by virtue and in accordance with, the provisions of the said 'Medical Act;' and I demand that my name be placed upon 'The Medical Register' :—And I hereby further give you notice, that if this my demand be not complied with, or a satisfactory reason be not given for the non-compliance therewith, within fourteen days, such proceedings will be taken, either by mandamus or otherwise, against you, and the members of the Branch Council of England, either individually or collectively, or both individually and collectively, as I may be advised.

(Signed) "Henry Thomas.

"Dated this 27th day of January, 1860."

A claim has been presented by Thomas Airey, under Section 11 of Schedule (A).

The Committee are of opinion that Thomas Airey has failed to establish his claim, and ought not to be registered.

Alexander Wood, Chairman.

Moved by Mr. Syme, seconded by Dr. Alexander Wood—That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be registered, in strict compliance with the Medical Act.

Amendment moved by Dr. Corrigan, seconded by Dr. Apjohn—That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas be not registered.

The further consideration of this subject was adjourned.

The following letter was read from the President :—

"14, Savile-row, W., June 21, 1860.

"My dear Sir,—I will thank you to express to the Medical Council, at their meeting this day, that, in pursuance of the notice which I have already given, it is my wish to resign my office as President of the Council, before the conclusion of the present session.

"Although circumstances compel me to take this step, I take

it with great reluctance, having had so much experience of the kindness and courtesy shown me by every member of the Council since they first did me the honour of electing me to preside over their meetings.

"I am, dear Sir, yours faithfully,

"To Dr. Hawkins." "B. C. Brodie.

Confirmed—B. C. Brodie.

(The Minutes of the General Committee on Education are too lengthy for publication this week.)

MINUTES OF MEETING, FRIDAY, JUNE 22, 1860.

Dr. Burrows took the chair at two o'clock, p.m.

Present—

Mr. Green.	Dr. A. Smith.
Mr. Nussey.	Dr. Leet.
Dr. Acland.	Dr. Apjohn.
Dr. Bond.	Dr. Corrigan.
Dr. Embleton.	Sir James Clark.
Dr. Storrar.	Sir Charles Hastings.
Dr. Alexander Wood.	Mr. Lawrence.
Dr. Andrew Wood.	Mr. Teale.
Mr. Watt.	Dr. Christison.
Mr. Syme.	Dr. Stokes.
Dr. A. Thomson.	

Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

1. The adjourned debate on the first Report of the Committee on Special Claims for Registration was resumed.

Mr. Syme was permitted by the Council to withdraw his motion—That the names of Samuel Eadon, Jas. Coombs, John Marchant Davison, and Henry Thomas be registered, in strict compliance with the Medical Act;—and to substitute for it the following motion, seconded by Dr. Storrar:—That the opinion of the Attorney-General be taken on the claims of Henry Thomas to register his degree obtained from the Homœopathic College of Pennsylvania; and of Samuel Eadon, James Coombs, and John Marchant Davison to register their degrees obtained from the Homœopathic College of Cleveland, Ohio; and that it be delegated to the Executive Committee, after receiving the opinion of the Attorney-General, to take such steps as may seem to them expedient.

The amendment of Dr. Corrigan was put and negatived, viz.—That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be not registered.

The motion substituted by Mr. Syme was then put and carried.

2. Moved by Dr. Alexander Wood, seconded by Dr. Stokes—That, in accordance with the recommendations of the Report of the Committee on Special Claims for Registration, Thomas Smith and Thomas Airey be not registered.—Agreed to.

Sir Benjamin Brodie, Bart., President, then took the chair.

3. Letters were read from Mr. William Gwynn, stating that the University of Dublin had refused to admit him to the Degree of Doctor of Medicine and to that of Master in Surgery, on the ground that he had adopted a particular theory of Medicine, and requesting "that the Medical Council, in accordance with the Act 21 & 22 Vict., cap. 90, sect. xxiii., will represent the same to Her Majesty's Most Honorable Privy Council."

Moved by Mr. Syme, seconded by Dr. Andrew Wood—That the Council resolve that they see no reason for taking any step in relation to the letters of Mr. Gwynn.—Agreed to.

4. A Petition was read, which had been transmitted by the Registrar of the Branch Council for Scotland, from Mr. J. B. Clarkson, of Melrose, for the reduction of a registration fee.

Moved by Dr. Andrew Wood, seconded by Dr. Alexander Wood—That the Council have no power to comply with Mr. Clarkson's petition.—Agreed to.

5. A Memorial was read from the Gloucestershire Medical and Surgical Association, praying for "better securities for the conviction of illegal Practitioners."

Moved by Dr. Alexander Wood, seconded by Sir Charles Hastings—That the Memorial from the Gloucestershire Medical and Surgical Association be referred to the Committee appointed to consider what amendments are required in the Medical Act.—Agreed to.

6. Information having been laid before the Council, from the Royal College of Physicians of Edinburgh, and also from the Faculty of Physicians and Surgeons of Glasgow, that the name of Mr. John Valentine Laverick had been struck off their respective lists of Licentiates;

Moved by Dr. Alexander Wood, seconded by Mr. Watt,—That, in conformity with Clause XXVIII. of the Medical Act, the name of John Valentine Laverick be erased from the Register, he having been deprived of the two qualifications in respect of which he has been registered by the Royal College of Physicians of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow respectively.—Agreed to.

7. Moved by Dr. Christison, seconded by Dr. Andrew Wood—That the attention of the Medical Council having been called to Regulations issued under authority of Her Majesty's Privy Council, on December 6, 1859, requiring that all Public Vaccinators shall have undergone in the art of Vaccination, a special education, and a special examination, the particulars of which are minutely laid down in the Memorandum of the Privy Council—the Medical Council resolve that one purpose, and a main one, of the Medical Act, was to ensure that the members of the Medical Profession shall be duly educated and examined in the various branches of the Profession;—That the Council with the co-operation of the various Bodies which grant qualifications in Medicine, have assiduously laboured to discharge this function; and do not doubt that, among other results, the important object of the Privy Council will in consequence be fully attained;—That it will be a great discouragement to the Medical Council, and to the Bodies placed by the Medical Act under their superintendence, if other public Bodies issue, for limited branches of professional practice, regulations substantially constituting new and limited branches of the Medical profession, independent of this Council;—And, therefore, that it be remitted to the Executive Committee to draw up a statement expressing the views of this Council, and to submit the same to the Lords of her Majesty's Privy Council.—Agreed to.

8. Moved by Dr. Christison, seconded by Sir Charles Hastings—That it be remitted by the Council to the Executive Committee to take such steps as they may consider advisable, for promoting the registration of Medical Officers in the Military and Naval Services.—Agreed to.

9. A reference from the Royal College of Physicians of Edinburgh, in regard to the Ordinances of the Universities (Scotland) Commissioners for conferring Degrees in Medicine in the University Edinburgh, having been read,

Moved by Dr. Alexander Wood, seconded by Mr. Lawrence—That the General Council of Medical Education and Registration having taken into consideration the Ordinances of the Scottish University Commissioners for regulating the conferring of Medical Degrees in the University of Edinburgh, dated 6th August, 1859, which were laid before them by Mr. Syme, on the 8th of August last, and also the further supplementary Ordinances of the 19th March, 1860, which have been circulated among the Members of the Council, find:

1st. That having already declared that the higher Degrees in Medicine should be distinguished by corresponding academic rank, obtained by a full, and as nearly as possible equivalent academic education, they are compelled reluctantly to record their opinion that these Ordinances, if carried into effect, will tend to frustrate their efforts in this direction.

2nd. That having also declared "That all students should pass an examination in general education before they commence their professional studies," the Council are of opinion that it is impossible for the generality of students to acquire, before the age of seventeen years (which they must do, if they are to take their Medical Degree at twenty-one years of age), such a general education as shall enable them to prosecute their Medical studies with success, and afterwards to take the position which University Graduates ought to take among the educated classes of the community.

3rd. That in the opinion of the General Council, the scheme proposed by the Commissioners, by which a Degree in Medicine and a Degree in Surgery are to be given after one Course of Study and one Examination, tends inevitably to establish a fictitious, not a real distinction between a Physician's and

a Surgeon's Diploma, and is opposed to the spirit of the Medical Act.

Amendment moved by Mr. Syme, seconded by Dr. A. Thomson—That it is inexpedient for this Council to express any opinion at present, with respect to the terms upon which Degrees in Medicine are conferred by the University of Edinburgh.—Amendment negatived.

Dr. Alexander Wood required that the names of the majority and minority should be entered on the Minutes.

Majority—	*Minority—*
Dr. Burrows.	Mr. Nussey.
Mr. Green.	Dr. Storrar.
Dr. Acland.	Mr. Syme.
Dr. Bond.	Dr. A. Thomson.
Dr. Embleton.	Dr. Leet.
Dr. Andrew Wood.	Sir Charles Hastings.
Dr. Alexander Wood.	Dr. Christison.
Mr. Watt.	
Dr. Smith.	
Dr. Apjohn.	
Dr. Corrigan.	
Mr. Teale.	

The original motion was then put, and also negatived.

Dr. Alexander Wood required that the names of the majority and minority should be entered on the Minutes.

Majority—	*Minority—*
Dr. Burrows.	Mr. Green.
Mr. Nussey.	Dr. Embleton.
Dr. Acland.	Dr. Andrew Wood.
Dr. Bond.	Dr. Alexander Wood.
Dr. Storrar.	Mr. Watt.
Mr. Syme.	Dr. Smith.
Dr. A. Thomson.	Dr. Apjohn.
Dr. Leet.	Dr. Corrigan.
Sir Charles Hastings.	Mr. Teale.
Dr. Christison.	

Dr. Corrigan presented the following Report from the Committee appointed by the resolution of the General Medical Council of June 14, 1860, to consider defects which appear to interfere with the efficient working of the Medical Acts

Report.

"The Committee consider that there will not be sufficient time within the present session to draw up a report that would contain the whole consideration of such an amended Bill as might embrace all the subjects which should be contained in it, and thus obviate the introduction of frequent or partially amended Bills. The Committee desire in this Report to do no more than draw attention to such points as appear to them, in the limited time they have had for consideration, to require to be amended, feeling assured that, in the interval that will occur between this and the next meeting of the Council, the several Members of the Council will give the subject their attention and deliberate consideration; the Committee also expect that there will be received within the same interval, from the Profession generally, many valuable suggestions. The Committee trust that with these aids, the General Council will be in a position, at no distant time, to prepare such a Medical Bill as may leave little room for alterations for many years to come; and the Committee recommend, with this object in view, that the Council should give the present Act, notwithstanding any acknowledged defects, a full and further trial, in order that they may become thoroughly acquainted with all such defects, and the best means of obviating them.

"The Committee, therefore, in this Report, confine themselves to observations on such Sections as at present appear to them to require removal or amendment.

"Sect. X. of the Medical Act of 1858 is the first that appears to require amendment. In this Section, as it at present stands, the Registrar of the General Council must be also Registrar of the Branch Council of England, and must be paid out of the General Fund such salary as the General Council may direct. The consequence of this arrangement is, that at any time the Branch Council may be left without a Registrar, and it might even be for a long period; for, in the event of a vacancy by death or otherwise, the Branch Council would not have power to appoint a Registrar. And, moreover, the salary of the Registrar of the Branch Council for England, under the present Section, is wholly paid out of the General Fund, to which the Branch Funds contribute; while the salaries of the Registrars of the Branch Councils of Scotland and Ireland are wholly paid out of their respective Branch funds. The Committee, therefore, propose that the Section should stand thus:—'X. The General Council shall appoint a Registrar, who shall act as Secretary of the General Council, and who may also act as Treasurer, unless the Council shall appoint another person or other persons as Treasurer or Treasurers. The General Council shall also appoint so many clerks and servants as shall be necessary for the purposes of this Act; and every person so appointed shall be removable at the pleasure of the Council, and shall be paid such salary as the Council shall think fit.'

"The Section as amended will therefore deal only with the appointments of Registrar and Secretary of the General Council. There is nothing in the Section so amended to prevent the Branch Council from appointing to the office of Registrar of that Council the same person who may be the Registrar of the General Council.

"Sect. XI. should necessarily be altered to be in accordance with Sect. X., and would relate to the appointment of Registrar, etc., by all the Branch Councils, and would then run thus:—'XI. The Branch Councils for England, Scotland, and Ireland, shall each respectively in like manner appoint a Registrar and other officers and clerks, who shall be paid such salaries as such Branch Councils respectively shall think fit, subject to the approval of the General Council, and be removable at the pleasure of the Council by which they were appointed; and the person appointed Registrar shall also act as Secretary to the Branch Council, and may also act as Treasurer, unless the Council shall appoint some other person or persons as treasurer or treasurers.'

"Sect. XIII. To the alteration proposed in this Section, the Committee request the particular consideration of the Council. As the Section at present stands, all the monies received in fees are payable to the respective Branch Councils; but in the Act there is no provision, and the Committee cannot see how any can be made, to determine to what Branch Councils the several registration fees shall be paid; and the consequence is, that it is possible so large a proportion of the registration fees might be paid into the fund of any one Branch Council as to leave the others without sufficient funds to carry out the purposes of the Act.

"Taking these considerations into account, and further considering that there must be only one Register for the United Kingdom, the Committee are of opinion that all the monies should be paid into a common fund, from which all the expenses of General and Branch Councils should be defrayed, subject, as provided for in Sect. X. to the approval and supervision of the General Council.

"The Section thus amended would be to this effect:—'That all monies payable to the General and Branch Councils shall be payable into one common fund, from which all the expenses of the General and Branch Councils expenses shall be defrayed, subject to the supervision and approval of the General Council.'

"Sect. XIV. The proposed addition to this Section is 'that if any person registered shall notify to the Registrar that he has ceased to practise, and wishes to withdraw his name from the Register, the Registrar shall have power to erase his name.

"Sect. XXV. It is proposed to erase the words commencing 'in the case of,' and ending with 'Ireland,' in the said Section, to make it accord with Sect. X.

"Sect. XXVII. To make this Section more clear, it is proposed to introduce words to this effect:—'And that he is not possessed of any qualification which would entitle him to be registered in accordance with the provisions of this Act,' to be introduced after the word 'Act,' in the said Section.

"Sect. XXIX. To remove obscurity in this Section, it is proposed to introduce the words 'whether before or after registration,' after the words 'professional respect.'

"Sect. XL. It is proposed to substitute 'or' for 'and,' between the words 'Medicine *and* Surgery,' in two places of the Section where the words 'Medicine *and* Surgery' are used; and to introduce the following words after 'or an Apothecary:' 'or who shall wilfully and falsely take or use the title of Physician, Doctor of Medicine, Bachelor of Medicine, or Licentiate in Medicine or Surgery, Surgeon, General Practitioner, or Apothecary.'

"This alteration is suggested, as it appears to the Committee

that if a person registered under this Act, under one title, should assume in addition some title, qualification, or degree to which he is not entitled, the Section would not apply to to him, as the penalty, in the present words of the Section, would be only recoverable against him for assuming a title implying that he is registered.

"Sect. XLI. It is proposed that the word 'shall' be substituted for 'may,' before the words 'in Scotland;' and that the words 'or by any other person,' after the word 'county,' be erased, in order to render it compulsory on the Public Prosecutor in Scotland to sue for penalties under the Act.

"Sect. XLII. This Section is proposed to be amended by the addition of the following words to the end of Section: 'who shall be authorised under direction of the General Council, to hand over to the parties prosecuting the whole or any portion of such penalty towards defraying the expenses of such prosecution, as may seem fit to the General Council.'

"It would also be necessary to ascertain, by legal advice, whether any Local Acts intervene as to the working of the first part of the said Section, as the Committee are informed that in London the magistrates or law authorities have decided that such penalties are legally payable, under a Police Act, notwithstanding this Section, into the Police Fund of London.

"Sect. XLVII. The portion of this Section, commencing with the words, 'Provided nevertheless,' etc., to the end of the Section, relates merely to arrangements between the three Colleges of Physicians; and these three bodies have concurred in the propriety of the repeal of this portion of the Section.

"There remain only some observations to be made with regard to the Licences inserted in the Schedule (A).

"There is in this Schedule provision for inserting the title, 'Fellow, or Member, or Licentiate in Midwifery of the Royal College of Surgeons of England;' and although no similar title is set forth as to the other Bodies, it appears that the Executive Committee felt themselves constrained, under legal advice, to insert in the Register, 'Licentiate in Midwifery of King and Queen's College of Physicians in Ireland,' and 'Licentiate in Midwifery of the Royal College of Surgeons of Ireland.'

"This inequality between the Licensing Bodies appears to require to be removed, either by the omission altogether of the title of Licentiate in Midwifery from the Schedule, or by the insertion of similar privileges in regard to all Universities and Colleges which grant Degrees or Licences in Medicine or Surgery. The latter appears to the Committee the preferable plan; for the omission altogether of Licentiates in Midwifery would lead to the renewed issuing of certificates purporting to be Licences in Midwifery from self-constituted examining authorities or Medical Officers of Midwifery Hospitals and Dispensaries, over whose proceedings the General Council or the Act could have no control; and, moreover, some of the Public Boards issuing regulations as to qualifications for Public Medical Appointments, require special certificates or qualifications in Midwifery.

"June 22, 1860." "D. J. Corrigan, Chairman.

Confirmed—Joseph Henry Green.

Earlswood Asylum for Idiots.—The report by the Board of Management of this excellent Institution for the past year has been just issued. We are glad to learn from this document that an Asylum so invaluable to a helpless and much-to-be-pitied class of the community continues to prosper, and that the number of its supporters has largely increased. There are now 306 pupils in the establishment, to be increased to 326 at the next election. The healthy condition of the inmates is the subject of congratulation in the report, and the statement of the Medical Superintendent, appended to the report, gives a favourable account of the results of their mental and moral training. During the year bequests have been made to the amount of between £1200 and £1300; the bazaar held at Brighton had also been productive of encouraging results, and not less so the anniversary festival, at which the Duke of Cambridge presided. The proposal to receive cases for life is strongly recommended by the Board of Management, who, in conclusion, congratulate the friends of the Asylum on having effected a work for the benefit of the idiot which has no parallel, and which has been sustained by a sympathy beyond all expectation.

GENERAL CORRESPONDENCE.

THE REV. H. REED'S TREATMENT OF CANCER.

Letter from Mr. Austin.

[To the Editor of the Medical Times and Gazette.]

Sir,—As I had an opportunity of watching the second case of the series recorded in Mr. Spencer Wells's enquiry into the value of the Rev. Hugh Reed's treatment of cancer, published in the last two numbers of the *Medical Times and Gazette*, after Mr. Wells lost sight of it, you will be, perhaps, glad to receive a narrative of it to its close.

On March 13, I, for the first time, saw Mr. W., the gentleman from Rio de Janeiro. He requested me to attend to his general health, at the same time stating that he intended going to see Mr. Reed occasionally. He was emaciated, feeble, and had a markedly cachectic look. He walked with difficulty, in consequence of œdematous legs, and of the presence of a large oval elastic tumour in the right groin. The whole surface of the abdominal wall was livid with turgid veins, and conspicuously swelled and tense, as if guarding a large subjacent growth. This was especially evident in the epigastrium, which was semi-resonant to percussion, the right iliac region being quite dull. From the ensiform cartilage to the umbilicus a prolonged systolic bellows-sound was audible, no similar murmur being heard in the heart or anywhere above the diaphragm. He was compelled to micturate at very short intervals, and was troubled with frequent sudden gushes of intensely acid secretion from the stomach. He took food sparingly, and rarely retained it all. The disease was of about three years' date. After repeated attacks of orchitis, and inflammation of the absorbents of both legs, the right testicle was removed by Mr. Pennell, of Rio de Janeiro, early in 1859, I believe, and found to be the subject of cerebriform cancer. The tumour in the groin had been noticed six months, during which period it had gradually increased; after its appearance intense lumbar pain, which the patient had previously suffered, subsided.

From the symptoms and history it was abundantly clear that Mr. W. laboured under encephaloid disease of the abdomen; that the mass of the growth was immense; that, originating probably in the lumbar region, it attained the epigastrium above, and the groin below; and that it pressed alike on the stomach and bladder, on the great veins of the trunk, and on the whole course of the abdominal aorta. A more utterly hopeless case it was impossible to conceive.

In February of the present year the Rev. Mr. Reed, for the first time saw Mr. W. He held out to him the certainty of a cure.

On March 30, I saw a letter, recently received, addressed by Mr. Reed to the patient at his own house, in which the former re-asserted the certainty of cure, and laid down a plan of Medical treatment and diet to ensure it. On March 31, the following day, hiccough commenced; it soon became incessant, and the enfeebled patient took to his bed. Vomiting and slight diarrhœa accompanied the hiccough; and he retained hardly anything on his stomach. All treatment was impotent to relieve his distressing symptoms. Effervescents, hydrocyanic acid, chloroform, chlorodyne, dilute sulphuric acid, etc. were in turn tried and abandoned. He had the advantage of his friend, Mr. George Busk's opinion, during the last ten days of his illness. Ice and sulphuric ether dropped on sugar, appeared to relieve the vomiting and hiccough for a time. He died on April 11, having borne his sufferings with great fortitude.

Three or four days before his death, of the imminence of which he was well assured, he requested his wife to see Mr. Reed, not to consult, still less to upbraid him, but simply that the Clerical Cancer-curer might know that he, whom a fortnight before he had confidently promised to cure, was already *in extremis*. He, however, subsequently abandoned the idea. The announcement of Mr. W.'s death appeared in due course in the *Times*. Though the Rev. Mr. Reed's celebrity is mainly due to his plan of treatment having been noticed in the leading journal, he, probably, does not much consult its obituary: a prudent abstinence, which he will do well to continue, if he wishes to state with truth of any

patient who may suddenly disappear from his waiting-room, that he is ignorant of the issue of the case.

From this narrative, and from the notice of the case in the *Medical Times and Gazette*, it follows, 1st. That the Rev. Mr. Reed undertook the cure of an utterly hopeless case, and that he endeavoured to extract from the patient a prepayment of one hundred guineas. Mr. Reed was either entirely ignorant of the nature of the case, or he recognised its hopelessness. Let casuists decide which of the two is the more flagitious, the presumption which promises a cure in a case of which it knows nothing, or the knavery which takes, if it can get it, a hundred guineas for what it knows it cannot do. 2nd. That having invited Mr. Spencer Wells to watch the result of his treatment, Mr. Reed, on the disappearance of the patient from his waiting-room, did not give his address to Mr. Wells, though he was all the while corresponding with the patient and his wife, and addressing letters to them at their own residence. 3rd. That his statement in last week's *Medical Times and Gazette*, that he did not promise a cure, but simply that he would do what he could for him, is false.

I am, &c. THOS. J. AUSTIN.

5, River-street, Myddelton-square, June 26.

PHYSIOLOGY OF WIDOWHOOD.

[To the Editor of the Medical Times and Gazette.]

SIR,—For some time past my attention has been attracted to a very curious form of hereditary transmission of physical peculiarities which I think worth while to lay before the Profession, that more extensive and more accurate investigation than I can accord it may, if not exactly, at least proximately determine its value as an influence in the production of disease.

Lord Morton bred a hybrid from a chestnut mare and male quagga—the hybrid was quagga-like, and even the foals subsequently produced from the mare by a black Arabian sire were "much more plainly barred across the legs than is even the pure quagga." Now here is an instance of the positive transmission by the female of one species of the physical peculiarities of the male of another species, with whom she had bred, to her offspring by a subsequent union with a pure male of her own species. This in itself is not a little remarkable and worthy of investigation by those who have opportunity amongst mule breeders and others; but, further, I have made many enquiries amongst those interested in the pure breeds of all kinds of cattle, sheep, dogs, poultry, pigeons, etc., and they universally declare that if a high-bred female once breeds with an inferior male, even of her own race, she will never produce pure offspring; though she always subsequently breed with males of the highest caste. Thus if a thorough-bred mare have a colt whose sire is a half-bred horse, though she subsequently breed with only thorough-bred horses, her foals will never prove thorough-bred. An instance was lately mentioned to me much in point—where a very pure bred setter bitch produced her first litter after a cur dog, and, though subsequently put to some of the best setter dogs in the kingdom, her puppies were never pure or worth keeping. We know that greyhound breeders cross with a bull-dog to give their greyhounds courage and tenacity of purpose, and that it does this for many generations; but that is effected by always breeding from the progeny with greyhounds, subsequently to the first bull-dog cross. It would be curious to enquire whether the greyhound bitch subsequently breeding with pure greyhound, her progeny would show a similar transmission of the courage of the bull-dog, as we have seen take place in the markings of the quagga, and the worthless peculiarities of the cur.

"Quo semel est imbuta recens servabit odorem
Testa dice."—HORACE.

Now we only too well know that many diseases are capable of hereditary transmission, some more, some less; and I cannot but think the facts I have alluded to lend some colour to the thought, that even as physical peculiarities, so may diseases be transmitted by the female, though herself, and the actual father of her second progeny, as well as all their ancestors, may be free from any taint. In other words, it would seem far from improbable that if a woman married, and had a child by a man who died the subject of any well-marked hereditary disease, and she subsequently married and had children by her second husband, her first husband's disease would have a tendency to show itself in her second family, even though neither she nor her second husband, or their ancestors, were subject to the malady. I presume that one point would be necessary to this, viz. that at the time of impregnation by the first husband, he was then either absolutely suffering from, or very strongly predisposed to, the disease transmitted. The investigation of this very curious and interesting question would incidentally throw much light on how far constitutional peculiarities and diseases, such as gout, tubercle, insanity, etc., may be communicated by seminal transmission to the female, and be of considerable importance in determining many Medical and social questions, as the first husbands of widows, who re-marry and bear children, have frequently died of the severer forms of disease well known to be capable of hereditary transmission. I commend the whole subject to the careful consideration of those of your readers who have time and opportunity to make those accurate observations which alone can determine the true value of all such questions. I am, &c.

Tunbridge Wells, June 19. A. E.

OBITUARY.

DR. ROBERT C. WILLIAMS, OF DUBLIN.

THE Irish Medical Profession has sustained a serious loss by the death (recorded by us last week) of Dr. Robert C. Williams, late President of the Royal College of Surgeons of Ireland, and representative of that body in the General Medical Council. Dr. Williams occupied a large place in the affections of those who knew him as a private friend, and enjoyed the unlimited confidence of those who intrusted themselves to his professional care. He was a highly accomplished Physician and Surgeon, and extensively learned in his profession. For many years he was one of the ablest contributors to Medical periodical literature. In the *British and Foreign Medico-Chirurgical Review* his pen was frequently employed. The sudden death of such a man at the comparatively early age of fifty-two is an event well calculated to inspire feelings of deep regret.

Dr. Williams entered Trinity College at a very early age, and his career was distinguished. He subsequently studied under the late Abraham Colles. Afterwards he passed several years on the Continent, visiting and enlarging his knowledge at the various hospitals. It was during this period of his life that he laid the foundation of his future eminence as a Surgeon. He settled in practice in Dublin about the year 1830, and very soon started to the front rank among the men of his time. In 1836 he was elected Professor of Materia Medica in the Royal College of Surgeons in Ireland, but previously to that date he had acquired a solid reputation as Lecturer in the Medical School in Digges-street.

In 1838 the deceased became one of the Surgeons of the City of Dublin Hospital. Great kindness to the sick eminently distinguished him. His consideration for their feelings endeared him to them. With the students he was an especial favourite, and he at all times freely and unostentatiously communicated to them the results of his close observation, his large experience, and extensive reading. His colleagues, too, esteemed him highly. In difficult and obscure cases his opinion was sought for, and valued all the more because ever given with candour and humility.

In 1844 he was placed upon the Council of the College of Surgeons, and thenceforth took a leading part in all its proceedings. His unvarying good temper, his knowledge of the laws of the College, his enlarged views of the interests of the body, and the accurateness and facility with which he expressed his ideas, rendered him one of the most valuable members of the learned Institution, and his opinions were always listened to with deference. Upon the occasion of a conference between the Colleges of Surgeons of England and Ireland, on a subject interesting to the Profession, Dr. Williams spoke so lucidly and forcibly, that the President of the College of Surgeons of England expressed himself in these words:—"The College of Surgeons in Ireland should feel proud of such a man."

In 1855 Dr. Williams was elected Vice-President of his

College, and in the following year he was unanimously called on to take the place vacated by the lamented Crampton.

One additional proof of the esteem and confidence of his brethren was given, when, in 1858, they sent him to London as their representative to the General Medical Council. It was felt that the Profession did not contain a man who would perform the important duties of the office with greater zeal and efficiency. It was while engaged in fulfilling these duties that he died.

Dr. Williams's health began to fail a few years ago, after the death of his only daughter, to whom he was devotedly attached. Within the last two years it became obvious to his friends that he was failing. So lately as a year ago, however, there was no ascertained disease of a vital character. It was only during the past winter that the affection of which he died developed itself. When he arrived in London, however, nothing sudden was anticipated, and the sad event has taken all his friends by surprise. Immediately on hearing of the occurrence the Council of the College of Surgeons met to express their sorrow and their condolence with the family of the deceased. They have also resolved to place Dr. Williams's bust in their hall.

The funeral was most numerously attended by Professional and private friends.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

ADULTERATION OF FOOD OR DRINK BILL.

After some short discussion, which was raised by Lord Teynham, this Bill passed through committee.

CRIMINAL LUNATIC ASYLUM BILL.

The House went into committee on this Bill.

The clauses were agreed to, and the Bill was ordered to be reported to the House.

MEDICAL NEWS.

Royal College of Physicians.—At the Comitia Majora held on Monday, June 25, the following gentleman was *admitted* a Fellow of the College :—

Lund, George, M.D., Madeira.

At the same Comitia, the following gentleman having undergone the required examination, was *admitted* a Member :—

Robbs, William Edward, M.B., Stamford.

The following gentlemen were also admitted Members of the College, having been previously *elected*, under the expired temporary Bye-Laws :—

Astley, Edward Ferrand, M.D., Dover
Bone, George F., M.D., Calcutta
Coles, William Carey, M.D., Bombay
Cooper, Clarence, M.D., H. M. Madras Service
De Castro, James C., M.B, Madeira
Eade, Peter, M.D., Norwich
Eatwell, W. C. B., M.D., Calcutta
Elam, Charles, M.D., Sheffield
Fayrer, Joseph, M.D., Calcutta
Foote, Richard Ford, M.D., Constantinople
Gallagher, John, M.D., Royal Navy
Jones, John, M.D., H.M. Indian Army
Joseph, Joseph Marcus, M.D., Madras
McKechnie, Alexander, M.D., Southsea
Roberts, Elias Jones, M.B., Bengal
Rogers, Thomas L., M.D., Co. Asylum, Rainhill
Simpson, James H., M.B., Pontefract
Smart, T. W. W., Northam, Sussex
Smart, W. R. E., M.D., Royal Naval Hospital, Bermuda
White, Francis Isaiah, M.D., Perth
Whyte, William James, M.D., Banff
Williams, Henry Francis, M.D., Bengal

This being the Annual Meeting, the following Officers were elected for the ensuing year :—President—Thomas Mayo, M.D. (re-elected); Censors—Dr. Barlow, Dr. F. Weber, Dr. Gull, and Dr. T. K. Chambers; Treasurer—Dr. Alderson (re-elected); Registrar—Dr. Pitman (re-elected).

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 22nd inst. :—

Brecknell, William Henry, Gateshead, Durham
Croucher, Henry, Bexley, Kent
Elliot, Augustus Frederick, Exeter, Devon
Harrison, George, Grosvenor-street, Grosvenor-square
McDonnell, John, Milton-road, Stoke Newington
Morris, James Mark, West Bromwich
Williams, Christopher, Williton, Somerset

Apothecaries' Hall. — Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, June 21 :—

Baker, Thomas Young, Hargrave, Northamptonshire
Gibb, Robert Cummings, Newcastle-on-Tyne
Jones, John, Llanfyllin
Meldola, Raphael, 25, Gretton-terrace, Victoria-park
Mitchell, William, Bothie, Cumberland
Tanner, Robert, Gloucester-house, Ledbury
Ubsdell, Henry, Pewsey, Wilts

The following gentlemen also on the same day passed their First Examination :—

Gardner, Sebastian Claude Thomas, Highgate
King, Edmund Cornish, University College
Miller, Richard May, University College
Richardson, Timothy, London Hospital
Woodman, William Bathurst, London Hospital

APPOINTMENTS.

Edwards.—Mr. G. N. Edwards has been appointed Assistant-Physician to St. Bartholomew's Hospital.

Hulme.—Mr. E. C. Hulme has been appointed full Surgeon to the Central London Ophthalmic Hospital.

DEATHS.

Lenoir. — Adolphe Lenoir, Surgeon to the Necker Hospital, has just died at Paris, after a long and painful illness, at the age of 58. He occupied a most distinguished position in the French Medical scientific world, and was one of the founders of the now famous Anatomical and Surgical Societies. He has left an important work upon *Enchondroma* unfinished, which will be published.

Lewis.—June 22, John P. Lewis, of Sheffield, M.R.C.S. Eng., L.S.A. Lond., aged 50.

Lorimer.—June 20, at Tyne-park, Haddingtonshire, William Lorimer, M.D. Univ. Edin., L.R.C.S. Edin., aged 22.

Montgomerie.—March 6, at Scone, Dr. Montgomerie, late of Ladeside, Kilbirnie, Ayrshire, aged 66.

Neville.—June 20, at Great Brunswick-street, Dublin, Arthur Richard Neville, M.R.C.S. Eng., L.R.C.S. Ireland, L.K.Q.C.P. Ireland, aged 52.

Thomson.—June 22, at Armaddy, Oban, Alexander Forbes Thomson, of Easdale, Oban, Argyleshire, L.F.P.S. Glasgow.

The College of Physicians of London will this year give a *soirée* at the College on the 9th of July.

During 1859 there were 22,665 lashes inflicted on soldiers in the British army stationed at home.

Physiology of Drowning.—M. Beau has laid before the French Academy an account of his experiments on this subject, made upon dogs. He gives as the result his belief that the death of the drowned has the greatest resemblance to that which happens in consequence of tetanic affection of the nerves of respiration.—*Comptes Rendus.*

The Society of Medicine of Lyons has, after long discussion, come to the conclusion,—That ether as an anæsthetic is more dangerous than chloroform; that anæsthesia is obtained as well and as certainly by ether as by chloroform; and therefore that ether ought always to be preferred to chloroform, the inconvenience of it being slight.

French Surgery.—The question of resection of joints, studied for twelve years with so much interest and care by English and American Surgeons, is still little known in France. The resection of the elbow-joint has alone become part of our practice, that of the shoulder has been practised several times; but resection of the knee and the hip have hitherto met with few partisans.

The Satirical.—"I have no observation to make," says M. Gibert, "on the very learned report of M. Devergie. The perchloride of iron is an excellent remedy, and moreover it is a fashionable one. I only regret that the cases of cures of diseases by the perchloride are cases of *purpura simplex*, which gets well of itself."

TO CORRESPONDENTS.

A. M. The Colonial Secretary has the appointment of Colonial Surgeons. The value varies in different stations, but the salary is generally small.

Chemicus must make his question intelligible before we can reply to it.

Mr. S.—We do not insert lists of births or marriages.

Mr. Allfrey.—The notice of the meeting of King's College Medical Society arrived after the publication of our last number.

Suum Cuique.—We think the letter quite worthy of publication; but we always avoid as far as possible any criticism upon a contemporary.

L.—1. We never heard of discoloration of the nails being produced by the internal use of any preparation of iron. 2. The formula for the Bran Cakes is given in Dr. Camplin's little work on Diabetes.

S. Should read Dr. Althaus's work on Medical Electricity. He will find there all the information he requires as to various forms of apparatus.

Mr. Ward.—The interesting picture, painted by Medley, and engraved by Branwhite, which hangs over the presidential chair of the Medical Society, represents a Meeting of the Old Society, and includes likenesses of the following Members:—Dr. Sims, Sir John Hayes, M.D., Drs. Lettsom, Saunders, Hulme, Jenner, Woodville, Relph, Walker, Myers, Bancroft, Babbington, Combe, Akin, Bradley, Thornton, Shadwell Haighton, Hooper, Ford, and Messrs. Ware and Blair, Surgeons.

R. M. H., Boston, U. S.—We have frequently been asked where Mr. Statham's translation of Stromeyer and Esmarch can be obtained, but have been unable to discover. Should any of our correspondents know where a copy may be found, we have been requested to direct it to be sent to Messrs. Trübner and Co., Paternoster-row, directed to Messrs. Sever and Francis of Boston. Our Boston correspondent adds that Messrs. Trübner will "pay all charges."

Ergot.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Having experienced disappointment in the use of some of the preparations of ergot in my midwifery practice, I shall feel obliged, if any of your correspondents can mention a preparation equally efficacious and more convenient to keep and administer than the powder.

Hitchin, June 23. I am, &c. O. Foster.

Graduates *v.* Physicians.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—It is time to arrest the struggle now going on between Graduates and Physicians, but the difficulty is to find the best mode of making a compromise. I would suggest that some University not requiring residence or any additional education beyond those required by the College of Physicians, should be thrown open to Licentiates for the degree of M.D.; while, on the other hand, the Colleges should be open to all Graduates, *i. e.* one examination should be sufficient to constitute the double qualification of Dr. and Physician. This arrangement was made by the London College last year, for the accommodation of Graduates, not so, however, by the Universities for the accommodation of Licentiates; hence it is, that Graduates have been made Physicians by undergoing one examination. Until the London College was thrown open to Graduates, the ungraduated Physicians held equality under the single qualification; but when the Edinburgh College made the General Practitioners Physicians, the London College lost the exclusive right of making Physicians, and that title no longer enables the public to know a Consulting Physician from a General Practitioner. I am, &c.

June 28. A Peace-maker.

Danger of Lead Lotions.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I wish through the two following cases, very briefly related, to convey a caution to Medical Practitioners and Druggists who are in the habit of prescribing lotions for inflamed eyes.

C. N., residing ten miles from Sheffield, consulted me lately about a white speck on the cornea and general inflammation of the eye—originating in an injury causing a rather deep and broad wound in the cornea. I saw that it was a lead deposit: he having applied early, I was enabled to remove it entirely, and he recovered the transparency and sight of the eye which would have been rendered nearly useless if the deposit had remained, on account of its situation—just in front of the pupil; the man had been treated by a regular Surgeon in a neighbouring town.

The other case I shall mention, and they are both merely specimens of what I am often seeing, was a gentleman who had had a foreign body removed from the cornea and a large surface must have been denuded of conjunctiva and superficial structure, for there was a white, lead deposit of considerable size when I saw him a month afterwards on account of a return of the general ocular inflammation, which latter I told him I could remedy, but the lead speck being covered over with new tissue, its removal was rendered impossible, and that he must only look for an imperfect restoration of sight.

All the information conveyed in these cases is very well known, but their occurrence shows that the knowledge is not practically applied, and I wish through your columns most emphatically to impress on the minds and memories of all who may be concerned in the treatment of such cases that it is a rule which ought never to be departed from, that lead lotions ought not to be used in any case where there is abrasion or ulceration of the cornea; and that this is not an opinion which may be held by one and not by another, but an established rule of practice, to neglect which renders probable in some cases a violation of the primary duty of the physician—"*non nocere.*" I am, &c.

E. D. L. Gillott,

Sheffield, June 24. Surgeon to the Eye Dispensary.

Charcoal Powder Applied Externally in Small-pox.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—When having the honour of serving the late East India Company, with their Native Army in Katywar, Guzerat, I discovered from a native doctor that the powder of the mimosa-tree charred was applied externally to the pustular eruption in small-pox with the happiest results among the community in that part of India, the eruption afterwards soon fading and gradually drying up, the secondary febrile symptoms proportionally diminishing and disappearing altogether some time before the eruption was healed. The application of the mimosa charcoal, besides successfully combating the pustular and febrile symptoms, prevented also any disfigurement arising from the cutaneous affection. And I may likewise state that this application transforms a very serious disease into a much milder affection as witnessed in my own Medical experience when residing in that country. It is, therefore, recommended to try in England what good may result from somewhat an analogous mode of treatment. If charcoal is to be tried for this purpose it should be reduced previously to the state of an impalpable powder.

I am, &c.

Willoughby Arding, M.D.

Gothic Cottage, Wallingford, June 20.

Ipecacuanha *v.* Opium.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—You last week published a letter from Dr. Cregeen under the above heading, in which he states that a patient of his, thirteen months old, took, through inadvertence, ten grains of Dover's powder "without any other effect than a few more hours' good sound sleep." If you will permit me, I will trouble you with the following notes of a case, which occurred within the present month:—

A. B., a month old, was ordered a powder containing half-a-grain of Dover's powder with four grains of sugar. In less than an hour after the powder had been given, the little patient had a severe attack of spasm, affecting principally the muscles of the back. As I happened to call just at the moment of attack, I was fortunate enough to witness it from its commencement. The head was suddenly thrown back, the arms extended, hands tightly clenched, with the thumbs down into the palms—the whole body was as stiff as a board, so that when placed upon the table it rested on the back of its head and its heels, balanced by the extended arms. The muscles of the face were much contorted, the eyes protruding, pupils contracted to a point. A warm mustard-bath was immediately prepared and the body immersed as far as the neck; cold water was poured over the head from a decanter, held about eighteen inches above the head. This treatment was most satisfactory, an emetic was given as soon as the child could swallow; after it had acted, brandy and water was administered at frequent intervals. The cold water was applied to the head as above directed from time to time during the day. The child began to rally in about ten hours from the first attack, and in twenty-four hours it had quite recovered.

My only object in troubling you with this case is to put young Practitioners on their guard in prescribing Dover's powder for very young children, as I doubt not but that many, like myself, have read Dr. Cregeen's letter, and in default of personal experience might be tempted to prescribe Dover's powder in dangerous doses. I am, &c.

Grove-road, St. John's-wood. Thomas Chambers.

COMMUNICATIONS have been received from:—

Professor Simpson; M. Claude Bernard; Dr. Elliotson; Mr. H. Smith; Mr. Shillitoe; Dr. Arnott; Dr. Hughes, Boston; Dr. Hawkins; Dr. McCormac; Dr. McWilliam; Mr. Copney; Dr. Adams; Dr. Sim; Dr. Faye; Dr. W. Ogle; Mr. Alfrey; Mr. Workman; Mr. Hulme; Mr. Berrinoham; Mr. Austin; Registrar-General; Mr. Long; Mr. Stephenson; Mr. Gray; and Treasurer of King's College.

APPOINTMENTS FOR THE WEEK.

June 30. *Saturday* (*this day*).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's 2 p.m.; Charing-Cross, 1 p.m.

July 2. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Entomological Society, 8 p.m.

Epidemiological Society, 8 p.m. Dr. Fraser, "Report on the Outbreak of Cholera among the British Troops at Scutari, during November, 1855."

3. *Tuesday.*

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

4. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopædic Hospital, 2 p.m.; Middlesex, 1 p.m.

Obstetrical Society of London, 8 p.m. Mr. Mitchell "On some of the Exigencies connected with Preternatural Labour."

5. *Thursday.*

Operations at St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m. London, 1½ p.m.; Great Northern, 2½ p.m.

Zoological Society, 4 p.m.

6. *Friday.*

Operations, Westminster Ophthalmic, 1½ p.m.

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ERRATA.

Page 27, col. 2, line 35, *for* "Hugh Ronaldson," *read* "Hugh Ronaldson Handyside, M.D."
Page 32, col. 1, line 11, *for* "supports," *read* "support."

Page 161, col. 1, line 32, *for* "compound," *read* "commissural."
Page 162, col. 1, line 8, *for* "carnivorous," *read* "non-herbivorous."
Page 227, col. 2, line 17, *for* "New Zealand," *read* "Harrington-street, Hampstead-road."
Page 228, col. 1, line 21, from bottom, *for* "agreed," *read* "argued."
Page 244, col. 2, line 14, *for* "Furiep," *read* "Froriep."
Page 293, col. 1, line 13, *for* "Mr. H. Earnshaw," *read* "Mr. R. Harrison."
Page 355, col. 2, line 10, from bottom, *for* "Markley," *read* "Markby."
Page 419, col. 1, line 11, from bottom, *for* "ʒij.," *read* "ʒij."
Page 447, col. 2, line 46, from bottom, *for* "fore-arm," *read* "arm."
Page 486, col. 1, line 17, from bottom, *for* "Short," *read* "Shorto."
Page 564, col. 1, line 4, from bottom, *for* "Mason, J.," *read* "Mason, Francis."
Page 582, col. 1, line 34, *for* "It is calculated," *read* "and calculated."

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